

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02
SINGAPORE 486443
TEL:65446671 FAX:62141511
CO. REG:200707743D GST REG:200707743D

Our Ref: SHB8098K/BK

WITHOUT PREJUDICE

9 October 2021

(By Email)

Attn: The Motor Claims Department

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

Dear Sir/Madam

**ACCIDENT INVOLVING SHB8098K AND GBH4984T ALONG SERANGOON
NORTH AVE 1 ON 15.09.2021**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8098K**, to claim against the party/parties responsible for the damages arising from the above-mentioned accident.

Our records show that you are the insurers of vehicle number: **GBH4984T** at the material time of the accident with the driver of our client's vehicle, **Mr Goh Eng Chuan**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBH4984T**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 490.06
(2) Loss of Rental – 3 Days @\$62.06 per day	\$ 186.18
(3) Loss of income- 3 Days @\$100.00 per day	\$ 300.00
(4) LTA Search	\$ 7.45
	<u>\$ 983.69</u>

A copy of each of the following supporting documents is enclosed:

- (1) GIA report, Police report & sketch plan of **SHB8098K**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) LTA search

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SINGAPORE 486443

TEL:65446671 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: **SHB8098K/BK**

We would appreciate if you could look into the subject matter and let us have your favorable offer within 14 days. If you are agreeable to the settlement of the above said claims, please forward us your discharge voucher as for our client's signature and payment made to "Premier Automotive Services Pte Ltd".

Please note that if we do not hear from you within the stipulated 14 days, we will have no alternative but to appoint our solicitor to act on our behalf to commence proceedings against you without further notice to you.

Yours faithfully,

Claims Department – Boon Kai

Email: boonkai.ng@premierauto.com.sg

DID: 6544 6689

NB: We encourage all parties to liaise with us via email to expedite all matters

PS: Please quote our reference no when replying

c.c. Client – Premier Taxis Pte Ltd

This is a computer-generated letter. No signature is required.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	15/09/2021 16:52 (SGT)
Date of Accident	15/09/2021 14:30 (SGT)
Exact Location of Accident	Serangoon North Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8098K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-02
Cover Note Number	-

DRIVER

Name of Driver	GOH ENG CHUAN
NRIC No	SXXXX832H

Date Of Birth	25/05/1962
Occupation	Outdoor
Date Of Driving Pass	27/06/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96908381
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 473A #10-27
Address complement	FERNVALE STREEET
Postcode	791473
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR SEAT - INDIAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH4984T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle

Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



15 SEP 2021

* *chw* S1537832H

[Signature]

Policyholder's Signature / Date & Time

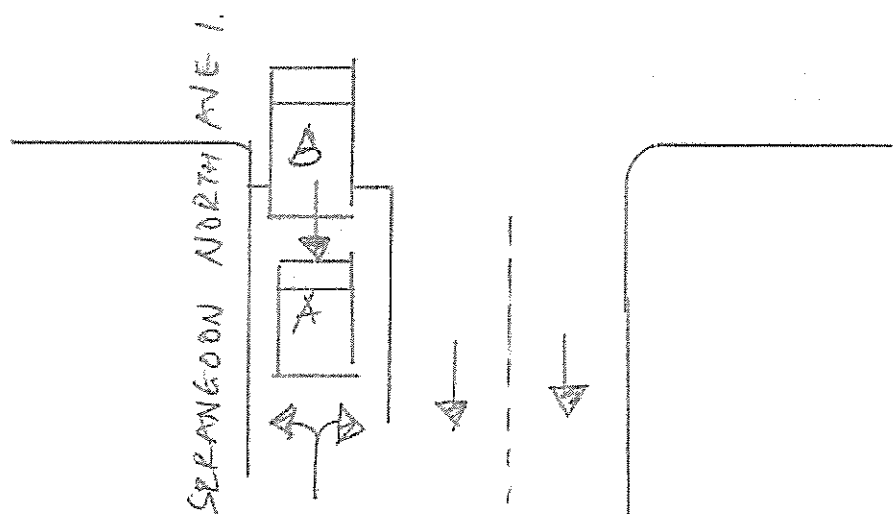
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHB8098K

B: GBH 4984T



Describe Circumstances of the Accident

Refer to effect.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time

51537832/11

15 SEP 2021

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 15/09/2021 @14:25HRS, I WAS DRIVING MY TAXI (SHB 8098 K) TRAVELLING ALONG SERANGOON NORTH AVE 1 WITH A PASSENGER ONBOARD – ON A SINGLE LANE.

I STOPPED MY TAXI AS VEHICLE B (GBH 4984 T – LORRY) WHICH WAS IN FRONT OF ME – STOPPED.

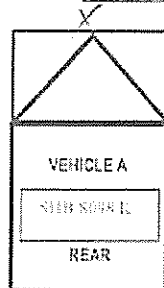
WHILE STATIONARY – SUDDENLY VEHICLE B ROLLED BACKWARDS & CAUSING THE REAR OF VEHICLE B COLLIDED ONTO THE FRONT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT PORTION & NO DAMAGES TO VEHICLE B.

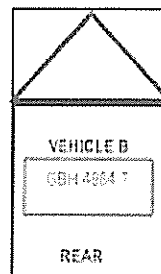
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
VEHICLE HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



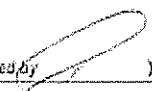
PREMIER
TAXI



THIRD PARTY
VEHICLE

 S 1537832/11

Driver's Signature & NRIC Number
Wednesday, September 15, 2021 @ 3:05:07 PM

(attended by )



PREMIER AUTOMOTIVE SERVICES PTE LTD
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)
TEL: 65436676 / 65436689 FAX: 62141511
CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

TAX INVOICE

DATE 9-Oct-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI i30 REGN NO: SHB 8098 K			\$ 458.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 458.00
GST @ 7%				\$ 32.06
GRAND TOTAL				\$ 490.06



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
 Owner ID Type: Company
 Owner Name: PREMIER TAXIS PTE. LTD.
 Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: SHB8098K
 Previous Vehicle No.: -
 Effective Date of Ownership: 28 Feb 2017
 Original Regn Date: 28 Feb 2017
 Registration Date: 28 Feb 2017
 Year of Manufacture: 2016
 Vehicle Type: Public Transport Taxi (Motor Car)
 Vehicle Scheme: Taxi (Company)
 Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: HYUNDAI
 Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: TMAD281UVHJ125072
 Engine No.: D4FBGZ115768
 Engine Capacity/Power Rating: 1582 cc / -
 Maximum Power Output: 100.0 kW (134 bhp)
 Propellant: Diesel
 Max Unladen Weight: 1496 kg
 Maximum Laden Weight: 1940 kg
 Open Market Value: \$21,039.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 27 Feb 2025
 Minimum PARF Benefit: \$8,373.00
 No. of Transfers: 0
 IU Label No.: 1050704288
 COE No.: 2017022801003699H
 COE Expiry Date: 27 Feb 2025
 COE Category: A - Car (up to 1600cc & 97kW (130bhp))
 COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107202885-02-000093

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHB8098K**
Chassis Number : TMAD281UVHJ125072
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Apr 2021
4. Expiry Date of Insurance : 31 Mar 2022
5. Persons or Classes of Persons entitled to drive*
(a) The Policyholder.
(b) Any licensed taxi driver driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use*
(a) Use as a Taxi.
(b) Use for social domestic and pleasure purposes.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)

Date of Issue : 01 Apr 2021 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



06 October 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Goh Eng Chuan of NRIC Number S1537832H is a registered driver of SHB8098K. Goh Eng Chuan is paying a discounted daily rental rate of \$62.06 (Inclusive of GST) on 15 Sep 2021.

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to read "Yee Wing Kong", written over a horizontal line.

Yee Wing Kong (Mr)

Vice President

Driver Relations

Prepared by: Hasnah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 200304975H

CHECK IN / OUT VOUCHER

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DRIVER'S NAME GOH ENH CHUAN (CHIRER)

NRIC S _____ HANDPHONE 96908381

TAXI REGN NO. S H B 8098 K MAKE / MODEL I30 CA)

DATE IN 200921 TIME IN 1130 DATE OUT 220921 TIME OUT 1440

KILOMETRES IN 383546 FUEL IN

E	1/4	1/2	3/4	F
---	-----	-----	-----	---

 KILOMETRES OUT _____ FUEL OUT

E	1/4	1/2	3/4	F
---	-----	-----	-----	---

TAXI METER DOWNLOADED

YES
NO

DATE / TIME TOWED IN TO WORKSHOP

0900 - 1100

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

1000 - 1100

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

CHECK IN
CHECK OUT
GOH ENH CHUAN

DRIVER'S NAME




DRIVER'S SIGNATURE / DATE / TIME



CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

GOH ENH CHUAN

DRIVER'S NAME

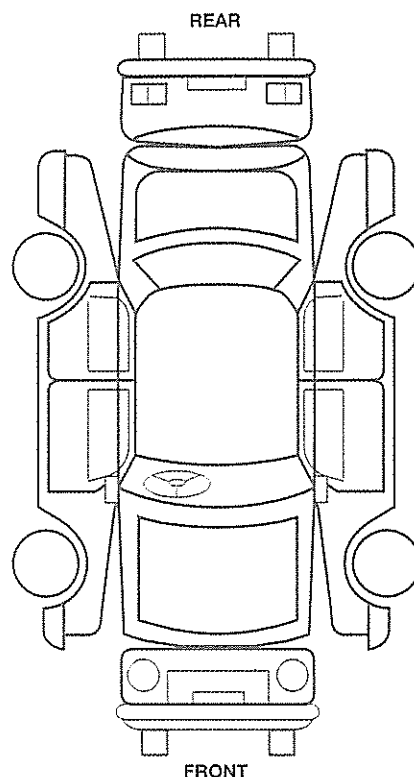


DRIVER'S SIGNATURE / DATE / TIME



CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

- | | |
|---------------------|-------------|
| 1 - Light Dent | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

SERVICE / REPAIRS DONE <input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>150921 1430</u> <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <u>TP/U</u> <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	DRIVER'S REMARKS
--	---



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 15 Sep 2021 / 16:35:52

Receipt Date/Time : 15 Sep 2021 / 16:35:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210915-003017

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBH4984T				
As at 15 Sep 2021/14:25:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - GBH4984T			
	Enquiry Fee	7.00	0.49	7.49
	20210915163449380592			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	526471XXXXXX9870	eNETS Credit Card		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.