

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: **SHC6202J/SR**

WITHOUT PREJUDICE

11 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 SHC6202J, SFF95Z AND OTHERS ALONG BT TIMAH ROAD AFTER GOLDHILL AVE ON 20/09/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6202J**, 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: **SFF95Z** at the material time of the accident with the driver of our client's vehicle, **Mr. Teo Siak Beng**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SFF95Z**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 802.50
(2) Loss of Rental – 5 Days @\$67.41 per day	\$ 337.05
(3) Loss of Income – 5 Days @\$100.00 per day	\$ 500.00
(4) GIA Search	\$ 2.00
	<u>\$1,641.55</u>

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

- (1) GIA report & sketch plan of **SHC6202J**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) GIA search

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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 – Shafawati Md Rabu

Email: shafawati.rabu@premierauto.com.sg

DID: 64100946

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	20/09/2021 11:43 (SGT)
Date of Accident	20/09/2021 09:15 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BT TIMAH ROAD AFTER GOLDHILL AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6202J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Optima
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	1700

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	TEO SIAK BENG
NRIC No	SXXXXX731A

Date Of Birth	17/07/1954
Occupation	Outdoor
Date Of Driving Pass	21/11/1972
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91710108
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 429A #03-348
Address complement	YISHUN AVE 11
Postcode	761429
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 - CHINESE
Gender	Female

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	SFF95Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	FEMALE CHINESE DRIVER
Contact Number	(Phone) +65-97493454
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH. B
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCP2020J
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MALE DRIVER
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH. C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC2522L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH. D
No. Of Passenger (Including Driver)	-

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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 mailing 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

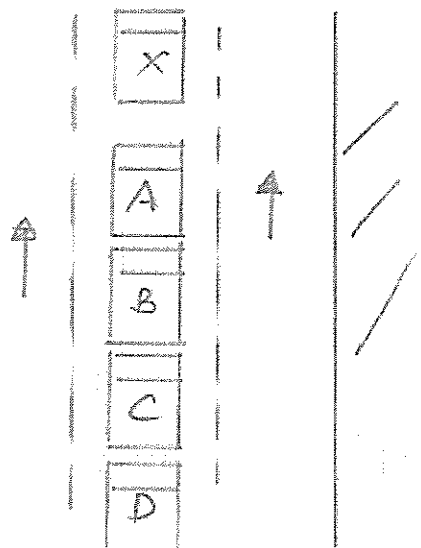
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHC 6202J
B: SFF 95Z
C: SCP 202J
D: SHC 2522L

BT TIMAH ROAD



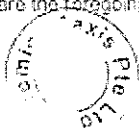
Describe Circumstances of the Accident

Refer to effa.

Declaration

(We declare the foregoing particulars are true in every respect.

20 SEP 2021



Policyholder's Signature / Date & Time

X [Signature] S 0209731A

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

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

*** CHAIN COLLISION ***

ON 20/09/2021 @09:15HRS, I WAS DRIVING MY TAXI (SHC 6202 J), TRAVELLING ALONG BT TIMAH ROAD - AFTER GOLDHILL AVE WITH A PASSENGER ONBOARD - ON LANE 2.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP - AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SFF 95 Z - M/BENZ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI AND 2 OTHER VEHICLES INVOLVED : VEHICLE C (SCP 2020J - M/BENZ) AND VEHICLE D (SHC 2522 L - COMFORT TAXI).

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION. I WAS NOT AWARE OF DAMAGES TO OTHER VEHICLES.

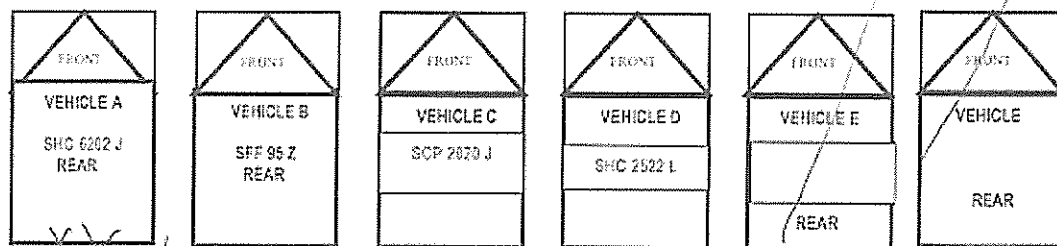
NO INJURY INVOLVED.
NO AMBULANCE AT SCENE.

UNKNOWN PASSENGERS ONBOARD OTHER VEHICLES

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A. B. C. D. E. F. G. H. I



PREMIER TAXI

THIRD PARTY VEHICLES



Driver's Signature & NRIC Number
Monday, September 20, 2021 @ 10:10:48 AM



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 6-Oct-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC6202J			\$ 750.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 750.00
GST @ 7%				\$ 52.50
GRAND TOTAL				\$ 802.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	03 Oct 2014 / 08:58:45	Receipt No.:	AACCK001-AX239-141003-000004
Asset Type:	Vehicle	Transaction Amount:	\$63,304.00
Asset ID:	SHC6202J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141003085845812191		

Vehicle No.:	SHC6202J
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	03 Oct 2014
Original Registration Date:	03 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5468863
Engine No.:	D4FDDH309750
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,726.00
Minimum PARF Benefit:	\$7,335.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	03 Oct 2014 08:58:45
COE No.:	2014100301001150R
COE Expiry Date:	02 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	02 Oct 2022
Owner ID Type:	Company

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 : 5107202885-02-000352

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6202J**
 Chassis Number : KNAGM414ME5468863
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	: N/A
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 Teo Siak Beng of NRIC Number S0209731A is a registered driver of SHC6202J. Teo Siak Beng is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 20 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

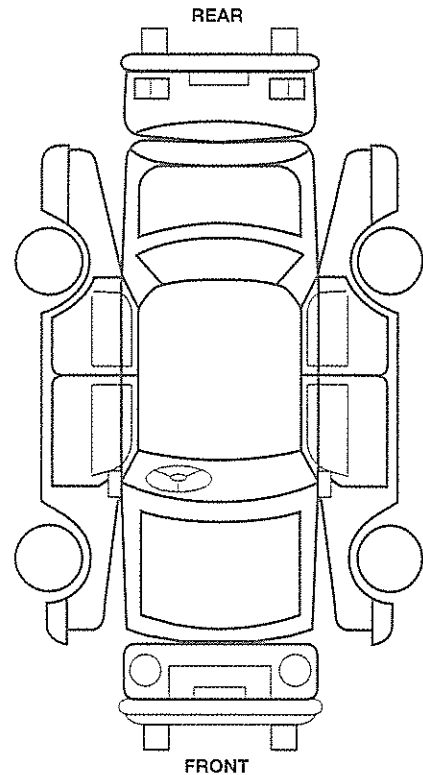
Prepared by: Hasnah

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

DRIVER'S NAME <u>TEO SIAK BENG</u>		HANDPHONE <u>91710108</u>	
NRIC <u>S 0209731A</u>		MAKE / MODEL <u>KO2</u>	
TAXI REGN NO. <u>S H C 62023</u>		DATE IN <u>200921</u> TIME IN <u>1030</u>	
DATE OUT <u>240921</u> TIME OUT <u>1045</u>		KILOMETRES IN <u>881290</u> FUEL IN <u>E 1/4 1/2 3/4 F</u>	
KILOMETRES OUT <u>881290</u> FUEL OUT <u>E 1/4 1/2 3/4 F</u>			

INDICATE AREA OF DAMAGE HERE:



TAXI METER DOWNLOADED		DATE / TIME TOWED IN TO WORKSHOP <u>D D M M Y Y H H M M</u>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION <u>D D M M Y Y H H M M</u>	

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	
<u>TEO SIAK BENG</u>		<u>TEO SIAK BENG</u>	
DRIVER'S NAME <u>20/09/21</u>		DRIVER'S NAME <u>30/09/21</u>	
DRIVER'S SIGNATURE / DATE / TIME <u>[Signature]</u>		DRIVER'S SIGNATURE / DATE / TIME <u>[Signature]</u>	
CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)		CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)	

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	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>200921 0915</u> <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <u>TP/K</u> <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

sff95z

Date of Accident

20/09/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **24/08/2021 - 23/08/2022**Requested By **NG BOON KAI (PREMIER AUTO...**Requested Date **20/09/2021 15:06****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**