

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: **SHB8811T/SR**

WITHOUT PREJUDICE

23 November 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 SHB8811T AND SFH6522H ALONG JALAN KAYU SLIP ROAD TOWARDS SENGKANG WEST WAY ON 29/10/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8811T**, 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: **SFH6522H** at the material time of the accident with the driver of our client's vehicle, **Mr. Tan Mah Ho**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SFH6522H**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 3,377.86
(2) Loss of Rental – 5 Days @\$72.76 per day	\$ 363.80
(3) GIA Search	\$ 2.00
	<u>\$ 3,743.66</u>

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

- (1) GIA report/ Police report & sketch plan of **SHB8811T**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) GIA search

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: SHB8811T/SR

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	29/10/2021 13:00 (SGT)
Date of Accident	29/10/2021 10:55 (SGT)
Exact Location of Accident	Near 218 Jln Kayu, Singapore 799440
Additional Location Information	JALAN KAYU SLIP ROAD TOWARDS SENGKANG WEST WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8811T
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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	Hyundai
Model	Ioniq
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	TAN MAH HO
NRIC No	SXXXX695H

Date Of Birth	22/08/1956
Occupation	Outdoor
Date Of Driving Pass	28/06/1976
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94566333
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 444, JURONG WEST AVENUE 1 #08-782
Address complement	-
Postcode	640444
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER SKETCH PLAN

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	SFH6522H
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	GERMAINE LEE YING TING
NRIC No	SXXXX666Z
Contact Number	(Phone) +65-94243458
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN MAH HO
Gender	Male
Phone No	(Phone) +65-94566333
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DRIVER FELT UNCOMFORT, WILL SEEK DOCTOR
Injured person in which vehicle?	SHB8811T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

6. 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.



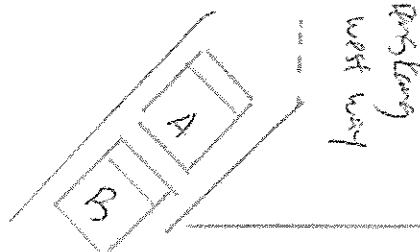
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SHB 8811T
B = SFH 6522H



John Kayu

Describe Circumstances of the Accident

Please refer attached

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]
20/10/2021 12:35 pm

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

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

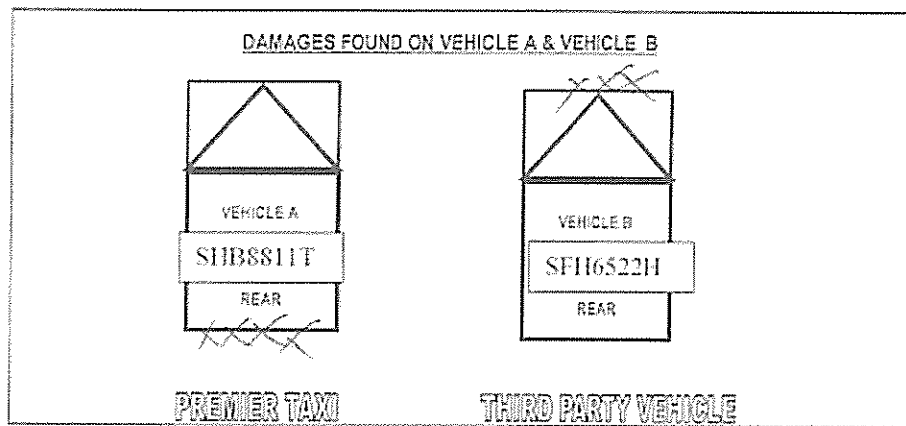
ON 29/10/2021 @ 10:55HRS, I WAS DRIVING MY TAXI - SHB8811T, TRAVELLING ALONG JLN KAYU INTO SENGKANG WEST WAY.

I WAS SLOW DOWN AND COMPLETE STOPPED AT SLIP ROAD FOR GIVING WAY TO ONCOMING VEHICLE FROM THE MAIN ROAD. SUDDENTLY, VEHICLE B (SFH6522H- MERCEDES) WHICH WAS BEHIND MY VEHICLE UNABLE STOP IN TIME AND COLLIDED ONTO MY REAR PORTION OF MY VEHICLE.

DUE TO THE IMPACT, MY TAXI WAS DAMAGE ON THE REAR PORTION & VEHICLE B WAS DAMAGED ON THE FRONT PORTION.

NO PASSENGER ONBOARD BOTH VEHICLES

VIDEO CAPTURED



[Signature]
Driver's Signature

Friday, October 29, 2021 @ 12:25:26 PM

(attended by)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5875909



T20211028-0071

1 of 3

Report No: T20211028-0071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2021 17:07 Vide Report No: Station Diary No: 36

Informant's Particulars

Name of Informant: TAN MAH HO
Address: APT BLK 444 JURONG WEST AVENUE 1 #08-782 SINGAPORE 640444
Contact No: Home/Office: Mobile: 94559333
Email:

ID Type / ID No: NRIC NO / S1205695H

Nationality: SINGAPORE CITIZEN

Sex: Male Age: 65 Date of Birth: 22/08/1956

Type of Informant: Driver

Race: Chinese

Language:

Institution / School Name:

Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident: Injury Others: Drink Drive: No Date/Time of Accident: 29/10/2021 10:55 Type of Location: Bend

Location:

JALAN KAYU

Weather: Sunny

Road Surface: Dry

Traffic Flow: One Way

Traffic Control: Not Controlled

Type of Collision: Between Moving Vehicles - Head To Rear

Road Speed Limit: No

Traffic Volume: Light

Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFH6522H	Car				Slightly Damaged	0
SHB8611T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE

Police Station Of Origin:
Hong Kah North Nip
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/2021/025/2074

2 of 3

Report No: T/2021/025/2074

CONTINUATION OF REPORT

Driver Name	GERMAINE LEE YING TING	ID No	S9238666Z
Related Vehicle	SFH6522H (Car)	Contact No	94243458
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	TAN MAH HO	ID No	S1205695H
Related Vehicle	SHE8811T (Car)	Contact No	94566333
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2021	Date Discharge	29/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 29/10/2021 at about 1055am, I was heading towards Sengkang West Way to pick up one passenger. As I approached and stopped at the filter lane from Jalan Kayu to Sengkang West Way, the car behind me SFH6522H - V1 hit my rear bumper of my vehicle. I got down from my vehicle, however V1 told me to go to the side of the road as it was blocking the traffic flow. After I moved my vehicle to the side, V1 gave her particulars to me and informed that her insurance company will settle with the damages.

The damages of my vehicle are scratches, loose rear bumper and I am unable to open my rear boot. The damages on V1 is a badly dent plate number and a broken logo. I have informed my company (Premier) about this issue. After I reached home, I felt pain on my neck, back, right arm and both legs due to the after impact. Hence, I went to Family Care Clinic which located at Blk 415 Bukit Batok. The Doctor gave me 3 days MC due to my body aching.



Police Station Of Origin
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1500-6679999



1201 11029/2071
3 of 3
Report No: 120311029/2071

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
J/
Sgt 1 BARRET TAN THIAN POH

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
TP / AEIT /
Insp BOON YEN KIAN
Contact No: 65476172

Authentication Stamp
NP-153



Signature Of Informant

[Signature]

Date/Time
29/10/2021 17:07

Classification Of Case

SIGNATURE



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 22-Nov-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHB8811T			\$ 3,156.88
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 3,156.88
GST @ 7%				\$ 220.98
GRAND TOTAL				\$ 3,377.86


for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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.: SHB8811T
 Previous Vehicle No.: -
 Effective Date of Ownership: 09 May 2019
 Original Regn Date: 09 May 2019
 Registration Date: 09 May 2019
 Year of Manufacture: 2018
 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: AE IONIQ HEV 1.6 DCT
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: KMHC851CVKU129685
 Engine No.: G4LEJU156318
 Motor No.: PM04JB5333DJ
 Engine Capacity /Power Rating: 1580 cc / 32.0 kW
 Maximum Power Output: 103.6 kW (138 bhp)

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 : 5107202885-02-000183

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHB8811T**
Chassis Number : KMHC851CVKU129685
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	: DBS BANK LTD
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



11 November 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tan Mah Ho of NRIC Number S1205695H is a registered driver of SHB8811T. Tan Mah Ho is paying a discounted daily rental rate of \$72.76 (Inclusive of GST) on 29 Oct 2021.

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chin Bee Lian".



Chin Bee Lian (Ms)
Assistant Vice President
Taxis Administration

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

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> TURBO <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	<input type="checkbox"/> OTHERS: ACCIDENT: DATE / TIME of ACCIDENT: <div style="font-size: 1.5em; margin-left: 100px;">29/10/21 1055</div> <div style="margin-left: 100px;">TP/K</div>


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SFH6522H

Date of Accident

29/10/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **01/07/2021 - 30/06/2022**Requested By **NG BOON KAI (PREMIER AUTO...**Requested Date **29/10/2021 13:03****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**