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:

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

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

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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.

SP0121AT0002 / PREMIER AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 29/10/2021 13:00 (SGT) SUBMITTED BY: NG BOON KAI VERSION: 1 (29/10/2021 13:00 (SGT))



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 willful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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

Employment

ThirdParty

Yes

Taxi

No - Claiming third party

Vehicle Registration Number SHB8811T

INSURED/POLICYHOLDER

Is company?

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 Hvundai Model Ionia

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

Auto CC 1700

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage Fleet Policy

Policy Number 5107202885-02

Cover Note Number

DRIVER

Name of Driver TAN MAH HO NRIC No SXXXX695H

Accident report SP0|21AT0002

Page 1 of 19

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender Mobile Number

Alt, Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Number of vehicles involved in the accident

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER SKECTH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

SFH6522H Mercedes

White

Private car

GERMAINE LEE YING TING

SXXXX666Z

(Phone) +65-94243458

22/08/1956

28/06/1976

45 YEARS AND 4 MONTHS

CLAIMS@PREMIERTAXI.COM

BLK 444, JURONG WEST AVENUE 1 #08-782

(Phone) +65-94566333

Outdoor

Male

640444

No

No

Hirer

Collision - Head to Rear

Dry

No

Yes

No

Yes

1

No

No

No

2

Clear

Was any foreign vehicle involved in the accident?

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Was notice of intended Prosecution given?

If yes, against whom?

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver

NRIC No Contact Number

Address

Accident report SP0I21AT0002

Page 2 of 19

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN MAH HO

Gender Male

Phone No (Phone) +65-94566333

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. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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)

Funderstand, acknowledge, agree and consent that

- (a) My insurer , my workshop and the General hourance 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 engalises by me;

& Torre

- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(callectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 (shoulding their lawyers/law fizms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

Time

29/10/2021 1235pm Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre

S/

Sketch Plan

A : SHB PENT B= SFH 6522H

Jahn Kayer

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Declaration

We declare the foregoing particulars are true in every respect.



Folioyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

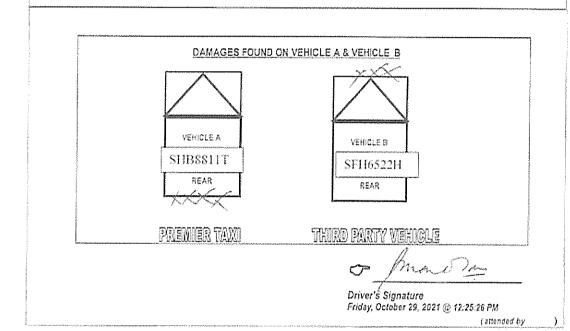
ON 29/10/2021 @ 10 55HRS, I WAS DRIVING MY TAXI - SHB8811T, TRAVELLING ALONG JEN KAYU INTO SENGKANG WEST WAY.

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 COLIDED 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





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SINCAPONE BROWN Tel No. 1800-5679999 REPORT OF A TRAFFIC ACCIDENT	
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Date/Time Report Made 29/10/2021 17:07	port Made	Vide Report No.	Station Diary No. 38
ntormant's Particulars	articulars		
Name of Informant TAN MAH HO	mant	Adress APT BLK 444 JURONG WEST AVENUE 1 #08-782 SINGAPORE 646444	T AVENUE 1 #08-782
ID Type / ID No. NRIC NO / S1205695H	o. 205695H	Contact No Home/Office	Mobile: 94566333
Nationality SINGAPORE CITIZEN	CITIZEN	Email:	
Sex Age Male 65	je. Date of Birth 22/08/1956	Type of Informant Driver	
Race: Chinese		Language:	Institution / School Name.
Occupation: Taxl driver		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident.	Others	Drive No	Pate/Time of Accident	lype of Location Bend
Location				
JALAN KAYU				
Weather		Road Surface: Dry	<u>¥</u>	Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision Between Moving	Type of Collision Between Moving Vehicles - Head To Rear	o Rear		Anyone conveyed by ambulance

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	Ā	No of Pedestrians Injured NIL		
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Use of Pedestrian Crossing, NA

Capital Transportation



370 Bukit Batck Street 31#01-201 SINGAPORE 650370 Tel No. 1800-5679999 Public Station Of Origin HONG KEN NOTE NED



Argent No. 1/20211029/2011

CONTINUATION OF REPORT

Driver			
Name	GERMAINE LEE YING TING	ID No.	292386662
Pelated Vehicle	SFH6522H (Car)	Contact No 94243458	94243458
Hospital/Clinic	NIL	Class of Driving Licence & Expiry, Date	Class, MIL Date of Expiry, MIL
Date Treatment NIL		Date Discharge NIL	
No. of Days grant	No. of Days granted Medical Leave NIL.	Degree of Injury NIL	
Name	TAN MAH HO	ID No.	S1205695H
Related Vehicle	SHB8811T (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	29/10/2021	Date Discharge 29/10/2021	10/2021
of Davs grante	eave 03	Degree of Injury Slight	zht.

Brief Details.

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 On 29/10/2021 at about 1055am. I was heading towards Sengkang West Way to pick up one passenger her particulars to me and informed that her insurance company will settle with the damages.

(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 Bik 415 Bukit Batok. The Doctor. The damages of my vehicle are stratches, loose rear bumper and I am unable to opened my rear bodt. the damages on V1 is a badly dent plate number and a broken logo. I have informed my company gave me 3 days MC due to my body aching.



Police Station Of Origin Hong Kah Neith NPF STO Built Bank Street 31 #01-201 STOGAPORE 66(370 Tel No. 1800-6679999

CONTINUATION OF REPORT

Sketch Plan Mitermant 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 Informant Signature of Officer Recording The Report

Sgt 1 BARRET TAN THIAN POH

Signature Of Interpreter. Not applicable

Date/Time: 29/10/2021 17:07

Officer in Charge Of Case TP / AEIT / Insp BOON YEN KIAN Contact No., 65476172

Classification Of Case:

Authentication Stamp



JULY TIP



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

TAX INVOICE

DATE

22-Nov-2021

PAGE

1 OF 1

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

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

200304975H

No.:

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 Regil Date:

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
 - * 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)

: \$\$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 \$1205695H 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

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



☐ BATTERY

REPLACEMENT VEH GIVEN YES / NO

VEH NO		_
	JOB NO.	

CHECK IN / OUT VOUCHER

				1 7	
DRIVER'S NAME	Tan Mah Ho	(Hire)		INDICATE AREA	OF DAMAGE HERE:
NRIC S		HANDPHONE 9	4566333	1	REAR
TAXI REGN NO. S	HB 88117	MAKE / MODEL	Ionly		
DATE IN	TIME IN	DATE OUT	TIME OUT		
291021	1208	02112		A 5	
KILOMETRES IN	FUEL IN	KILOMETRES OU	FUEL OUT		
281904	E 1/4 1/2 3/4 F		E 1/4 1/2 3/4 F		
TAXI METER DOWNL	OADED		***	()) \	V (()
		DATE / TIME TOWER			
YES	NO	0 0 M M /			
			DRIVER FOR VEHICLE COLLECTION		
		0 0 4 14 7			H
TOGETHER WITH TH	Y GOOD COMPLEION AN	ID TO MY SATISFAC™ MS LIST ABOVE THI	BOVE SAID VEHICLE AND FION IN EVERY RESPECT S VOUCHER IS USED IN		
	ECK IN		ECK OUT		
iun Mah	Hr x	Tan M	, , ,		
DRIVER'S NAME		DRIVER'S NAME			
- Miand	Jan X	Man	Par x	OLE	
DRIVER'S SIGNATURE	/ DATE / TIME	DRIVER'S SIGNAT	URE / DATE / TIME	T	
X		FRONT		ONT	
		1 C	`	BODY MARKINGS	
CHECKED IN BY)	CHECKED OUT BY	,	1 – Light Dent 2 – Serious Dent	5 – Damaged 6 – Chip
(PREMIER'S AUTHORIS	SED WORKSHOP)	(PREMIER'S AUTH	ORISED WORKSHOP)	3 – Light Scratch 4 – Serious Scratch	7 – Crack
SERVICE / REPAIRS D	OONE	<u> </u>	DRIVER'S REMARKS	4 - Senous Scratch	8 – Peeling
© SERVICING	☐ OTHERS:				
□ T/BELT					
AIRCON SYSTEM	☐ ACCIDENT: DATE / 1				
☐ TURBO ☐ BRAKE SYSTEM	291021	a1055			
CLUTCH SYSTEM	_ · · •				
□ BULB	TP/K				
UNDER CARRIAGE CPF	(1/1-				

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SFH6522H

Date of Accident

29/10/2021 苗

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG Asia Pacific Insurance Pte
Period of Insurance	01/07/2021 - 30/06/2022
Requested By	
Requested Date	29/10/2021 13:03

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**