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: SHD1642A/SR

WITHOUT PREJUDICE

6 January 2022 (*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 SHD1642A AND SMF1804E ALONG KEMBANGAN MRT STATION – TAXI STAND ON 14/12/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1642A**, 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: SMF1804E at the material time of the accident with the driver of our client's vehicle, Mr. Yak Cheok Aw.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SMF1804E**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(4) GIA Search	<u>\$</u>	2.00 1,536.20
(3) Loss of Income – 4 Days @\$100.00 per day	\$	400.00
(2) Loss of Rental – 4 Days @\$72.76 per day	\$	291.04
(1) Cost of Repairs (Incl. GST)	\$	843.16

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

- (1) GIA report & sketch plan
- (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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23 CHANGI SOUTH AVE 2 #01-02 SINGAPORE 486443 TEL:65446671 FAX:62141511 CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1642A/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 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 14/12/2021 16:49 (SGT) Date of Accident 14/12/2021 15:00 (SGT)

Exact Location of Accident 55 Sims Ave E, Kembangan, Singapore 416551 dditional Location Information KEMBANGAN MRT STATION - TAXI STAND

ountry/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1642A

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

nufacturer Hyundai Model lonia

Variant

Exact purpose for which vehicle was being used at time of Employment

accident 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 YAK CHEOK AW NRIC No SXXXX071B



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

Was any foreign vehicle involved in the accident?

Number of vehicles 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? 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?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH SKETCH PLAN & STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

22/07/1950

02/07/1969

52 YEARS AND 5 MONTHS

CLAIMS@PREMIERTAXI.COM

(Phone) +65-83451111

BLK 868B #08-538

TAMPINES AVE 8

RELIEF DRIVER

Collision - Head to Rear

Outdoor

Male

522868

No

No

Clear

Dry

No

No

Yes

1

No

No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

SMF1804E

Mercedes

White

Private car

MALE CHINESE

Accident report SP0I21CE0003

Postcode		_
Industry Company Name		
Nature Of Damage	 	_
Details of property damaged in accident		
No. Of Passenger (Including Driver)		1

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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' law yers/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;

& Time

- (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 addition and the insurers' law yers/law fams, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Criver's Signature (Fidinyer is not the policyholder) / Date Witness

Witnessed by Reporting Centre Personnel

KEMBANGAN

WOITHTS

Sketch Plan

A64310HO:A

B: SWF 1804E

SIMS AVE EAST

Describe Circumstances of the Accident	
	>*************************************
	начинатичностичностичностичности

Refr As off och.	
** NOT THE TRANSPORT THE TRANSPORT OF TH	Professional Control of the Control

Declaration

We declare the foregoing particulars are true in every respect.

Taxis on the state of the state

Policyholder's Signature / Date &

- fell 5002807 B

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

14 DEC 2021

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 14/12/2021 @15:00HRS, I WAS IN MY TAXI (SHD 1642 $^\circ$ l) STATIONARY ALONG THE TAXI STAND @ KEMBANGAN MRT STATION – SIMS AVE EAST.

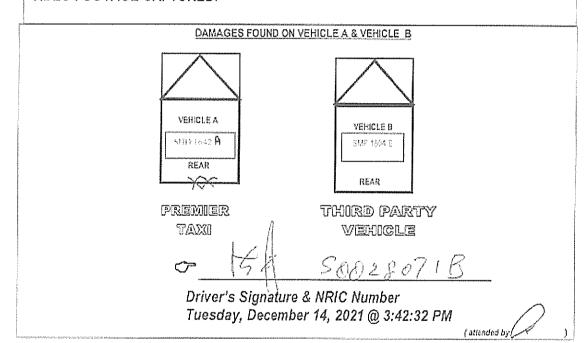
WHILE STATIONARY IN THE TAXI STAND LOT – SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SMF 1804 E - M/BENZ) HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

NO INJURY INVOLVED. NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.





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

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

4-Jan-2022

PAGE

1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT		
	FINAL REPAIR BILL FOR HYUNDAI IONIQ			\$ 788.00		
	REGN NO: SHD1642A					
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR			\$	788.00		
	GST @ 7%				55.16	
	GRAND TOTAL \$ 84			843.16		

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.:

SHD1642A

Previous Vehicle

No.:

Effective Date of

Ownership:

26 Feb 2019

Official Regil Bate.

Original Regn Date: 26 Feb 2019

Registration Date:

26 Feb 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:

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.:

KMHC851CVKU129629

Engine No.:

G4LEJU156604

Motor No.:

PM04JB5082DJ

Engine Capacity

/Power Rating:

1580 cc / 32.0 kW

Maximum Power

Output:

103.6 kW (138 bhp)

Propellant:

Petrol-Electric

Max Unladen Weight:

1370 kg

Maximum Laden

Weight:

1870 kg

Open Market

Value:

\$25,279.00

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

25 Feb 2027

Minimum PARF

Benefit:

\$7,434.00

No. of Transfers:

0

IU Label No.:

_

COE No.:

2019022601003690E

COE Expiry Date:

25 Feb 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Registration

Category:

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium (QP) / Prevailing

Quota Premium:

-/\$25,727.00

PQP Paid:

\$20,582.00

QP (Regn Cat):

-

OPC Cash Rebate

Eligibility:

00 | 1 00=

QP during COE

No \$0.00

Bidding Exercise:

Additional

Registration Fee Rate:

First \$20,000.00 (100%), next \$5,279.00 (140%)

Actual ARF Paid:

: \$12,391.00

Vehicle Lifespan Expiry Date:

25 Feb 2027

CO2 Emission:

86.00 (g/km)

CEV/VES Rebate Utilised Amount:

\$15,000.00

CO Emission:

0.109280 (g/km)

HC Emission:

0.028670 (g/km)

NOx Emission:

0.002060 (g/km)

PM Emission:

0.052000 (mg/km)

Message:

This is a public service vehicle.



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: 5107202885-02-001206

1. Index mark and Registration Number of Vehicle : SHD1642A

Chassis Number

: KMHC851CVKU129629 2. Name of Policyholder : PREMIER TAXIS PTE, LTD,

3. Effective Date of Insurance : 01 Apr 2021 : 31 Mar 2022 4. Expiry Date of Insurance

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.

Cover : Third Party

- 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)** : 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)

: HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672) Agency

: 01 Apr 2021 14:24 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



29 December 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Ng Chee Ming of NRIC Number \$1350468G is a registered driver of SHD1642A. Ng Chee Ming is paying a discounted daily rental rate of \$72.76 (Inclusive of GST) on 14 Dec 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

PE	RE	M	ASSESSMENT OF	C	R
TAXI	S				

REPLACEMENT	AELI GIAEIA	1637 NO	
	VEH NO.		
		IOD NO	

CHECK IN / OUT VOUCHER

				1 Em 1 \	
DRIVER'S NAME YAK CHEOK AW CRELIEF)	INDICATE AREA OF DAMAGE HERE:	
NRIC S HANDPHONE		HANDPHONE 83	145/111	***************************************	REAR
TAXI REGN NO. S H D I 6.	42A	MAKE/MODEL H	YUNDAI - IONIQ	2	
DATE IN TIME IN 1 4 1/2/2 1 1/5/2	S	DATE OUT 171221	TIME OUT	- Transferrendenser	
KILOMETRES IN FUEL 247784 E 1/4 1/		KILOMETRES OUT	FUEL OUT E 1/4 1/2 3/4 F		
TAXI METER DOWNLOADED] (
YES NO		DATE / TIME TOWED II D D M M Y Y DATE / TIME CALL TO DI D D M M Y Y	H H H M M		
I ACKNOWELDGE AND CONFIRM THAT THE SAME IS IN GOOD CONTOGETHER WITH THE ACCESSOR CONJUNCTION WITH THE TERM R	IDITION AND RIES / ITEM	O TO MY SATISFACTI S LIST ABOVE, THIS	ON IN EVERY RESPECT	or of the very feath of the debut menuments of the state	
CHECK IN		CHE	CK OUT		
Jak Cheok DRIVER'S NAME H	*	Ng Chee DRIVER'S NAME	Ming ×		
DRIVER'S SIGNATURE / DATE / TIM	IE 	DRIVER'S SIGNATI	JAE / DATE / TIME		FRONT
CHECKED IN BY		CHECKED OUT BY			BODY MARKINGS 1 — Light Dent 5 — Damaged 2 — Serious Dent 6 — Chip 3 — Light Scratch 7 — Crack
(PREMIER'S AUTHORISED WORKS	HOP)	(PREMIER'S AUTH	ORISED WORKSHOP)	4	4 – Serious Scratch 8 – Peeling
SERVICE / REPAIRS DONE			DRIVER'S REMARKS		
SERVICING OTHERS T/BELT AIRCON SYSTEM ACCIDE TURBO BRAKE SYSTEM CLUTCH SYSTEM BULB UNDER CARRIAGE CPF BATTERY	NT: DATE / T	TIME of ACCIDENT:			· -

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMF1804E

Date of Accident

14/12/2021 苗

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG Asia Pacific Insurance Pte
Period of Insurance	23/10/2021 - 22/10/2022
Requested By	VINCENT CHUA WEE AN (PREM
Requested Date	14/12/2021 16:00

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**