

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02  
SINGAPORE 486443  
TEL:64100946 FAX:62141511  
CO. REG:200707743D GST REG:200707743D

Our Ref: **SHD1647L/VC/bk**

**WITHOUT PREJUDICE**

22 March 2022

**(By Email Only)**

**Attn: The Motor Claims Department**

Lonpac Insurance Bhd  
300 Beach Road #17-04/07  
The Concourse  
Singapore 199555

Dear Sir/Madam

## **ACCIDENT INVOLVING SHD1647L & YQ230S ALONG CTE ON 22.02.2022**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1647L**, 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: **YQ230S** at the material time of the accident with the driver of our client's vehicle, **Mr. Har Sai Cheong**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **YQ230S**, our client's vehicle was damaged and we have been put to loss and damage as follows:

|   |             |
|---|-------------|
| 1. Cost of Repair (include GST)               | \$ 2,793.30 |
| 2. Loss of Rental (6 days x \$84.53 per day)  | \$ 507.18   |
| 3. Loss of Rental (6 days x \$100.00 per day) | \$ 600.00   |
| 4. GIA Search Fee                             | \$ 2.00     |
|   | <hr/>       |
|   | \$ 3,902.48 |

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

- 1) GIA report & sketch plan of **SHD1647L**
- 2) Final Repair bill
- 3) Vehicle Registration card, Certificate of Insurance, Certification 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: **SHD1647L/VC/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 – Ng Boon Kai**

Email: [boonkai.ng@premierauto.com.sg](mailto: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              | 23/02/2022 14:04 (SGT)               |
| Date of Accident                | 22/02/2022 18:05 (SGT)               |
| Exact Location of Accident      | CTE, Singapore                       |
| Additional Location Information | CTE VIA DUCT INTO PIE/CHANGI AIRPORT |
| Country/State of Loss           | Singapore                            |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHD1647L |
|-----------------------------|----------|

#### 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   | 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 | HAR SAI CHEONG |
| NRIC No        | SXXXXX810B     |

|  |                        |
|--|------------------------|
| Date Of Birth  | 09/06/1963             |
| Occupation   | Outdoor                |
| Date Of Driving Pass   | 19/10/1984             |
| Driving experience   | 37 YEARS AND 4 MONTHS  |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-91859107   |
| Alt. Phone Number  | -                      |
| Email Address  | CLAIMS@PREMIERTAXI.COM |
| Address  | BLK 842G #03-100       |
| Address complement   | TAMPINES ST 82         |
| Postcode   | 527842                 |
| 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 - Change/cross lane |
| 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 - MALAY (TADA BOOKING) |
| 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 SKETCH PLAN & STATEMENT

#### 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 | YQ230S        |
| Vehicle Manufacturer        | Mitsubishi    |
| Vehicle Model               | Fuso          |
| Vehicle Variant             | -             |
| Vehicle Colour              | White         |
| Vehicle Category            | Goods vehicle |

|   |                      |
|---|----------------------|
| Name of Driver                          | HASAN MD NAZMUL      |
| NRIC No                                 | GXXXX901P            |
| Contact Number                          | (Phone) +65-83767802 |
| 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.
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)

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.



*[Signature]* 51608810/B

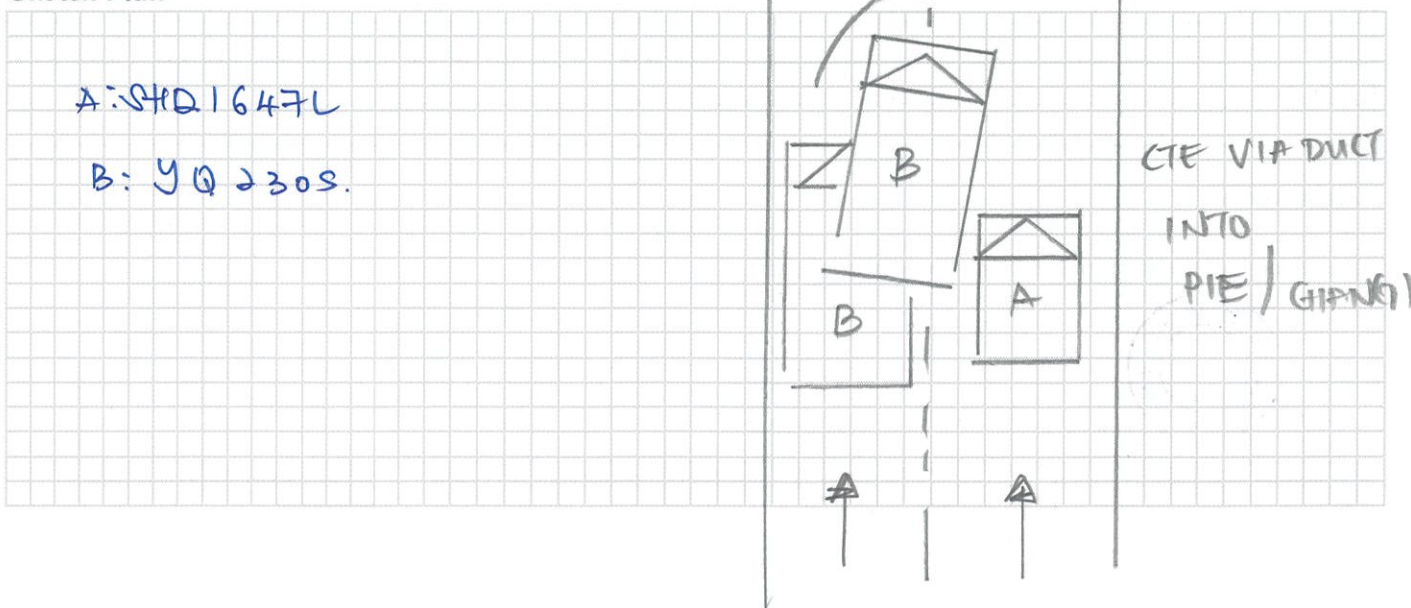
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident.

ON 22/02/2022 @ 18:05HRS, I WAS DRIVING MY TAXI ( SHD 1647 L ) TRAVELLING ALONG CTE VIA DUCT INTO PIE/CHANGI WITH A PASSENGER ONBOARD (FROM TADA BOOKING) – ON THE RIGHT LANE.

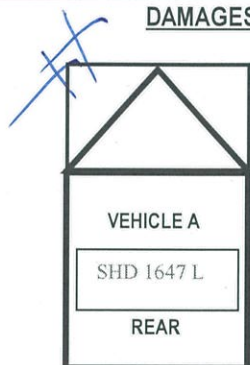
WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY VEHICLE B ( YQ 230 S – MIT. FUSO ) WHICH WAS INITIALLY ON THE LEFT LANE, HAD ENCROACHED & COLLIDED ONTO THE LEFT FRONT OF MY TAXI ABRUPTLY – CAUSING THE FRONT BUMPER OF MY TAXI BEING DROPPED TO THE GROUND.

WHEN INSPECTED, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

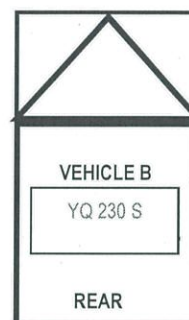
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.  
VEHICLE B HAD A PASSENGER ONBOARD.

\* VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 S16088101B

Driver's Signature & NRIC Number  
Wednesday, February 23, 2022 @ 1:53:28 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

Premier Taxis Pte Ltd  
23 Changi South Ave 2  
Singapore 486443

### TAX INVOICE

DATE 22-Mar-2022  
PAGE 1 OF 1

| ITEM   | Description  | QTY | U.PRICE | AMOUNT      |
|--|--|-----|---------|-------------|
|  | FINAL REPAIR BILL FOR HYUNDAI IONIQ<br>REGN NO: SHD1647L |     |         | \$ 2,610.56 |
| TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR |  |     |         | \$ 2,610.56 |
| GST @ 7%   |  |     |         | \$ 182.74   |
| GRAND TOTAL  |  |     |         | \$ 2,793.30 |



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.: SHD1647L

Previous Vehicle No.: -

Effective Date of Ownership: 12 Mar 2020

Original Regn Date: 12 Mar 2020

Registration Date: 12 Mar 2020

Year of Manufacture: 2020

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 FL 1.6 DCT

Primary Colour: Silver

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: KMHC851CVLU211722

Engine No.: G4LELU495945

Motor No.: PM04L1E891DJ

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** : 5107202885-02-001209

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1647L**  
Chassis Number : KMHC851CVLU211722
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**



16 March 2022

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Har Sai Cheong of NRIC Number S1608810B is a registered driver of SHD1647L. Har Sai Cheong is paying a discounted daily rental rate of \$84.53 (Inclusive of GST) on 22 Feb 2022.

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

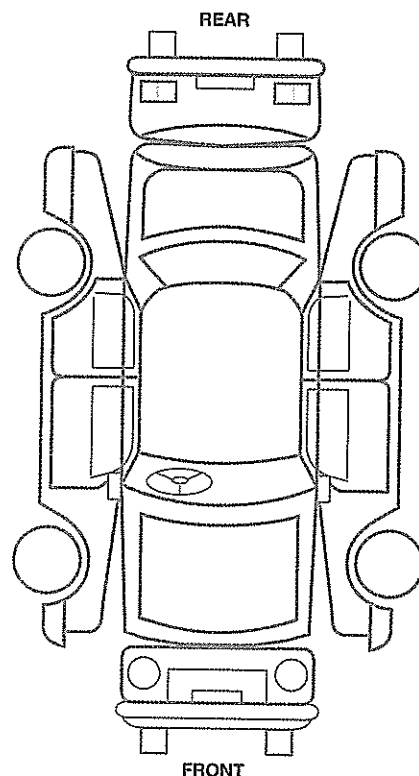
Taxis Administration

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](http://www.premiertaxi.com.sg)  
Co. Reg. No. 200304975H

## CHECK IN / OUT VOUCHER

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 |

|   |  |   |  |
|---|--|---|--|
| DRIVER'S NAME <u>Har Sai Cheung (Miles)</u>   |  | HANDPHONE <u>91859107</u>   |  |
| NRIC <u>S</u>                                 |  | MAKE / MODEL <u>Toyota 2</u>  |  |
| TAXI REGN NO. <u>S H D 1647 L</u>             |  | DATE IN <u>22.02.22</u> TIME IN <u>2100</u>   |  |
| DATE OUT <u>28.02.22</u> TIME OUT <u>1900</u> |  | KILOMETRES IN _____ FUEL IN _____   |  |
| KILOMETRES OUT _____ FUEL OUT _____           |  | <div style="display: flex; justify-content: space-between;"> <span>E 1/4 1/2 3/4 F</span> <span>E 1/4 1/2 3/4 F</span> </div> |  |

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

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**
Har Sai Cheung x

CSA → Service Centre

DRIVER'S NAME

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE

DRIVER'S REMARKS

- |  |   |
|--|---|
| <input type="checkbox"/> SERVICING<br><input type="checkbox"/> T / BELT<br><input type="checkbox"/> AIRCON SYSTEM<br><input type="checkbox"/> TURBO<br><input type="checkbox"/> BRAKE SYSTEM<br><input type="checkbox"/> CLUTCH SYSTEM<br><input type="checkbox"/> BULB<br><input type="checkbox"/> UNDER CARRIAGE<br><input type="checkbox"/> CPF<br><input type="checkbox"/> BATTERY | <input type="checkbox"/> OTHERS:<br><br><input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:<br><u>22.02.22 1805</u><br><u>Top</u> |
|--|---|


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

YQ230S

Date of Accident

22/02/2022 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**Period of Insurance ..... **01/07/2021 - 30/06/2022**Requested By ..... **NG BOON KAI (PREMIER AUTO...**Requested Date ..... **23/02/2022 14:17****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**