

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: **SHD1694A/WL**

WITHOUT PREJUDICE

2 March 2023

(By Email)

Attn: The Motor Claims Department
Allianz Insurance Singapore Pte Ltd
79 Robinson Road #09-01.
Singapore 068897

Dear Sir/Madam

ACCIDENT INVOLVING SHD1694A & GBL9836J ALONG HOLT ROAD ON 12/01/2023

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1694A**, 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: **GBL9836J** at the material time of the accident with the driver of our client's vehicle, **Mr. Teo Boon Huat Patrick**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBL9836J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repairs (Incl. GST)	\$ 3,162.15
(2) Loss of Rental – 04 Days @\$85.32 per day	\$ 341.28
(3) Loss of Income – 04 Days @\$100.00 per day	\$ 400.00
(4) GIA search fee	<u>\$ 2.00</u>
	<u>\$ 3,905.43</u>

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

- (1) GIA report & sketch plan of **SHD1694A**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) GIA search receipt

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SINGAPORE 486443
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Our Ref: **SHD1694A/WL**

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 – Wennis Liew

Email: wennis.liew@premierauto.com.sg

DID: 6410 0946

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 Actual 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	12/01/2023 15:14 (SGT)
Reported by	Driver
Date of Accident	12/01/2023 12:50 (SGT)
Exact Location of Accident	Holt Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1694A
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INSURED/POLICYHOLDER

Is company?	Yes
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	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variation	-
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	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-001032

DRIVER

Name of Driver	TEO BOON HUAT PATRICK
NRIC No	SXXXX228B
Date Of Birth	26/07/1962
Occupation	Outdoor

Date Of Driving Pass	10/04/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97287425
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 222 PASIR RIS ST 21, #05-120
Address complement	-
Postcode	510222
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PAX IN THE REAR SEAT - INDIANS (GRAB BOOKING)
Gender	Male

PASSENGER 2

Name	PAX IN THE REAR SEAT - INDIANS (GRAB BOOKING)
Gender	Female

PASSENGER 3

Name	PAX IN THE REAR SEAT - INDIANS/INFANT (GRAB BOOKING) - GENDER NOT SURE
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
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL9836J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	MS VANESSA NEE HUI KWAN
NRIC No	SXXXX027D
Contact Number	(Phone) +65-96844119
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

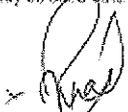
IMPORTANT NOTICE

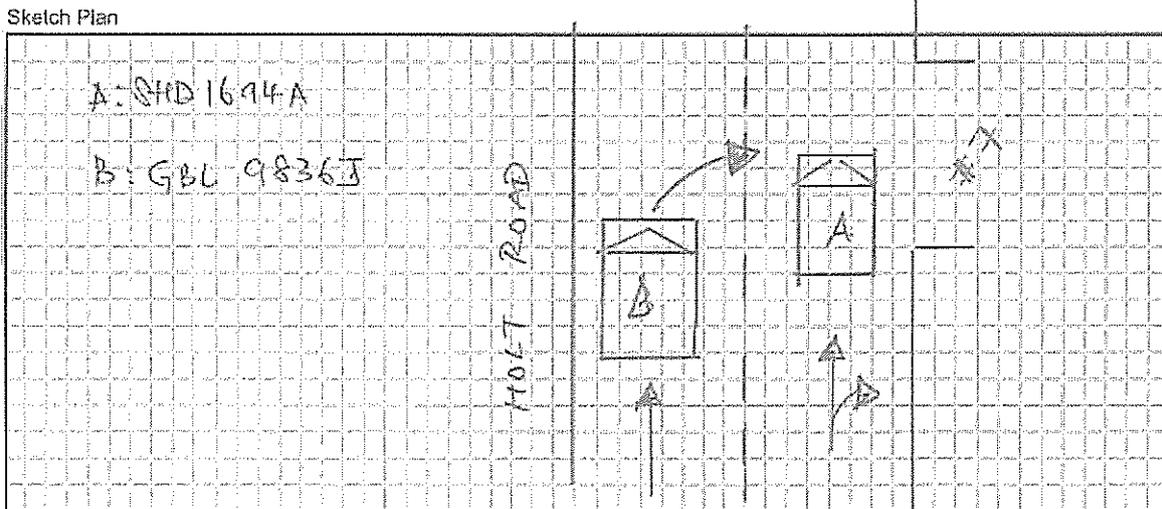
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

5. 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/small 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	 S15282208 12 JAN 2023 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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Describe Circumstances of the Accident.

ON 12/01/2023 @ 12:50 HRS, I WAS DRIVING MY TAXI (SHD 1694 A) TRAVELLING ALONG HOLT ROAD WITH 3 PASSENGERS ONBOARD (A COUPLE WITH AN INFANT) - ON THE RIGHT LANE OF A ONE WAY ROUTE (ARROW ON ROAD SURFACE SHOWS STRAIGHT AHEAD & RIGHT TURN).

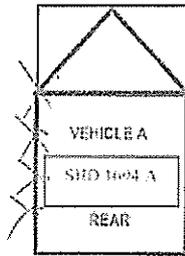
WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY VEHICLE B (GBL 9836 J - HONDA VAN/WHITE) WHICH WAS INITIALLY ON THE LEFT LANE (ARROW ON ROAD SURFACE SHOWS STRAIGHT AHEAD ONLY), HAD ENCROACHED & COLLIDED ONTO THE LEFT PORTION OF MY TAXI WHILE MAKING HER ILLEGAL RIGHT TURN INTO UNIT #7 OF HOLT ROAD.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION & VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI

THIRD PARTY
VEHICLE

 51528228 B

Driver's Signature & NRIC Number
Thursday, January 12, 2023 @ 3:03:15 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

TAX INVOICE

Allianz Insurance Singapore Pte Ltd
79 Robinson Road #09-01
Singapore 068897

DATE 2-Mar-2023
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHD 1694 A			\$ 2,927.92
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,927.92
GST @ 8%				\$ 234.23
GRAND TOTAL				\$ 3,162.15



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



02 March 2023

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Teo Boon Huat Patrick (Zhang WenFa) of NRIC Number S1528228B is a registered driver of SHD1694A. Teo Boon Huat Patrick (Zhang WenFa) is paying a discounted daily rental rate of \$85.32 (Inclusive of GST) on 12 Jan 2023.

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

Thank you.

Yours sincerely

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

Chin Bee Lian (Ms)

Assistant Vice President

Taxis Administration



Prepared by: Rahillah

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

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBL9836J

Date of Accident

12/01/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Allianz Insurance Singapore P...**

Period of Insurance **30/08/2022 - 25/04/2023**

Requested By **GOH WEE DEK (PREMIER AUTO...**

Requested Date **12/01/2023 16:44**

Payment details

Request Amount: **S\$1.85**
 GST Amount: **S\$0.15**
 Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

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



Vehicle Registration Details

Vehicle No. SHD1694A	Make/ Model HYUNDAI/AE IONIQ HEV FL 1.6 DCT	Vehicle Scheme Revised Taxi (Company)
Current Propellant Petrol-Electric	Chassis No. KMHC851CVLU240853	Vehicle Type Public Transport Taxi (Motor Car)

Owner's Details

Owner Name:

PREMIER TAXIS PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

200304975H

Registered Address

23 CHANGI SOUTH AVENUE 2 #04-03
 SINGAPORE 486443

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

22 Mar 2021

Original Registration Date:

22 Mar 2021

Registration Date:

22 Mar 2021

No. of Transfers:

0

IU Label No.:

1050549163

Vehicle Specifications

Engine No.:

G4LELU040537

Chassis No.:

KMHC851CVLU240853

Year of Manufacture:

2020

Motor No.:

PM04LAK587DJ

Primary Colour:

Silver

Secondary Colour:

-

Passenger Capacity:

4

Engine Capacity / Power Rating :

1580 cc / 32.0 kW

Maximum Power Output:

103.6 kW (138 bhp)

Max Unladen Weight:

1361 kg

Maximum Laden Weight:

1870 kg

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$24,699.00

Additional Registration Fee Rate:

First \$20,000.00 (100%), next \$4,699.00 (140%)

Actual ARF Paid:

\$5,000.00

Vehicle Lifespan Expiry Date:

21 Mar 2029

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2021032201001794W

COE Expiry Date:

21 Mar 2029

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 :

- / \$41,397.00

PQP Paid

\$33,118.00

QP (Regn Cat):

--

PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

21 Mar 2029

Minimum PARF Benefit:

\$3,000.00

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 : 5125738511-001032

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1694A**
Chassis Number : KMHC851CVLU240853
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Apr 2022
4. Expiry Date of Insurance : 31 Mar 2023
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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

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 (0000690672)
Date of Issue : 01 Apr 2022 12:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



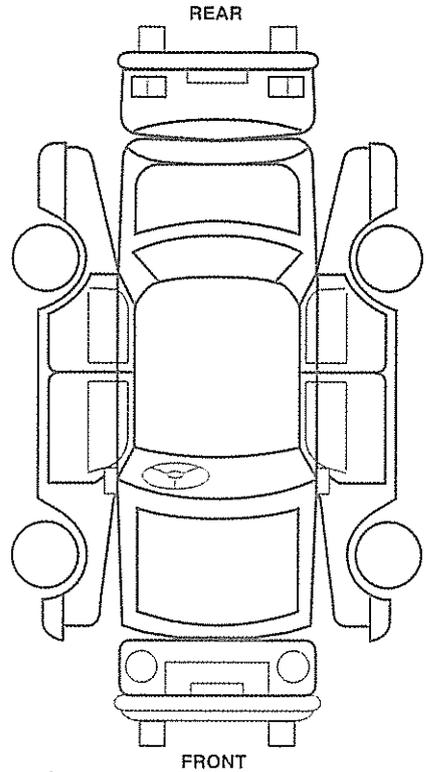
Chief Executive



CHECK IN / OUT VOUCHER

DRIVER'S NAME TEO BOON HUAT PATRICK (HIRER)			
NRIC S	HANDPHONE 97287425		
VEH. REGN NO. S HD 1694A	MAKE / MODEL HYUNDAI IONIQ 2		
DATE IN 30/01/23	TIME IN 1350	DATE OUT 08/02/23	TIME OUT 1405
KILOMETRES IN 146787	FUEL IN <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	KILOMETRES OUT	FUEL OUT <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F

INDICATE AREA OF DAMAGE HERE:



CURRENT LOCATION

DATE / TIME TOWED IN TO WORKSHOP
D D M M Y Y H H M M S S

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION
D D M M Y Y H H M M S S

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

DRIVER'S NAME **Patrick TEO BH.** x

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

DRIVER'S NAME **Patrick TEO** x

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

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 |

<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO 12/01/23 1250</p> <p><input type="checkbox"/> BRAKE SYSTEM</p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE TP/W</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p>	<p>DRIVER'S REMARKS</p>
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