

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: SHD1114H/GS

WITHOUT PREJUDICE

12th January 2018

(By Email Only)

Attn: The Motor Claims Department

China Taiping Insurance(Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

ACCIDENT INVOLVING SHD1114H & SJH1006S ALONG YIO CHU KANG ROAD ON 27.11.17

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHD1114H, 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: SJH1006S at the material time of the accident with the driver of our client's vehicle, Mr Yam Zhong Rui

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SJH1006S, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	2568.00 (Incl. GST)
(2) Loss of Rental - 4Days @\$97.18per day	\$	388.72
(3) GIA Search fee	\$	2.00
	\$	<u>2958.72</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHD1114H
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search

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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 – Gary Shi

Email: gary.shi@premiertaxi.com

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

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Thursday, 14 December, 2017 3:27 PM
To: 'motor@km.com.sg'
Subject: ACCIDENT INVOLVING SJH 1006S AND SHD 1114H ON 27/11/2017



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTH17022711/K1ea3

14 DEC 2017

K & M LEASING PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SJH 1006S AND SHD 1114H ON 27/11/2017

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)

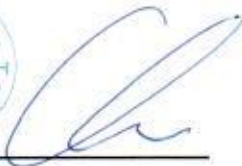
AUTHORIZATION TO ACT

I, **PREMIER TAXIS PTE LTD** (the third party claimant") of **23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443** (address), owner of **SHD 1114H** (vehicle no.) hereby authorize **PREMIER AUTOMOTIVE SERVICES PTE LTD** ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no **SHD 1114H** that was damaged pursuant to the accident which occurred on **27/11/2017** (date) along **YIO CHU KANG RD > THOMSON** (location) involving vehicle no/s **SJH 1006S** ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 19 (day) of Jan (month) 20 18 (year)

A handwritten signature in blue ink, appearing to be "Ch".

Signed by "the third party claimant"
(with chop if applicable)

A handwritten signature in blue ink, appearing to be "ARC".

Signed by "the workshop"
(with chop)

This Settlement excludes any
bodily injuries arising out of the
above said accident and pertains
to property damage only.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN1736111700 Claim No : SNM17D06829C02
Claimant : PREMIER TAXIS PTE LTD
Amount : S\$2,910.13
DOLLARS TWO THOUSAND NINE HUNDRED TEN AND CENTS THIRTEEN
ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full &
final settlement of all claims, costs & disbursements for injuries / damages
sustained by me/us through an accident involving

Claimant Vehicle No. : SHD 1114H
Insured Vehicle No. : SJH 1006S

Date of Loss : 27/11/2017
Place of Accident : YIO CHU KANG RD > THOMSON

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to
discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : K & M LEASING PTE LTD
Driver Name : SALIMUL IKHWAN BIN NASARUDDIN SALIM KEMHAY

from all claims, present or future in respect of all loss, injury or damage
sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the
part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	2,568.00
(3) Loss of Use /Rental/ Earning	S\$	340.13
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	2.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL		S\$ 2,910.13

Claimant Name: PREMIER TAXIS PTE LTD

NRIC No : 2003-4975H

Signature :



Date :

19/1/18



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 AVENUE 2 #03-02
SINGAPORE 486443

TAX INVOICE

DATE 12-Jan-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1114 H			\$ 2,400.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,400.00
GST @ 7%				\$ 168.00
GRAND TOTAL				\$ 2,568.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



08 December 2017

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Yam Zhong Rui of NRIC Number S8117443A is a registered driver of SHD1114H. Yam Zhong Rui is paying daily rental rate of \$97.18 (Inclusive of GST).

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", written in a cursive style.

Chin Bee Lian (Ms)
Assistant Vice President
Taxis Administration

Prepared By: SY

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com
Co. Reg. No. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>YAM ZHONG RUI</u>	
NRIC <u>S 8117443A</u>	HANDPHONE <u>90058186</u>
TAXI REGN NO. <u>SHD 1114H</u>	MAKE / MODEL <u>K02</u>
DATE IN <u>27/11/17</u> TIME IN <u>1500</u>	DATE OUT <u>30/11/17</u> TIME OUT <u>1650</u>
KILOMETRES IN <u> </u> FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT <u> </u> FUEL OUT <u>E 1/4 1/2 3/4 F</u>

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

D D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D D M M Y Y H H M M

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

YAM ZHONG RUI x

DRIVER'S NAME

[Signature] x

DRIVER'S SIGNATURE / DATE / TIME

[Signature]CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

YAM ZHONG RUI

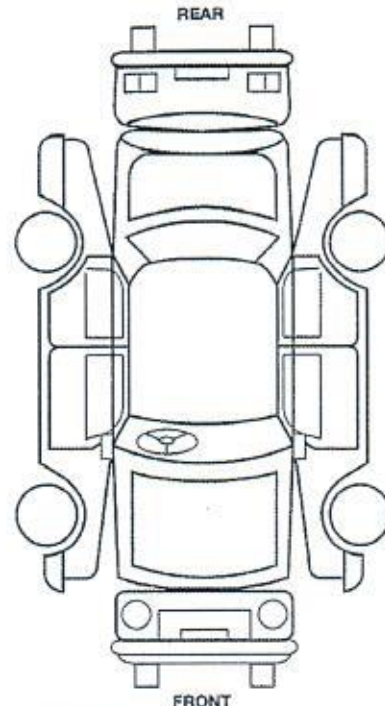
DRIVER'S NAME

[Signature] 30/11/17

DRIVER'S SIGNATURE / DATE / TIME

[Signature]CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

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 |

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 checked="" type="checkbox"/> OTHERS: ACCIDENT: DATE / TIME of ACCIDENT: <u>27/11/17 0800</u> <u>TP/V</u>



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-17-177358
Date of Request: 27/11/2017

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd
23 Changi South Ave 2
#01-02
Singapore 486443

Dear Sir/Madam,

Enquiry Date 27/11/2017
Enquiry By GOH WEE DEK
TP Vehicle No. SJH1006S
Accident Date 27/11/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJH1006S	China Taiping Insurance (Singapore) Pte. Ltd.	18/05/2017-17/05/2018	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-177358
Date of Request: 27/11/2017

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd
23 Changi South Ave 2
#01-02
Singapore 486443

Dear Sir/Madam,

Enquiry Date 27/11/2017
Enquiry By GOH WEE DEK
TP Vehicle No. SJH1006S
Accident Date 27/11/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:
Date:
☒ GIRO ☐ Cash ☐ Cheque