

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: SHD1030R/GS

WITHOUT PREJUDICE

6th April 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 SHD1030R & SKA17S ALONG SLIP ROAD OF ORCHARD BOULEVARD INTO GRANGE ROAD ON 09.02.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHD1030R 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: SKA17S at the material time of the accident with the driver of our client's vehicle, Mr Lau Soon Leong

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SKA17S, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 1070.00 (Incl. GST)
(2) Loss of Rental - 10Days @\$108.93per day	\$ 1089.30
(3) Loss of Income – 10Days @\$100.00per day	\$ 1000.00
(4) LTA search fee	\$ 7.45
	<u>\$ 3166.75</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHD1030R
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, LTA search

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Our Ref: SHD1030R/GS

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



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/CTI18003004/Klhs3

05 MARCH 2018

LEE YIM FAI
138 GRANYE RD
#07-01
SINGAPORE 249617

Dear Sir/Madam,

ACCIDENT INVOLVING SKA 17S AND SHD 1030R ON 09/02/2018

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,

Bevan Lim
Case Handler
DID: 6749 4274
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

AUTHORISATION TO ACT

I/We, **PREMIER TAXIS PTE LTD** ("the third party claimant") of **23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443** (address), owner of **SHD 1030R** (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 1030R** that was damaged pursuant to the accident which occurred on **09/02/2018** (date) along **ORCHARD ROAD** (location) involving vehicle no/s **SKA 17S** ("the accident").

I/We 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/We 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 6 (day) of July (month) 2018 (year)

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

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

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

Signed by "the workshop"
(with chop)

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

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1760551700

Claim No : 5NM18D00907C02

Claimant : PREMIER TAXIS PTE LTD

Amount : S\$1,950.00

SINGAPORE DOLLARS ONE THOUSAND NINE HUNDRED FIFTY 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 1030R

Insured Vehicle No. : SKA 17S

Date of Loss : 09.02.2018

Place of Accident : ORCHARD ROAD

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 : LEE YIM FAI

Driver Name : CYNTHIA SURYATI THE

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) Global Sum (all in)

S\$ 1,950.00

TOTAL S\$ 1,950.00

Claimant Name : _____

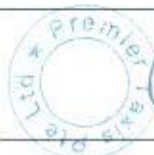
NRIC No : _____

2063049754

Signature : _____

Date : _____

6/7/18



TAX INVOICE

PREMIER TAXIS PTE LTD
23 CHANGI SOUTH AVENUE 2 #03-02
SINGAPORE 486443

DATE 6-Apr-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1030 R			\$ 1,000.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,000.00
GST @ 7%				\$ 70.00
GRAND TOTAL				\$ 1,070.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



20 February 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lau Soon Leong (Liu Shunlong) of NRIC Number S7717457E is a registered driver of SHD1030R. Lau Soon Leong (Liu Shunlong) is paying daily rental rate of \$108.93 (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 read "Chin Bee Lian".

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. 20030497511



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME Lau Soon LeongNRIC S 221 2457EHANDPHONE 90665284TAXI REGN NO. SHD 1030RMAKE / MODEL KD2DATE IN
09/02/18TIME IN
1650DATE OUT
22/02/18TIME OUT
1500

KILOMETRES IN

FUEL IN

KILOMETRES OUT

FUEL OUT

E 1/4 1/2 3/4 F

E 1/4 1/2 3/4 F

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

Lau Soon Leong

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECK OUT

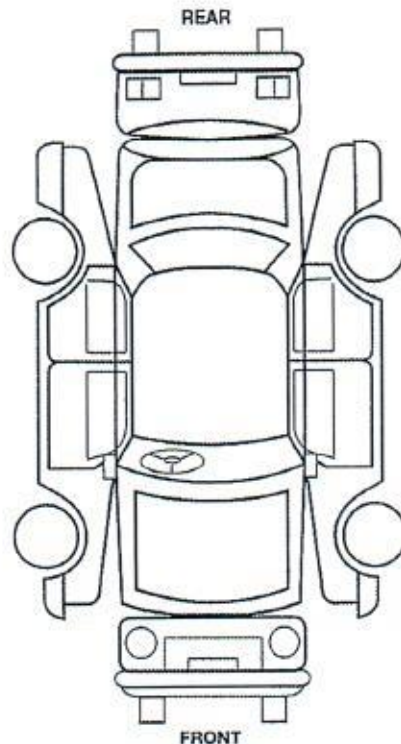
Lau Soon Leong

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

- 1 - Light Dent
- 2 - Serious Dent
- 3 - Light Scratch
- 4 - Serious Scratch

- 5 - Damaged
- 6 - Chip
- 7 - Crack
- 8 - Peeling

SERVICE / REPAIRS DONE

☐ SERVICING ☐ OTHERS:☐ T / BELT☐ AIRCON SYSTEM☐ TURBO☐ BRAKE SYSTEM☐ CLUTCH SYSTEM☐ BULB☐ UNDER CARRIAGE☐ CPF☐ BATTERY☒ ACCIDENT: DATE / TIME of ACCIDENT:09/02/18 1555TP/W

DRIVER'S REMARKS



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 Feb 2018 / 17:44:44

Receipt Date/Time : 09 Feb 2018 / 17:44:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180209-001546

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKA17S				
As at 09 Feb 2018/15:55:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SKA17S			
	Enquiry Fee	7.00	0.49	7.49
	20180209174348208183			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	xxxxxxxxxxxx0416	Credit Card: Visa/MasterCard		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.