

INS. CASE OWNER:

CC 4 / ASM1800 5016 / MEAN

IDAC:

50081

ASSIGNMENT

DOI:

27/2/18

Date / Time:

13/2/18

Registered in Merimen:

Subs:

Pre-0 2017/18

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MADHAVAN BABU

Driver Tel No.:

82803661 /

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO

YES

TP GIA REPORT: YES / NO

YES

Insured Liability:

%

Final ? Yes / No

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

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Liability:

RMKS:

Date/Time

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13/2/18

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

13/2/18

Sent By:

13/2/18

FINALIZATION

Date/Time: 13/2/18

Confirm with: 13/2/18

Confirm by: 13/2/18

Repair Cost:

45

S\$ 2,200.00

(3 days)

Reduction:

60 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 3-5-18

Confirm with: 13/2/18

Email ☐ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost:

45

S\$ 2,354.00

OID REVERSED 117 TP.

Loss of Rental (LOR):

S\$ 304.17

(3 days)

x S\$ 100.39

Loss of Use (LOU):

S\$ -

(3 x days)

Loss of Income (LOI):

S\$ 120.00

(S\$ 40 x 3 days)

LOR only ☐ LOU only ☐LOR + LOU ☐ LOR + LOI ☒

(Tick only one)

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 2,771.17

Global Sum S\$:

FINAL PAYMENT

Date/Time: 3-9-18

Confirm with: 13/2/18

Email ☐ Call ☐

Payee 1:

S\$ 2,771.17

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N/A)

S\$ -

Name 2:

Payee 3: (Strike if N/A)

S\$ -

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: 9350

4) 13/2/18

5) 13/2/18

6) 13/2/18

7) 13/2/18

8) 13/2/18

9) 13/2/18

10) 13/2/18

11) 13/2/18

12) 13/2/18

13) 13/2/18

RECEIVED 11 MAY 2018

08/11/21

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 6104 J Yr Regn: 7Ag / 24

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: KIA optima C.C. 165

Colour: Silver A/C: Ins Std / NI / NA

Sp. Reading: 358430 T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KNAGA 814AE546477

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/65R6

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Ham Rock.

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 13/2/8 D.O.I. 27/2/8

Survey held at Prem

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Aya

45: +2,200 (Std: +3,242.90 60%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Workshop (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Other _____

TOTAL

Report Format: _____

Group Name / ID: _____



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD		Ref : CC4/ASM18003026/K1ea3		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 14-02-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBA 5222P	Veh. Inspected	SHC 6104J	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M008YA	Excess (\$)	0.00	
Assign From		Assign Date	14/02/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	13/02/2018	Inspection Date	27/02/2018	
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



Auto
Consultants
Pte Ltd

Company Registration No. 199607191

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 625643

Your ref: S8M008YA
Our ref: CC4/ASM18003026/K1ea3

Date: 01.03.2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC 6104J

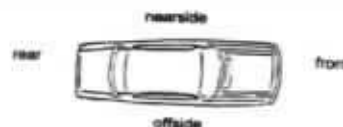
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 27.02.2018 at the premises of M/s Premier Automotive Services Pte Ltd - Changi and have the following to report:-

Workshop Estimate Amount	: S\$	5,442.90
Revised Estimate Amount	: S\$	2,977.00
"Check" Items Amount	: S\$	-
Total (Including Check Items)	: S\$	2,977.00
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 3.0 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG: 200707743D GST REG: 200707743D

13-Feb-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6104 J

1 pc	Bonnet grille	✓	\$	386.00
1 pc	Front bumper	✓	\$	531.00
1 pc	Front bumper emblem	✓	\$	44.00
1 pc	Front bumper centre grille	X	\$	174.00
1 pc	Front bumper inner lower garnish	X	\$	134.00
1 pc	Front bumper tow hook cover	X	\$	14.00
1 pc	Front bumper lip	X	\$	52.00
1 pc	Front bumper lower stiffer	X	\$	134.00
1 pc	Front bumper inner sponge	X	\$	110.00
1 pc	Front bumper reinforcement	X	\$	328.00
2 pcs	Front bumper o/s & n/s side retainer @ \$16.00	X	\$	32.00
2 pcs	Front bumper o/s & n/s upper bracket @ \$16.00	X	\$	32.00
2 pcs	Front bumper o/s & n/s support bracket @ \$16.00	X	\$	32.00
2 pcs	Front bumper o/s & n/s protector @ \$51.00	X	\$	102.00
2 pcs	n/s & o/s headlamp @ \$1028.00	X	\$	2,056.00
			\$	4,161.00
		Less 10%	\$	416.10
			\$	3,744.90

S/NETT

1 pc	Front no. plate with casing	X	\$	50.00
1 pc	Front bumper clips	✓	\$	48.00
	Sundry		\$	50.00
	To labour charge for dismantle and renew the accident damaged parts. To heat/weld, cut-off the the end panel & floorboard compartment Including knock-out, straighten, repair, reshape and adjust of the bonnet, etc.		\$	750.00
	To putty and spray painting on front bumper, bonnet, bonnet grille.		\$	650.00
	To apply rustproofing on the repaired and replaced panels.		\$	150.00
			\$	5,442.90

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

6/3/18
1/21 4/5 \$2200 / 3875

Kalvin (Kia)
27/2/18 1020
3 Pgs
4/5
After Repair

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

13-Feb-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6104 J

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1 pc	Front bumper lower stiffer X	\$	134.00
1 pc	Front bumper inner sponge X	\$	110.00
1 pc	Front bumper reinforcement X	\$	328.00
2 pcs	Front bumper o/s & n/s side retainer @ \$16.00 X	\$	32.00
2 pcs	Front bumper o/s & n/s upper bracket @ \$16.00 X	\$	32.00
2 pcs	Front bumper o/s & n/s support bracket @ \$16.00 X	\$	32.00
2 pcs	Front bumper o/s & n/s protector @ \$51.00 X	\$	102.00
2 pcs	n/s & o/s headlamp @ \$1028.00 <i>MSV</i>	\$	2,056.00
		\$	4,161.00
	Less 10%	\$	416.10
		\$	3,744.90

S/NETT

1 pc	Front no. plate with casing X	\$	50.00
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	To labour charge for dismantle and renew the accident damaged parts. To heat/weld, cut-off the the end panel & floorboard compartment Including knock-out, straighten, repair, reshape and adjust of the bonnet, etc.	\$	750.00 X
	To putty and spray painting on front bumper, bonnet, bonnet grille.	\$	650.00 X
	To apply rustproofing on the repaired and replaced panels.	\$	150.00 X
		\$	5,442.90

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

Kalvin Lee
27/2/18 1020h
3 Pgs
45
After Repair pch

MANDATE REQUEST FOR S8M008YA

Type

 Question

Message

Liability: Insured reversed and hit TP. Spoken to insured and he aware that his NCD is affected and AXA to settle at best. Settlement: Repair Cost : \$ 2,354.00 (w/GST) Loss of Rental: \$ 301.17 (3days x \$100.39) Loss of Income: \$120.00 (3days x \$40) LTA: \$2.00 Total: \$ 2,777.17

Reply

<< Re:MANDATE REQUEST FOR S8M008YA


Type

i Information

Message

PLS PROCEED

[Reply](#)

 PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC 6104J
CONTACT NO.	9008 5513
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0529145C**

Name
LIEM GUAN SENG
林源成

Race
CHINESE

Date of Birth
14-09-1945

Country of Birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0529145C**

Name
LIEM GUAN SENG

Birth Date **14 Sep 1945**

Issue Date **16 Dec 2003**




0369778



NRIC No. **S0529145C**



Blood Group
O+

Date of Issue
21-07-1994

APT BLK 8 LORONG LEW LIAN #05-150
SINGAPORE 531008

NRIC No. **S0529145C** Date: **16-01-2004** No: **4854809**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles \leq 200 CC	05 Sep 1967
Class 2A Motorcycles between 201 CC and 400 CC	05 Sep 1967
Class 2 Motorcycles $>$ 400 CC	05 Sep 1967
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	19 Feb 1964

S / No. 9000121803

30829145C

NP 428A

Licence No: **S0529145C**




Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S0529145C**

Name: **LIEM GUAN SENG**

Issue Date: **5/8/2005**



Please visit www.lta.gov.sg to check the status of this vocational licence

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	07 Aug 2014 / 08:38:50	Receipt No.:	AACCK001-AX239-140807-000004
Asset Type:	Vehicle	Transaction Amount:	\$52,506.00
Asset ID:	SHC6104J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140807083850786030		
Vehicle No.:	SHC6104J		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	07 Aug 2014		
Original Registration Date:	07 Aug 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5464711		
Engine No.:	D4FDDH307921		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,778.00		
Minimum PARF Benefit:	\$7,366.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	07 Aug 2014 08:38:50		
COE No.:	2014080701001101G		
COE Expiry Date:	06 Aug 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$50,088.00		
Lifespan Expiry Date:	06 Aug 2022		
Owner ID Type:	Company		

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5095103893

Cover : Third Party

1. Index mark and Registration Number of Vehicle
Chassis Number

: **SHC6104J**
: KNAGM414ME5464711

2. Name of Policyholder

: PREMIER TAXIS PTE. LTD.

3. Effective Date of Insurance

: 20 Oct 2017

4. Expiry Date of Insurance

: 19 Oct 2018

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 : N/A

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 : 16 Oct 2017 17:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

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: SHC6104J/GS

WITHOUT PREJUDICE

9th February 2018

(By Email Only)

Attn: The Motor Claims Department

AXA Insurance Pte Ltd
No.8 Shenton Way
#27-01
Singapore 068811

Dear Sir/Madam

ACCIDENT INVOLVING SHC6104J & GBA5222P ALONG SLIP ROAD OF CTE INTO MOULMEIN ROAD ON 13.02.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6104J, 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: GBA5222P at the material time of the accident with the driver of our client's vehicle, Mr Liem Guan Seng

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: GBA5222P, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	2354.00 (Incl. GST)
(2) Loss of Rental - 3Days @\$100.39per day	\$	301.17
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
(4) GIA Search fee	\$	2.00
	\$	<u>2957.17</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6104J
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search
- (5) Scene video

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: SHC6104J/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

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Friday, 9 March 2018 2:32 PM
To: 'LHEPL@SINGNET.COM.SG'
Subject: ACCIDENT INVOLVING GBA 5222P AND SHC 6104J ALONG CTE EXIT TO MOULMEIN ROAD ON 13/02/2018



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

09 MAR 2018

LEONG HUM ENGINEERING PTE LTD

Dear Sir/ Mdm

OUR REF : CC4/ASM18003026/K1ea3
YOUR REF : GBA 5222P
ACCIDENT INVOLVING GBA 5222P AND SHC 6104J ALONG CTE EXIT TO MOULMEIN ROAD ON 13/02/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s PREMIER AUTOMOTIVE SERVICES PTE LTD acting on behalf of the owner of SHC 6104J against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had reversed and hit the Third Party vehicle SHC 6104J. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ashersng@lkkauto.com within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at ashersng@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

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

c.c. AXA Insurance Pte Ltd (AXA)
 (Motor Claims Dept)

WITHOUT PREJUDICE

AXA Insurance Pte Ltd
No.8 Shenton Way
#27-01
Singapore 068811

Attn: **The Motor Claims Department**

Dear Sir/Madam,

ACCIDENT INVOLVING SHC6104J & GBA5222P ON 13.02.18

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6104J**. We hereby authorize you to release all compensation monies pertaining to the above-mentioned accident directly to our workshop, M/s Premier Automotive Services Pte Ltd. We, hereby authorize the said workshop, M/s Premier Automotive Services Pte Ltd to collect all compensation monies due to us from you or any other party, regarding the said accident.

Thank You.



Premier Taxis Pte Ltd
Authorized Signatory

A handwritten signature in black ink.

Date

3/5/18

LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd
23 Changi South Avenue 2
#03-02
Singapore 486443

And

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

ACCIDENT INVOLVING SHC6104J & GBA 5222P
ON 13/2/18 AT/ALONG slip Rd of GTE into Moulmein Road

1. I, Liem Kok Hui, NRIC No. S7113782A

am the registered (Hirer) Relief Driver of motor taxi No. SHC6104J at the time of the above accident.

2. Hereby you have my authority to:

- (a) send a letter of demand on my behalf;
- (b) negotiate a settlement on my behalf;
- (c) confirm a settlement / accept any offer on my behalf;
- (d) sign any Discharge Voucher (if necessary) on my behalf;
- (e) receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.

[Signature] S7113782A
Signature with NRIC No.

3/5/18
Date

Name: Liem Kok Hui

Blk 247 YISHUN AVE 9 #07-169 (760247)
Address

Contact No.: 90011567

Email: _____



redefining / insurance

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

CLAIM REF
INSURED

: S8M008YA
: LEONG HUM ENGINEERING PTE LTD

DISCHARGE VOUCHER

We, PREMIER AUTOMOTIVE SERVICES PTE LTD confirm that by letter of authorisation dated 3/5/18, we are authorised to and do hereby give this discharge for ourselves and on behalf of PREMIER TAXIS PTE LTD and the Hirer, LIEM KOK HUEI of vehicle no. SHC 6104J

Now we PREMIER AUTOMOTIVE SERVICES PTE LTD for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars TWO THOUSAND SEVEN HUNDRED SEVENTY SEVEN AND CENTS SEVENTEEN ONLY. (S\$2,777.17) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no. GBA 5222P arising out of an accident with SHC 6104J on 13/02/2018.
- declare that AXA INSURANCE PTE LTD and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no. GBA 5222P arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of PREMIER AUTOMOTIVE SERVICES PTE LTD is made without any admission of liability whatsoever on the part of AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no GBA 5222P.

Dated this 3 day of May 2018

Signed by _____

(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : _____

Name : SHAFAWATI MD KABU

I/C No : S83073248

Address : 23 CHANGI SOUTH AVENUE 2

01-07 SINGAPORE 486443



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

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

DATE 8-Mar-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6104 J			\$ 2,200.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,200.00
GST @ 7%				\$ 154.00
GRAND TOTAL				\$ 2,354.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



**PREMIER
TAXIS**

22 February 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Liem Kok Hwei (Lin Guohui) of NRIC Number S7113782A is a registered driver of SHC6104J. Liem Kok Hwei (Lin Guohui) is paying daily rental rate of \$100.39 (Inclusive of GST).

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: Huznah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 8330
www.premiertaxi.com
Cin. Reg. No. 20030497511

CHECK IN / OUT VOUCHER

DRIVER'S NAME LIEM GUAN SENG (Relief)	
NRIC S 0529145C	HANDPHONE 90085513
TAXI REGN NO. S HC 6104 J	MAKE / MODEL K02
DATE IN 27.02.18 TIME IN 0915	DATE OUT 01.03.18 TIME OUT 1505
KILOMETRES IN _____ FUEL IN E 1/4 1/2 3/4 F	KILOMETRES OUT _____ FUEL OUT E 1/4 1/2 3/4 F

TAXI METER DOWNLOADED

YES
NO

DATE / TIME TOWED INTO 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
CHECK OUT

Liem Guan Seng
DRIVER'S NAME

Liem Guan Seng
DRIVER'S NAME

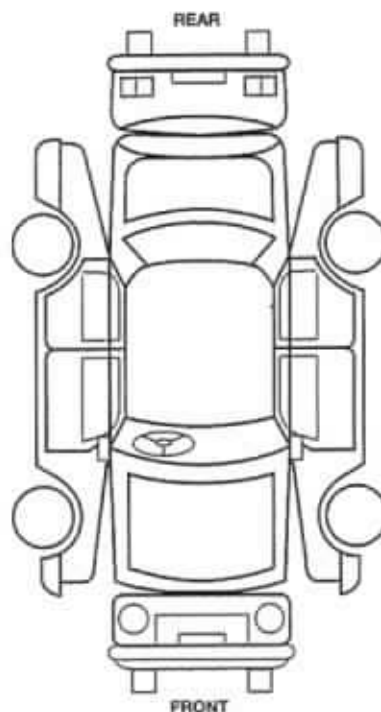
[Signature]
DRIVER'S SIGNATURE / DATE / TIME

[Signature]
DRIVER'S SIGNATURE / DATE / TIME

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

[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"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO 13.02.18 0950 <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 TP/G	



RECORDS MANAGEMENT CENTRE

**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-18-024075

Date of Request: 13/02/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 13/02/2018
Enquiry By GOH WEE DEK
TP Vehicle No. GBA5222P
Accident Date 13/02/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBA5222P	AXA Insurance Pte Ltd	13/08/2017-12/08/2018	6338 7288

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.



RECORDS MANAGEMENT CENTRE

**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-18-024075

Date of Request: 13/02/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 13/02/2018
Enquiry By GOH WEE DEK
TP Vehicle No. GBA5222P
Accident Date 13/02/2018

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

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	GBA 5222P (Insd veh)	Model:	TPVD KIA
	SHC 6104J (TP veh)		
Date of Accident:	13/02/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	5,823.90
Final Repair Cost	:	\$	2,354.00
Loss of Token Sum	:	\$	120.00
Rental (if any)	:	\$	301.17
LTA / GIA Search Fee	:	\$	2.00

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum	:	\$	2,777.17

Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)	
A) For Non GIA Registered Workshop:	Agreed Liability _____ 100 _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.	
Remarks _____ _____	

Payment Instruction: Payee's Breakdown		
1)	PREMIER AUTOMOTIVE SERVICES PTE LTD	\$ 2,777.17

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

15/05/2018
Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))