

INS. CASE OWNER:

Ernest

CC 4 AXA 1800

6506, F2 JB 9

LKK:
IDAC

Surveyor:

Kalvin

DOI:

ASSIGNMENT

11/4/18

Date / Time:

9/14/18

Registered in Merimen:

Pre-assign / CCU / FTE

SKT 6822M



Insured Vehicle No.:

60H 400N LEMO

Name of Insured:

Insured Tel No.:

HP:

9276258

Excess Sec II :SS

D.O.A.:

9/14/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

88000000 / 38975

Policy No.:

67MPL4611

Make / Model:

400N

Place of Accident:

LIE LORAM EXIT

OI GIA REPORT: YES NO ; TP GIA REPORT: YES NO

Insured Liability:

%

Final ? Yes / No

SHC 6249A



INSRS:

WSP:

Tel:

Liability:

RMKS:

premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

11/4/18

py

SHC 6249A - X SKT 6822M - X
6mmv claim
"policy valid. liability denied - we. pls return to seek mandate."

4/15/18 230pm

note to OI M- bus of 4236 5288. OI confirmed the accident statement. I forwarded OI about the TP Unit and HCD name OI agreed on liability but dispute on damages send letter to OI. OI need surveyor talk to OI. OI disposed over contractors

16-5-18

FOR APPROVAL - MANDATE
LOD UPLOADED IN SMART.

RECEIVED 13 SEP 2018

RECEIVED 13 SEP 2018

STAGE	DATE / PIC
Non-Reporting Itr (1st):	
Non-Reporting Itr (2nd):	
Non-Reporting Itr (Final):	
Notification Itr (if non-pickup):	
Call OI: 4/15/18	vic-on 4/15
After call Itr to OI: 8/15/18	
Documentation Check List:	Handler Typist
Notification Itr (if non-pickup) X	
After call Itr to OI:	
Authorisation To Act:	
Release Voucher:	
Final Repair Bill:	
Car Rental Invoice:	
Towing Invoice X	
LTA / GIA:	
Medical Bills:	
PIR: X	
Mandate/Reject Instruction:	
LOD	
Payment Breakdown Form:	
Post-Repair Photos:	
Others:	

PRELIMINARY ADVICE

Date/Time: 10/4/18

Sent By: Dan

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

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

If NO or B 28, Ass. Lia:

Repair Cost: 657

SS

2,354

Loss of Rental (LOR):

SS

301.17

(3 days)

100.39

Loss of Use (LOU):

SS

(5 x days)

Loss of Income (LOI):

SS

120

(5 x 3 days)

LOR only ☐ LOU only ☐

LOR + LOU ☐

LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS

2.XX

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

2,777.17

Global Sum SS:

2,775.XX

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

2,775.XX

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

X

Payee 3: (Strike if N.A.)

SS

Name 3:

X

Front to rear collision
COPY SENT
11/6/18

once
once

Survey No: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To Inspected Vehicle No: _____

at Workshop No: _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SHC6249A

Yr Regn: 30 Oct 2014

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

Truck / Trailer or

Make: KA Optima

c.c. 165

Colour: 5th

A/C: Ins / Std / NI / NA

Sp. Reading: 43458

T/Radio: Ins / Std / NI / NA

Engl No: _____

C/Nr: 1CNA6M41XMF554367

Gen. Cond: Good / F / Poor / Burnt

Steering: Inor G / Jammed / Leaked / Burnt or

Brake: Inor G / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Achilles

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 9/4/8

D.O.L. 9/4/8

Survey held at Pleasure

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

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

Date / Time

Action / Instruction

4/5 #2,200

Ax/A
4/5

R (\$1,421.19/392)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech insp (\$

☐

: Repairs (\$

Survey Fee:

Transportation:

____ \$ + PS. ____ \$

Photos

Notes

Comments

Signature



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/ASM18006506/K1jb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 09-04-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKT 6822U	Veh. Inspected	SHC 6249A
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

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

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5. General Information

Accident Date	09/04/2018	Inspection Date	09/04/2018
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.

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

9-Apr-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6249 A#

1 pc	Rear bumper	\$ 696.00
1 pc	Rear bumper lower cover	\$ 206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	\$ 58.00
1 pc	Rear bumper inner sponge	\$ 114.00
1 pc	Rear bumper reinforcement	\$ 607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	\$ 106.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00	\$ 36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	\$ 36.00
Total "CRAC" - net \$29		\$ 1,859.00
Less 10%		\$ 185.90
		\$ 1,673.10

S/NETT

1 set	Rear bumper clips	\$ 48.00
1 set	Reverse sensor	\$ 280.00
Sundry		\$ 50.00
To dismantle / replace/test reverse sensor to new bumper and reset to the same		\$ 120.00
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$ 180.00
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel		\$ 700.00
To putty and spray painting on rear bumper, end panel		\$ 450.00
To apply rustproofing on the repaired and replaced panels.		\$ 120.00
		\$ 3,621.10

ALL THE REPAIR COSTS ARE SUBJECTED TO GST)
the Repairer of this bill

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

- To repair
- To dismantle
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Kohel Uthir
9/4/18 1600h
3 Bys.
4/5
After Repair photo
20%

add 4/5 \$720.00 / 3 Bys.
16/4/18

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

9-Apr-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6249 A8

1 pc	Rear bumper ✓	\$ 696.00
1 pc	Rear bumper lower cover ✓	\$ 206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00 ?	\$ 58.00
1 pc	Rear bumper inner sponge ?	\$ 114.00
1 pc	Rear bumper reinforcement ?	\$ 607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00 ?	\$ 106.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00?	\$ 36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00?	\$ 36.00
	<i>Part for "CRASH" - \$?</i>	\$ 1,859.00
	Less 10%	\$ 185.90
		<u>\$ 1,673.10</u>

S/NETT

1 set	Rear bumper clips ✓	\$ 48.00
1 set	Reverse sensor ✓ <i>putty & shock - \$100 -</i>	\$ 280.00 <i>200</i>
	Sundry	\$ 50.00
	To dismantle / replace/test reverse sensor to new bumper and reset to the same	\$ 120.00 <i>20</i>
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$ 180.00 X
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel	\$ 700.00 <i>300</i>
	To putty and spray painting on rear bumper, end panel <i>Part for</i>	\$ 450.00 <i>200</i>
	To apply rustproofing on the repaired and replaced panels.	\$ 120.00 X
		<u>\$ 3,621.10</u>

LKK Auto Centre
CALL THE REPAIR COSTS ARE SUBJECTED TO GST)
the Repairer of the goods.

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

- To dismantle / replace / repair / refit / adjust / repaint / reshape / adjust of the end panel
- To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.
- Parts prices are subject to confirmation.
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

Kahar Ukk
9/4/18 1600h
3 Bys.
4/5
After Repair photo

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	30 Oct 2014 / 09:14:11	Receipt No.:	AACCK001-AX239-141030-000006
Asset Type:	Vehicle	Transaction Amount:	\$53,456.00
Asset ID:	SHC6249A	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141030091411716738		

Vehicle No.:	SHC6249A
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:	30 Oct 2014
Original Registration Date:	30 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5543667
Engine No.:	D4FDEH311466
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:	2014
Open Market Value:	\$19,878.00
Minimum PARF Benefit:	\$7,426.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Oct 2014 09:14:11
COE No.:	2014103001001377D
COE Expiry Date:	29 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	29 Oct 2022
Owner ID Type:	Company

4/9/2018

<< Service Request Details

Claim
S8M00DDD

Reference
None ✎

Loss Date
April 9, 2018

Request Date
April 9, 2018

Due Date
April 16, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

Actions

Next Step
Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #
SHC6249A

Make
TPVD

09042018 @ 201pm
Mr Eoh veh in
Kalam

<https://vp.smartclaims.axa.com.sg/claim-portal/html/index-vendor-service-requests.html#/service-requests/?serviceRequestNumber=38975>

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	30 Oct 2014 / 09:14:11	Receipt No.:	AACCK001-AX239-141030-000008
Asset Type:	Vehicle	Transaction Amount:	\$63,456.00
Asset ID:	SHC8249A	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141030091411716738		

Vehicle No.:	SHC8249A
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:	30 Oct 2014
Original Registration Date:	30 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5543667
Engine No.:	D4FDEH311466
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:	2014
Open Market Value:	\$19,878.00
Minimum PARF Benefit:	\$7,426.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Oct 2014 09:14:11
COE No.:	2014103001001377D
COE Expiry Date:	29 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	29 Oct 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 : **SHC6249A**
Chassis Number : KNAGM414MF5543667
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



Re:RE: FOLLOW-UP REMINDER FOR QUANTUM MANDATE

Type

 Question

Message

Hi LKK, please proceed as per mandate. Thank you.

Reply



Auto
Consultants
Pte Ltd

Company Registration No. 199607195R

51 UBI AVE 1, #02-25 PAVA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564318

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 16/5/2018

Survey Details:

Date of loss	9-Apr-18
Date of appointment	9-Apr-18
Date of survey	9-Apr-18
Location of survey	PREMIER AUTOMOTIVE C SOUTH AVE 2

Vehicle Details:

Claim Type:	Third party
Vehicle number	SHC6249A
Make and Model	KIA OPTIMA 1685CC
Date of registration	30.10.14
Excess	
Market Value	
Part Rebate	
Nett Loss	

Repair details:

Initial Estimate	\$	3,621.10
------------------	----	----------

Proposed/Revised repair cost:

Parts	\$	1,879.80
Check items (estimate)	\$	861.30
Labour		
Total	\$	2,741.10
Lump Sum(if applicable)		\$

Number of days for repair	<u>3 days</u>
---------------------------	---------------



Auto
Consultants
Pte Ltd

Company Registration No. 199607158R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408935 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

BOLA 27-100%, OI FROM REAR.

Mandate:

Liability(TP)		
Proposed repair cost	\$2,354	
Loss of use		no. of days
Loss of rental	\$301	no. of days 3x 100.3
Loss of income	120	no. of days:3x40
LTA search fees	2	
Others		
Proposed Total	2,777.17	

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: SHC6249A/GS

WITHOUT PREJUDICE

21st April 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 SHC6249A & SKT6822U ALONG CTE TUNNEL INTO OUTRAM EXIT ON 09.04.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6249A, 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: SKT6822U at the material time of the accident with the driver of our client's vehicle, Mr Ng Ah Guan

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SKT6822U, 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 SHC6249A
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search, 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: SHC6249A/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) 62564315

8th May 2018

GOH CHOON LENG

100 Gerald Drive,
#04-88,
Singapore 798592.

Dear Sir/Madam,

OUR REF : CC4/ASM18006506/K1jb3

YOUR REF : SKT 6822U

**ROAD TRAFFIC ACCIDENT INVOLVING SKT 6822U AND SHC 6249A ALONG CTE
ON 09.04.2018**

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 Property Damage 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 6249A against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided into the rear portion of Third Party vehicle SHC 6249A. 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 full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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)



Auto
Consultants
Pte Ltd

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

- 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 6841 2132 or email us at vicalpeh@lkkauto.com.

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

Yours sincerely,

Poh Kin, Chong
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(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 SHC 6249A (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. SHC 6249A that was damaged pursuant to the accident which occurred on 09/04/2018 (date) along CTE TUNNEL INTO OUTRAM EXIT (location) involving vehicle no/s SKT 6822U ("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 12 (day) of September (month) 2018 (year)


A circular stamp for Premier Taxis is visible to the left of the signature.

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


A circular stamp for Premier Automotive Services Pte Ltd (ARC) is visible to the left of the signature.

Signed by "the workshop"
(with chop)

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 SHC6249A & SKT68224
ON 9/4/18 AT/ALONG CIE Tunnel into Outram Exit

1. I, Abdul Rahim bin Mohd Yusoff, NRIC No. S8233795D

am the registered Hirer Relief Driver of motor taxi No. SHC6249A 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.

 S8233795D
Signature with NRIC No.

12/09/18
Date

Name: Abdul Rahim bin Mohd Yusoff

Blk 286C compassvale crescent #11-109 (543286)
Address

Contact No.: 92237169

Email: _____



redefining / insurance

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

CLAIM REF : S8M00DDD
INSURED : GOH CHOON LENG

DISCHARGE VOUCHER

We, PREMIER AUTOMOTIVE SERVICES PTE LTD confirm that by letter of authorisation dated 12/4/18, we are authorised to and do hereby give this discharge for ourselves and on behalf of **PREMIER AUTOMOTIVE SERVICES PTE LTD** and the Hirer, Abdul Rahim Bin Mohd Yusoff of vehicle no. SHC 6249A.

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 Five Only (S\$2,775.00)** 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 **SKT 6822U** arising out of an accident with **SHC 6249A** on **09/04/2018**.
- 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. **SKT 6822U** 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. **SKT 6822U**.

Dated this 12 day of September 2018

Signed by _____

Company Stamp _____

Witness : _____

Name : SHAFARUJI

I/C No : S83093248

Address : _____


AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

PREMIER TAXIS PTE LTD
 23 CHANGI SOUTH AVENUE 2 #03-02
 SINGAPORE 485443

TAX INVOICE

 DATE 21-Apr-2018
 PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6249 A			\$ 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)



19 April 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Abdul Rahim Bin Mohd Yusoff of NRIC Number S8233795D is a registered driver of SHC6249A. Abdul Rahim Bin Mohd Yusoff 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

A handwritten signature in black ink, appearing to read "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.premiertaxis.com
Co. Reg. No. 20030497511



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME Ng Ah Guan	
NRIC S 1121633A	HANDPHONE 9435 7892
TAXI REGN NO. S HC 6249A	MAKE / MODEL K2
DATE IN 09.04.18 TIME IN 11:00	DATE OUT 11.04.18 TIME OUT 16:30
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 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

NG AH GUAN

DRIVER'S NAME

+ [Signature]

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

NG AH GUAN x

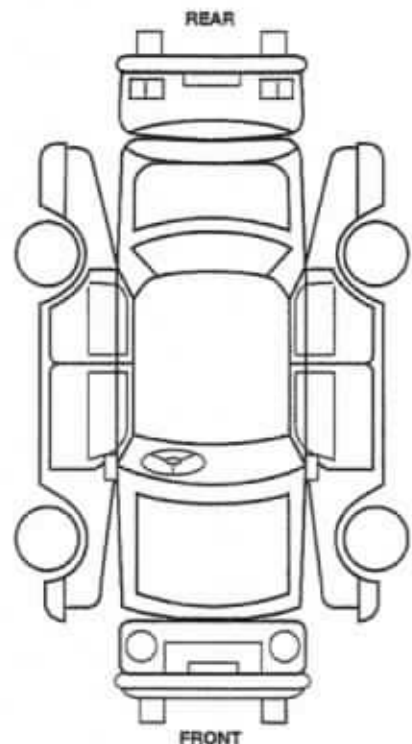
DRIVER'S NAME

[Signature] x

DRIVER'S SIGNATURE / DATE / TIME

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 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	ACCIDENT: DATE / TIME of ACCIDENT: 09.04.18 09:05 TPW

**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-18-052605

Date of Request: 09/04/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 09/04/2018

Enquiry By: GOH WEE DEK

TP Vehicle No: SKT6822U

Accident Date: 09/04/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKT6822U	AXA Insurance Pte Ltd	14/07/2017-13/07/2018	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.





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

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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-052605

Date of Request: 09/04/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 09/04/2018
Enquiry By GOH WEE DEK
Vehicle No. SKT6822U
Accident Date 09/04/2018

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:	SKT 6822U (Insd veh)	Model:	TPVD KIA OPTIMA
	SHC 6249A (TP veh)		
Date of Accident:	09/04/2018		

Global Sum Settlement	: [X] Yes	[] No
Repair Estimate	: \$	3,874.58
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 (Global Sum)	: \$	2,775.00

Is Third Party Workshop GIA Registered? [] YES [X] 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	: \$ 2,775.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

23/10/2018
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))

Assessment Details

General & Workshop Details				Vehicle & Driver Details		Taxes & Ratio		Parts & Labour		Miscellaneous		Summary		Parts	
EDIT	SR NO	QUAN TITY	MATERIAL	SIDE	PART NAME	PART NUMBER	REPAIR/REPLACE (PARTS)	CONDITION	LIST PRICE	DEPR/L BTTR%	DISC QUNTY	SALV AGEN	PART PRICE(NET)	ACTION (PARTS)	REMOVE
	1	1			REAR BUMPER			Deformed	596		10		526.4	Approve	
	2	1			REAR BUMPER LOWER COVER			Cracked	200		10		185.4	Approve	
	3	2			REAR BUMPER SIDE BRACKET O/S & N/S			Bent	29		10		52.2	Approve	
	4	1			REAR BUMPER INNER SPONGE			Damaged	114		10		102.8	Approve	
	5	1			REAR BUMPER REINFORCEMENT			Cracked	607		10		546.3	Approve	
	6	2			REAR BUMPER STAY O/S & N/S			Cracked	53		10		95.4	Approve	
	7	2			REAR BUMPER REINFORCEMENT LOWER BRACKET			Cracked	18		10		32.4	Approve	
	8	2			REAR BUMPER REINFORCEMENT UPPER BRACKET			Cracked	18		10		32.4	Approve	
	9	1			BOOTLID 'CRDY'			Necessary	29		10		26.1	Approve	
Labour															
EDIT	SR NO	REPAIR/REPLACE (LABOUR)			PART NAME	LABOUR HLR	LABOUR REPAIR	PAINT	ACTION (LABOUR)	COMMENT	REMOVE				
	1				TO DISMANTLE /REPLACE/TEST REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME	20	0	0	Approve						
	2				TO DISMANTLE/REFIT THE INNER GARNISHES,INNER LININGS, INNER TRIMS ,CUSHION,SEAT ,CARPET,ET TO FACILITATE REPAIRS	0	0	0	Deny						

EDIT	SIR NO	REPAIR/REPLACE (LABOUR)	PART NAME	LABOUR RMR	LABOUR REPAIR	PAINT	ACTION (LABOUR)	COMMENT	REMOVE
	3		TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS INCLUDING KNOCK-OUT STRAIGHTEN REPAIR RESHAPING AND ADJUST OF THE END PANEL	300	0	0	Approve		
	4		TO PUTTY AND SPRAY PAINTING ON REAR BUMPER BOOTLID	400	0	0	Approve		
	5		TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	0	0	0	Deny		

Assessment Details

- General & Workshop Details
- Vehicle & Driver Details
- Vehicle Condition
- Taxes & Ratio
- Parts & Labour
- Miscellaneous
- Summary

EDIT	SIR NO	NAME	ACTION	AMOUNT	COMMENT	REMOVE
	1	DAYS OF REPAIR:3 DAYS	Approve			
	2	SET REAR BUMPER CLIPS	Approve	45	NECESSARY	
	3	SET REVERSE SENSOR	Approve	200	SHORTED	
	4	SUNDRY	Deny	0	NOT NECESSARY	
	5	BOOTLID STICKER	Approve	100	NECESSARY	

Assessment Details

General & Workshop Details	Vehicle & Driver Details	Vehicle Condition	Taxes & Ratio	Parts & Labour	Miscellaneous	Summary	Claim Amount	\$2,767.20
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Claim Amount \$2,767.20

CATEGORY	ESTIMATE	REVISED AMOUNT
Spare Parts	\$1,699.20	\$1,699.20
Labour	\$720.00	\$720.00
Miscellaneous	\$348.00	\$348.00

