

# 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: SHC6342M/GS

**WITHOUT PREJUDICE**

21<sup>st</sup> September 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 SHC6342M, SJD5015K & SJS9664G ALONG KEPPEL ROAD TOWARDS MCE ON 31.08.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6342M, 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: SJD5015K at the material time of the accident with the driver of our client's vehicle, Mr Lum Kok Sun

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SJD5015K, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 8239.00 (Incl. GST)
(2) Loss of Rental - 8Days @\$99.51per day	\$ 796.08
(3) GIA Search Fee	\$ 2.00
	<b><u>\$ 9037.08</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6342M
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search

## PREMIER AUTOMOTIVE SERVICES PTE LTD

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SINGAPORE 486443

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Our Ref: SHC6342M/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](mailto: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)**

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Tuesday, 16 October 2018 12:02 PM  
**To:** 'FRANELEN@LIVE.COM.SG'  
**Subject:** ACCIDENT INVOLVING SJD 5015K AND SHC 6342M ALONG KEPPEL ROAD ON 31/08/2018

16 OCT 2018

**ANG SOON GUAN FRANCIS**

Dear Sir/ Mdm

**OUR REF : CC4/ASM18016062/K1ea3**

**YOUR REF : SJD 5015K**

**ACCIDENT INVOLVING SJD 5015K AND SHC 6342M ALONG KEPPEL ROAD ON 31/08/2018**

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 6342M against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, where your vehicle was involved in a three (3) vehicle chain collision and your vehicle was the 3<sup>rd</sup> vehicle that rear-ended the Third Party Vehicle SHC 6342M which in turn had rear-ended the first vehicle SJS 9664G and we are of the opinion that we cannot be absolved from liability.

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](mailto: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](mailto: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](mailto: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

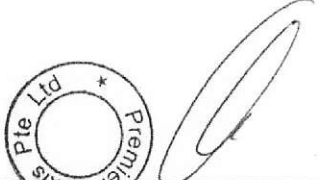
Attn: The Motor Claims Department

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC6342M, SJD5015K & SJS9664G ON 31.08.18**

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6342M**. 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

Date

11/3/19



redefining / insurance

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

CLAIM REF  
INSURED

: S8M00U3K  
: ANG SOON GUAN FRANCIS

**DISCHARGE VOUCHER**

We, PREMIER AUTOMOTIVE SERVICES PTE LTD confirm that by letter of authorisation dated 11/3/19, we are authorised to and do hereby give this discharge for ourselves and on behalf of PREMIER TAXIS PTE LTD and the Hirer, LUM KOK SUN of vehicle no. SHC 6342M

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 EIGHT THOUSAND AND SEVEN HUNDRED ONLY. (S\$8,700.00) 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. SJD 5015K arising out of an accident with SHC 6342M on 31/08/2018.
- 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. SJD 5015K 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 SJD 5015K.

Dated this 11 day of March 2019

Signed by \_\_\_\_\_

Company Stamp \_\_\_\_\_

Witness : \_\_\_\_\_

Name : SHAFAWATI M A RAJA

I/C No : S8309324B

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 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 21-Sep-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6342 M			\$ 7,700.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 7,700.00
GST @ 7%				\$ 539.00
GRAND TOTAL				\$ 8,239.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



06 September 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Lum Kok Sun of NRIC Number S1620497H is a registered driver of SHC6342M. Lum Kok Sun is paying daily rental rate of \$99.51 (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 'Kellie Poh', written over a horizontal line.

Kellie Poh

Administration Manager

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.premiertaxi.com](http://www.premiertaxi.com)  
Co. Reg. No. 20030497511





REPLACEMENT VEH GIVEN YES / NO

VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Lum Kok Sun</u>	
NRIC <u>S 1626497H</u>	HANDPHONE <u>86738463</u>
TAXI REGN NO. <u>S H C6342 M</u>	MAKE / MODEL <u>102</u>
DATE IN <u>30/8/18</u> TIME IN <u>19:40</u>	DATE OUT <u>07/09/18</u> TIME OUT <u>16:50</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

x Lum Kok Sun

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

## CHECK OUT

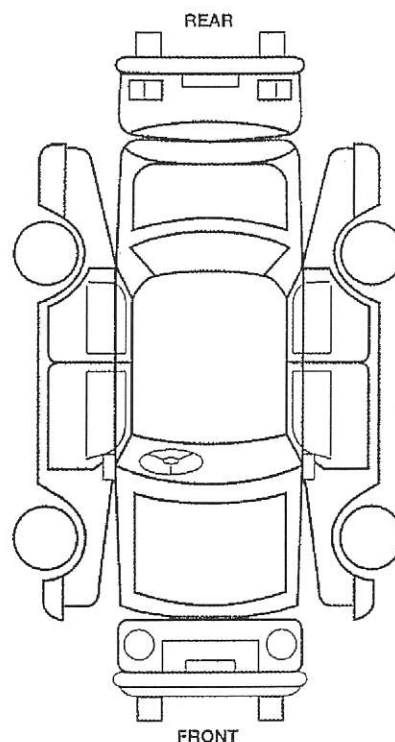
Lum

DRIVER'S NAME

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"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO D D M M Y Y H H M M <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	<u>TP/G</u>



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-18-135274

Date of Request: 03/09/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 03/09/2018

Enquiry By GOH WEE DEK

Vehicle No. SJD5015K

Accident Date 31/08/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJD5015K	AXA Insurance Pte Ltd	23/03/2018-24/03/2019	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.

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-18-135274

Date of Request: 03/09/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 03/09/2018

Enquiry By GOH WEE DEK

Vehicle No. SJD5015K

Accident Date 31/08/2018

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