

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: SHC6427C/GS

WITHOUT PREJUDICE

8th October 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 SHC6427C & SJY257B ALONG SLIP ROAD OF GOMBAK DRIVE INTO UPPER BUKIT TIMAH ROAD ON 14.09.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6427C, 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: SJY257B at the material time of the accident with the driver of our client's vehicle, Mr Conceicao Stanley Bertam @ Mohd Shariff Bin Abdull

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SJY257B, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 1712.00 (Incl. GST)
(2) Loss of Rental - 5Days @\$102.72per day	\$ 513.60
(3) GIA Search Fee	\$ 2.00
	<u>\$ 2227.60</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6427C
- (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

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL:65446671 FAX:62141511

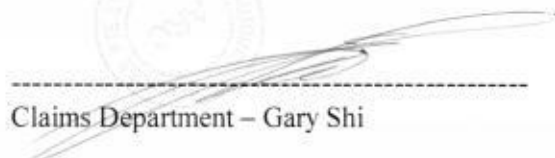
CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6427C/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

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Thursday, 1 November 2018 10:35 AM
To: Itwong@sipro.com.sg
Cc: Admin A
Subject: ACCIDENT INVOLVING SJY 257B AND SHC 6427C ON 14/09/2018

Our ref: CC3/CTI18016918/K1jb3

WONG LIANG TANG

Policy Holder

Dear Sir,

ACCIDENT INVOLVING SJY 257B AND SHC 6427C ON 14/09/2018

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.

As spoken, the initial estimated claim for the repair cost submitted by the claimant is at \$4,455.70, this was adjusted and lowered down to \$1,600/- after our inspection which is already fair and reasonable.

We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please call us if you have further queries.

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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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 6427C** (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 6427C** that was damaged pursuant to the accident which occurred on **14/09/2018** (date) along **GOMBAK DRIVE SLIP ROAD TOWARDS UPPER BUKIT TIMAH ROAD** (location) involving vehicle no/s **SJY 257B** ("the accident").

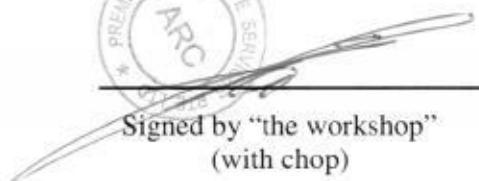
I/We further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of "the workshop".

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 14 (day) of 11 (month) 2018 (year)



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



Signed by "the workshop"
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3043471803

Claim No : SNM18D04460/C01/7

Claimant : PREMIER TAXIS PTE LTD

Amount : S\$2,124.88

SINGAPORE DOLLARS TWO THOUSAND ONE HUNDRED TWENTY FOUR AND
CENTS EIGHTY EIGHT 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. : SHC 6427C

Insured Vehicle No. : SJY 257B

Date of Loss : 14.09.2018

Place of Accident : GOMBAK DRIVE SLIP ROAD TOWARDS UPPER BUKIT TIMAH 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 : WONG LIANG TANG

Driver Name : WONG LIANG TANG

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

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

(1) General Damages	S\$	
(2) Cost of Repair/Excess	S\$	1,712.00
(3) Loss of Use/Rental/Earning	S\$	410.88
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	2.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	

TOTAL S\$ 2,124.88

Claimant Name : 

NRIC No : 

Signature : _____

Date : 

14/11/18




PREMIER AUTOMOTIVE SERVICES PTE LTD
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)
TEL: 65436676 / 65436689 FAX: 62141511
CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

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

TAX INVOICE

DATE 8-Oct-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6427 C			\$ 1,600.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,600.00
GST @ 7%				\$ 112.00
GRAND TOTAL				\$ 1,712.00


for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



20 September 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Conceicao Stanley Bertram @Mohd Shariff Bin Abdullah of NRIC Number S0082797E is a registered driver of SHC6427C. Conceicao Stanley Bertram @Mohd Shariff Bin Abdullah is paying daily rental rate of \$102.72 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely


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
Co. Reg. No. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Conceicao Stanley Bertram</u>	
NRIC <u>S 0082797B</u>	HANDPHONE <u>90661819</u>
TAXI REGN NO. <u>SHC 6427C</u>	MAKE / MODEL <u>Kia Optima</u>
DATE IN <u>18/09/18</u> TIME IN <u>13:30</u>	DATE OUT <u>18/09/18</u> TIME OUT <u>13:00</u>
KILOMETRES IN _____ FUEL IN <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	KILOMETRES OUT _____ FUEL OUT <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 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

Conceicao Stanley B.DRIVER'S NAME 1350 hrs.
14/9/18

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

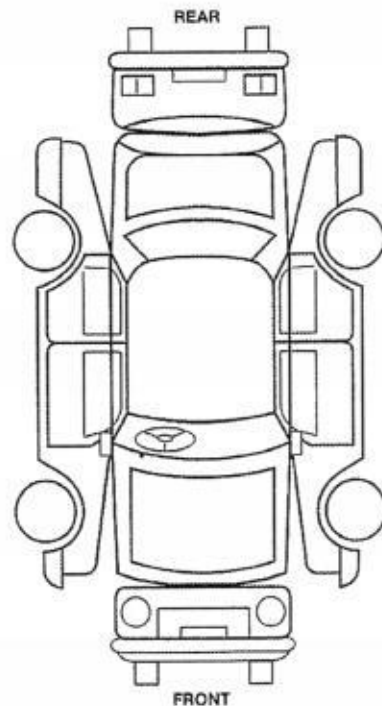
CHECK OUT

Conceicao StanleyDRIVER'S NAME 1300 hrs.
18/9/18

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

- | | |
|---|---|
| <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 | |
- TP/W

DRIVER'S REMARKS

**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-18-142426
Date of Request: 14/09/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/09/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SJY257B
Accident Date 14/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJY257B	China Taiping Insurance (Singapore) Pte. Ltd.	29/07/2018-28/07/2019	6389 6111

Thank You.

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

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TAX INVOICE

Our Ref No: GR-18-142426
Date of Request: 14/09/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 14/09/2018
Enquiry By: GOH WEE DEK
TP Vehicle No.: SJY257B
Accident Date: 14/09/2018

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

