

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: SHB9000K/GS

WITHOUT PREJUDICE

30th November 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 SHB9000K & SHD9689M ALONG KOEK ROAD TOWARDS KILLINEY ROAD ON 20.10.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB9000K, 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: SHD9689M at the material time of the accident with the driver of our client's vehicle, Mr Chiang Ser Huat

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHD9689M, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 4601.00 (Incl. GST)
(2) Loss of Rental - 7Days @\$162.45per day	\$ 1137.15
	<u>\$ 5738.15</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB9000K
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher & Scene video

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SINGAPORE 486443

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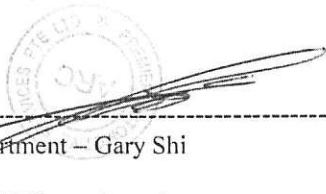
CO. REG:200707743D GST REG:200707743D

Our Ref: SHB9000K/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,

A handwritten signature in black ink is written over a circular stamp. The stamp contains the text "PREMIER AUTOMOTIVE SERVICES PTE LTD" around the perimeter and "SINGAPORE" in the center. The signature is written in a cursive style.

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: Monday, 3 December 2018 10:21 AM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A
Subject: ACCIDENT INVOLVING SHD 9689M & SHB 9000K ALONG KOEK ROAD ON 20/10/2018
Attachments: TP VIDEO.mp4

Transcab Taxi
Singapore

Dear Sir/Madam,

OUR REF : CC4/ASM18019227/Kja3
YOUR REF : P1680520 (SHD 9689M)

ACCIDENT INVOLVING SHD 9689M & SHB 9000K ALONG KOEK ROAD ON 20/10/2018

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 **SHB 9000K** against your motor insurance policy.

Based on the accident report and video, your taxi had made a left turn from a go-straight inly lane and collided with Third Party vehicle. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of **S\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg / joyirene@lkkauto.com or deliver it by hand to our Customer Care Centre.

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 authorized driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or cst@axa.com.sg / joyirene@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

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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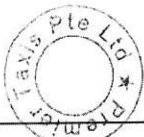
AUTHORISATION TO ACT

I/We, **PREMIER TAXIS PTE LTD** ("the third party claimant") of **23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443** (address), owner of **SHB 9000K** (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 **SHB 9000K** that was damaged pursuant to the accident which occurred on **20/10/2018** (date) along **KOEK ROAD/KILLINEY ROAD** (location) involving vehicle no/s **SHD 9689M** ("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 13 (day) of 12 (month) 2018 (year)



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



Signed by "the workshop"
(with chop)



redefining / insurance

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

CLAIM REF : S8M0100X
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We, **PREMIER AUTOMOTIVE SERVICES PTE LTD** confirm that by letter of authorisation dated **13.12.2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **PREMIER TAXIS PTE LTD** and the Hirer, **CHIANG SER HUAT** of vehicle no. **SHB 9000K**.

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 **Five Thousand Five Hundred Seventy five and Cents Seventy Only (S\$5,575.70)** 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 **SHD 9689M** arising out of an accident with **SHB 9000K** on **20/10/2018**.
- 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. **SHD 9689M** 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. **SHD 9689M**.

Dated this 13 day of 12 2018

Signed by _____

(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : _____

Name : SHAFAWATI

I/C No : 88309324B

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 30-Nov-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR MERCEDES W212 REGN NO: SHB 9000 K			\$ 4,300.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 4,300.00
GST @ 7%				\$ 301.00
GRAND TOTAL				\$ 4,601.00


for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



26 October 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Chiang Ser Huat of NRIC Number S1143004Z is a registered driver of SHB9000K. Chiang Ser Huat is paying daily rental rate of \$162.45 (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 circular stamp or seal.

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>CHIANG SER HUAT</u>	
NRIC <u>S11430042</u>	HANDPHONE <u>97217100</u>
TAXI REGN NO. <u>SHB 9000K</u>	MAKE / MODEL <u>E220</u>
DATE IN <u>201018</u> TIME IN <u>0345</u>	DATE OUT <u>261018</u> TIME OUT <u>1745</u>
KILOMETRES IN <u>626788</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

Chiang x

DRIVER'S NAME

[Signature] x

DRIVER'S SIGNATURE / DATE / TIME

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

CHECK OUT

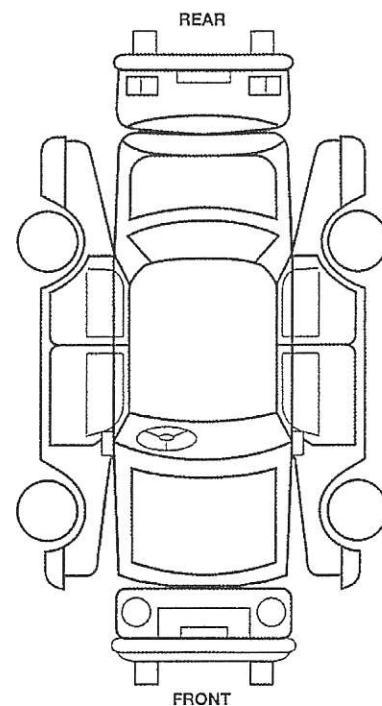
DRIVER'S NAME

[Signature]

DRIVER'S SIGNATURE / DATE / TIME

[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 <u>201018 0155</u> <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/V</u>	

20-105 DUA W 5
21 S
22 M 5
23 1-10-11
24 W 2
25 T 3
26-10 FRONT 4