

To: ms Su Li

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: SHD1350S/GS

WITHOUT PREJUDICE

22nd November 2018

(By Email Only)

Attn: The Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04/#05

IOB Building

Singapore 049711

Dear Sir/Madam

ACCIDENT INVOLVING SHD1350S & SHA2683R ALONG SERANGOON ROAD ON 22.10.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHD1350S, 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: SHA2683R at the material time of the accident with the driver of our client's vehicle, Mr Tahir Bin Ismail

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHA2683R, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 1123.50 (Incl. GST)
(2) Loss of Rental - 5Days @\$102.72per day	\$ 513.60
(3) Loss of Income – 5Days @\$100.00per day	\$ 500.00
	<u>\$ 2137.10</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHD1350S
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher

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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

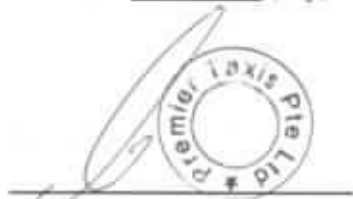
AUTHORIZATION TO ACT

I, **PREMIER TAXIS PTE LTD** (the third party claimant") of **23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443** (address), owner of **SHD 1350S** (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 **SHD 1350S** that was damaged pursuant to the accident which occurred on **22/10/2018** (date) along **SERANGOON ROAD** (location) involving vehicle no/s **SHA 2683R** ("the accident").

I 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 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 17 (day) of FEB (month) 2020 (year)



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



Signed by "the workshop"
(with chop)

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

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

India Ref: MCT18101012
Claimant Ref: SHD 1350S

We/I, PREMIER AUTOMOTIVE SERVICES PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 561.75 (repair cost), S\$ 256.80 (loss of ~~use~~/rental), S\$ 100.00 (Lost of Income), vehicle no. SHD 1350S that was damaged pursuant to the accident which occurred on 22/10/2018 (date) at SERANGOON ROAD (location) involving vehicle no. SHA 2683R (insured vehicle). This is pursuant to the inspection conducted on 01/11/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner PREMIER TAXIS PTE LTD ("the third party claimant") of vehicle no. SHD 1350S to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SHD 1350S (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 918.55 to PREMIER AUTOMOTIVE SERVICES PTE LTD

Dated this 17 day of FEBRUARY 2020

CLAIMANT:

Signature:

Signed by "the workshop" (with drop)

Name:

SHAFAWATI MD RABU

NRIC:

Address:

Nationality:

SINGAPOREAN

Occupation:

SETTLEMENT OFFICER

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:

Premier Automotive Services Pte Ltd

23 Changi South Avenue 2

#04-02

Singapore 486443

GST: 200707743D ROC: 200707743D

Phone: (65) 6214 8880

Fax: (65) 6214 4498

Tax Invoice



Date	Page
Feb 11, 2020	1
Invoice Number	
IV2002001995	

Sold To:

Ship To:

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street #04/#05
IOB Building
Singapore 049711
049711

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street #04/#05
IOB Building
Singapore 049711
049711

Shipment / DO No.	Order Date	Vehicle No.	Case ID	PO Number	Terms
SM2002002894		SHD1350S	TP/181022/SHD1350S		30D

S/N	Item Number	Description	Qty. Shp.	Unit Price	Total Discount	Total Amount
1	ICGST1	Cost of Repair (subject to GST)			0.00	525.00
2	ICGST2	Loss of Rental (subject to GST)			0.00	240.00
3	ICNGST	Misc Charges (not subject to GST)			0.00	100.00

Comments:

Accident involving SHA2683R on 22/10/18

Subtotal

865.00

Less discount

0.00

Total amount

865.00

GST 7%

53.55

Grand total

918.55

Authorised By:



01 November 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tahir Bin Ismail of NRIC Number S0050146H is a registered driver of SHD1350S. Tahir Bin Ismail 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

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 8330
www.premiertaxi.com
Co. Reg. No. 20030497511



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>TAHIR BIN ISMAIL</u>											
NRIC <u>800501464</u>	HANDPHONE <u>92215507</u>										
TAXI REGN NO. <u>SHD13505</u>	MAKE / MODEL <u>X02</u>										
DATE IN <u>08/11/18</u> TIME IN <u>11:50</u>	DATE OUT <u>08/11/18</u> TIME OUT <u>09:50</u>										
KILOMETRES IN <u>656272</u> FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT <u> </u> FUEL OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
E	1/4	1/2	3/4	F							

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

DDMMYY HHMM

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

DDMMYY HHMM

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

DRIVER'S NAME Tahir

DRIVER'S SIGNATURE / DATE / TIME

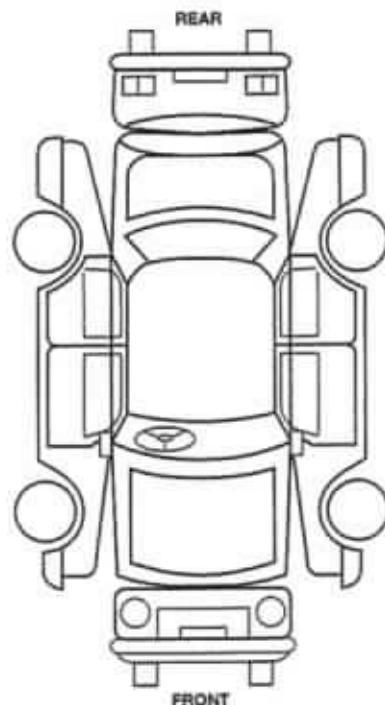
CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

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 checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>22/10/18 19:50</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>