

To: Ms Cecilia

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: SHC6672K/GS

WITHOUT PREJUDICE

28th December 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 SHC6672K & SHA1841H ALONG OPEN CARPARK
AT YIO CHU KANG CC ON 18.11.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6672K, 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: SHA1841H at the material time of the accident with the driver of our client's vehicle, Mr Ang Wee Heng

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHA1841H, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	588.50 (Incl. GST)
(2) Loss of Rental - 3Days @\$101.44per day	\$	304.32
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
	\$	<u>1192.82</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6672K
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher

PREMIER AUTOMOTIVE SERVICES PTE LTD

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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

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
Nov 07, 2019	1
Invoice Number	
IV1911017097	

Sold To:

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

Ship To:

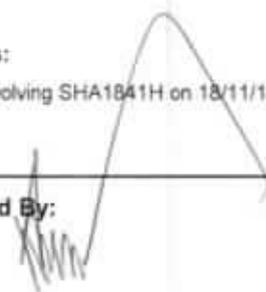
INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street #04/#05
IOB Building
Singapore 049711
049711

Shipment / DO No. SM1911021728	Order Date	Vehicle No. SHC6672K	Case ID TP/181118/SHC6672K	PO Number	Terms 30D
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S/N	Item Number	Description	Qty. Shp.	Unit Price	Total Discount	Total Amount
1	ICGST1	Cost of Repair (subject to GST)			0.00	362.47
2	ICGST2	Loss of Rental (subject to GST)			0.00	142.21
3	ICNGST	Misc Charges (not subject to GST)			0.00	60.00

Comments:

Accident involving SHA1841H on 18/11/18

 Authorised By: 

Subtotal	564.68
Less discount	0.00
Total amount	564.68
GST 7%	35.32
Grand total	600.00

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 SHC6672K (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 SHC6672K that was damaged pursuant to the accident which occurred on 18/11/2018 (date) along OPEN CARPARK @YIO CHU KANG CC (location) involving vehicle no/s SHA1841H ("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 06 (day) of NOVEMBER (month) 20 19 (year)



A handwritten signature in black ink, appearing to be "Suhail".

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



A handwritten signature in black ink, appearing to be "Suhail".

Signed by "the workshop"
(with chop)



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

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #04#05
IOB BUILDING
SINGAPORE 049711

TAX INVOICE

DATE 13-Nov-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6672 K			\$ 362.47
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 362.47
GST @ 7%				\$ 25.37
GRAND TOTAL				\$ 387.84



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

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DRIVER'S NAME ANG WEE HENG (CHIRER)

NRIC S7104559E HANDPHONE 90920080

TAXI REGN NO. SHC6672K MAKE / MODEL KO2

DATE IN 19/11/18 TIME IN 10:30 DATE OUT 20/11/18 TIME OUT 1:45

KILOMETRES IN 459340 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

ANG WEE HENG

CHECK OUT

ANG WEE HENG

DRIVER'S NAME

[Signature] X

DRIVER'S NAME

[Signature] X

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

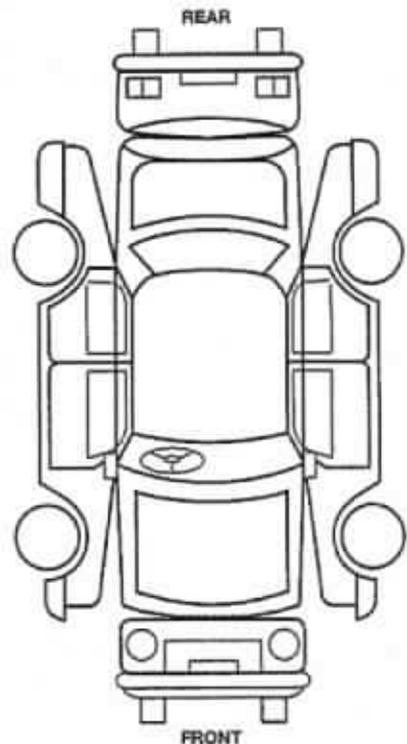
DRIVER'S SIGNATURE / DATE / TIME

[Signature]

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

- 1 - Light Dent
- 2 - Serious Dent
- 3 - Light Scratch
- 4 - Serious Scratch
- 5 - Damaged
- 6 - Chip
- 7 - Crack
- 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 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	<p style="text-align: center; font-size: 2em;">TP/V</p>