



27 June, 2019

**INTERNATIONAL EXCHANGE CO (SINGAPORE) PTE. LTD.**

111 NORTH BRIDGE ROAD  
#01-17/18  
PENINSULA PLAZA  
SINGAPORE 179098

Dear Sir/Mdm,

OUR REF : CC4/ASM19000134/Nwb3

YOUR REF : SFW 3263X

**ACCIDENT INVOLVING SFW3263X AND SHC6233U ALONG CLIVE STREET BEFORE  
UPPER WELD ROAD ON 28/12/2018**

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 third-party claim(s) from **PREMIER AUTOMOTIVE SERVICES PTE. LTD.** acting on behalf of the owner of **SHC6233U** against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected because of the claim against your policy.

As Insurers, they 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [jimmychen@lkkauto.com](mailto:jimmychen@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)
- Copy of the letter of authorization
- 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](mailto:cst@axa.com.sg) or deliver it by hand to AXA Customer Care Centre.



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

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), 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 as at 6841 2928 or [jimmychen@lkkauto.com](mailto:jimmychen@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Jimmy  
Case Handler  
DID: 6841 2928  
FAX: 6741 4108  
Email: [jimmychen@lkkauto.com](mailto:jimmychen@lkkauto.com)

c.c. AXA Insurance Pte Ltd (AXA)  
(Motor Claims Dept)

## **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 6233U** (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 6233U** that was damaged pursuant to the accident which occurred on **28/12/2018** (date) along **CLIVE STREET** (location) involving vehicle no/s **SFW 3263X** ("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 05 (day) of 03 (month) 2020 (year)



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



Signed by "the workshop"  
(with chop) (with

# LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd  
23 Changi South Avenue 2  
#03-02  
Singapore 486443

And

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

ACCIDENT INVOLVING SHC 6230 & SPW 3263X  
ON 28/12/18 AT/ALONG Changi St

1. I KRISNAN RAMAN, NRIC No. S69647056

am the registered Hired / Relief Driver of motor taxi No. SHC 6230 at the time of the above accident.

2. Hereby you have my authority to:

- (a) send a letter of demand on my behalf;
- (b) negotiate a settlement on my behalf;
- (c) confirm a settlement / accept any offer on my behalf;
- (d) sign any Discharge Voucher (if necessary) on my behalf;
- (e) receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.

Krisnan S69647056  
Signature with NRIC No.

21/1/19  
Date

Name: KRISNAN RAMAN

BK 106 YISHUN RING ROAD #03-183 SINGAPORE (760106)  
Address

Contact No.: 82764549

Email: krisraj06@gmail.com



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SFW3263X (Insd veh)	Model: KIA OPTIMA 1.7(A) DIESEL
	SHC6233U (TP veh)	
Date of Accident/ Time:	28/12/2018 @ 2330HRS	

Repair Estimate	: \$ 2,304.99	
Final Repair Cost	: \$ 1,070.00	
Loss of Use: <b>TOKEN SUM</b>	: \$ 80.00	2 days at \$ 40 per day
Rental (if any)	: \$ 202.88	2 days at \$ 101.44 per day
LTA / GIA Search Fee	: \$ 2.00	
Others:	: \$ -	
	: \$	
Final Settlement Sum	: \$ 1,250.00	(Global Sum)
Payee Name: PREMIER AUTOMOTIVE SERVICES PTE LTD		
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)		
A)	For Non GIA Registered Workshop:	Agreed Liability: _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/No <input checked="" type="checkbox"/> BOLA Scenario No: <b>Nil</b>
	BOLA Liability: _____ (%)	Assessed Liability (*): <b>100</b> (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

## NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp

Name of Representative

Date: 6/2/2020



NKE

Signature of AXA's surveyor/representative

Name of AXA's surveyor /Representative:

Date: 6-3-2020

Signature of Witness / Workshop stamp (if applicable)

Name of Witness

Date: 6/2/2020

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



03 January 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Krisnan Raman @Krisnan S/o Raman of NRIC Number S6964705G is a registered driver of SHC6233U. Krisnan Raman @Krisnan S/o Raman is paying daily rental rate of \$101.44 (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 KRISNAN RAMAN	
NRIC S 69647059	HANDPHONE 82764549
TAXI REGN NO. SHC 6233U	MAKE / MODEL K02
DATE IN 16/01/19	TIME IN 0930
DATE OUT 17/01/19	TIME OUT 1635
KILOMETRES IN 481845	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

Krisnan Raman

X

DRIVER'S NAME

Krisnan

X

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

## CHECK OUT

Krisnan Raman

DRIVER'S NAME

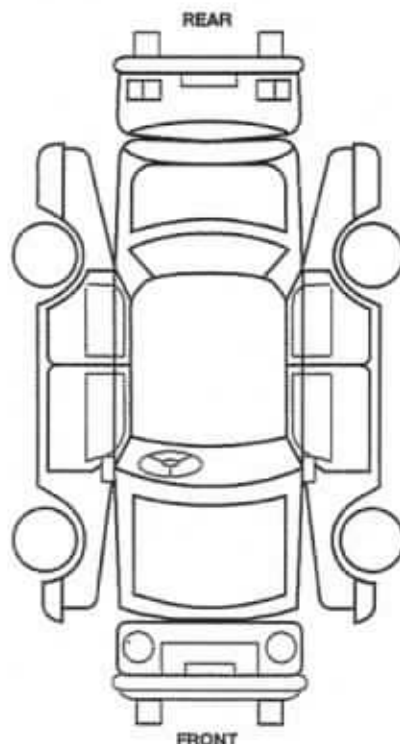
Krisnan

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 Scratch5 - Damaged  
6 - Chip  
7 - Crack  
8 - Peeling

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> TURBO <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	<input checked="" type="checkbox"/> OTHERS: ACCIDENT: DATE / TIME of ACCIDENT: 28/12/18 2340 TP/W



**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-19-000431  
Date of Request: 02/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 02/01/2019  
Enquiry By: GOH WEE DEK  
Vehicle No.: SFW3263X  
Accident Date: 28/12/2018

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SFW3263X	AXA Insurance Pte Ltd	01/07/2018-30/06/2019	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.

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RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE6 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-19-000431

Date of Request: 02/01/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 02/01/2019

Enquiry By: GOH WEE DEK

Vehicle No.: SFW3263X

Accident Date: 28/12/2018

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