

1470200

INS. LABEL OWNER

checklist

CC 3/CTI1900 5886, F2 863

LRR
IDAC

Surveyor:

KALVIN

DOI:

ASSIGNMENT

14/19

Date / Time:

14/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBH 53137

Name of Insured:

ALLES INTERIOR VIL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

15/1/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SWM190202858

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

Final ? Yes / No

SHD 15197

INSRS:
WSP:
Tel:
Liability:
RMKS:

Premier

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
	SHD 15197 - x	Non-Reporting Itr (1st)	
	FINISHED	Non-Reporting Itr (2nd)	
	TP LOD IN BY EMAIL	Non-Reporting Itr (Final)	
		Notification Itr (if non-pickup)	
16/07/19	MIB REVIEWED. OLD REPORTED NOT Accident OR Accidents.	Call OI	
		After call Itr to OI	28/08/19-VIC
		Documentation Check List: Handler	Typist
		Notification Itr (if non-pickup)	
		After call Itr to OI	
28/08/19	9000 LETTER TO OI TO NOTIFY TP CLAIM.	Authorisation To Act	
		Release Voucher	
		Final Repair Bill	
16/09/19	OTI ASKED TO SHD	Car Rental Invoice	
	9000 1st OFFER TO TP	Towing Invoice	
	TP ACCEPTED OFFER	LTB / GLA	
	ALL BOOK IN ORDER TO CLOSE	Medical Bill	
		PIR	
		Mandate/Reject Instruction	
		LOD	
		Payment Breakdown Form	
		Post-Repair Photos	
		Others	

PRELIMINARY ADVICE Date/Time: 03/08/19 Sent By: 63

FINALIZATION	Date/Time	Confirm with	Confirm by:
Repair Cost LB	\$5 700.00	(2 days) Reduction: 59 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time	Confirm with	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	\$5 100	(Assessed / Assessed) BOLA S/N No.:	NL
Repair Cost (w/loss)	\$5 749.00		
Loss of Rental (LOR)	\$5 207.58	(2 days) X 4103.79	
Loss of Use (LOU)	\$5 80.00	(40 x 2 days)	
Cost of Income (LOI)	\$5 -	(5 x days)	
LOR : only <input type="checkbox"/> LOU only <input type="checkbox"/>		LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> (Tick only one)	
GLA/LTA Search	\$5 2.00		
Medical:	\$5 -		
Disbursement	\$5 -	(e.g. Tow/ Independent)	
Legal Cost	\$5 -		
Total:	\$5 1,038.58	Global Sum SS: 1,030.00	
FINAL PAYMENT	Date/Time	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$5 1,030.00	Name 1:	PREMIER AUTOMOTIVE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$5 -	Name 2:	-
Payee 3: (Strike if N.A.)	\$5 -	Name 3:	-

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: 440.00
 3) Survey fee:

3irre: Kolvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / FR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 15192 Yr Reg: 8 Nov 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or

Make: Hyundai Z30 cc 1582

Colour: Silver A/C: Ins 6 / Std / NI / NA

Sp. Reading: 125046 T/Radio: Ins 6 / Std / NI / NA

Eng/No: _____

C/No: TM AD2814VHJ14291

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inor 6 / Jammed / Leaked / Burnt or

Brake: Inor 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 / Rim or

Tyre Size: F: 145/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Mexx3

Front: _____ Rear: _____

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. 18/1/11 D.O.I. 2/4/19

Survey held at Premier

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Front.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

CT2

US \$700.00

(Crew: \$1,012.60/59%)

Date/Time, File Pass to?

☐ : Prel. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS \$

Photo

Other

TOTAL

Report Format: _____

Lump Sum / L.B.: (\$ _____)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)



Auto
Consultants
Pte Ltd

Company Registration No: 199607198R

511 BRAYLEI, 002-25 PAVANUR INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CTI19005886/K1jb3

Date: 03.04.2019

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD1519Z

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 02.04.2019 at the premises of M/s Premier Automotive Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,712.60
Revised Estimate Amount	: S\$	921.22
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
O/S Front portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

23 CHANGI SOUTH AVENUE 2 #01-02

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1519 Z

Total	\$ 1,712.60
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THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

**LKK Auto Consultants hence notify
the Reparer of the following:**

- To reserves future after spray painting
- To Analyse damaged parts during insurance
- To provide the best of the materials
- To provide better repair & quality "Painting" work
- To ensure the car is safe to drive
- To provide a good service to our valued customers

A/S : Mr. S. S. S. S.
S/O :
Date :

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

21-Jan-19

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1519 Z

1 pc	Front o/s fender	✓	\$	514.02
1 pc	Front o/s fender inner shield	X	\$	176.72
			\$	690.74
			Less 20%	\$ 138.14
			\$	552.60

S/NETT

1 pc	Front o/s fender sticker	\$	60.00
1 pc	Front o/s fender inner shield clips	\$	30.00

Sundry

S ~~50.00~~ 20

To labour charge for dismantle and renew the accident damaged parts. Including to knock-out, straighten, repair, reshape of the front o/s door etc

\$ ~~500.00~~²⁰⁰

To putty and spray painting on the front o/s fender, front o/s door

\$ 400.00 ¹⁸⁰

To apply rustproofing on the repaired and replaced panels

\$ ~~128.00~~ 

Total \$ 1,712.60

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

Kalin Miller
2/4/19 1000h
2h30
P/P
Before first pth

[illegible]

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1519Z
Previous Vehicle No.: -
Effective Date of Ownership: 08 Nov 2017
Original Regn Date: 08 Nov 2017
Registration Date: 08 Nov 2017
Year of Manufacture: 2017
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ142093
Engine No.: D4FBHZ173615
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: \$20,236.00

Shu Pei (LKKAUTO)

From: Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>
Sent: Tuesday, 25 June 2019 11:37 AM
To: Shu Pei (LKKAUTO)
Subject: RE: OUR REF: SNM19D202858/ONGCK - Direct Settlement - Accident Involving GBH5313Z (OI : CTI - SNM19D202858/C02/3) AND SHD1519Z (TP : LKK REF - CC3/CTI19005886/K1jb3) on 18.01.2019
Attachments: ANR LETTER - GBH5313Z.pdf

Without Prejudice

Dear Shu Pei,

As spoke,

Please find attached our letter to insured for non-reporting.

Thank you.

Ong Chin Kiat

Assistant Claims Executive
Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6174 | F: (65) 6224 7174 / 6224 7478

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平郵城 Taiping SG

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From: Shu Pei (LKKAUTO) [<mailto:shupeil@lkkauto.com>]
Sent: Wednesday, 19 June, 2019 4:07 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>
Subject: RE: Direct Settlement - Accident Involving GBH5313Z (OI : CTI - TBA) AND SHD1519Z (TP : LKK REF - CC3/CTI19005886/K1jb3) on 18.01.2019

WITHOUT PREJUDICE **URGENT**

Dear Sir / Madam,

We refer to the above matter.

Kindly advice whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Monday, 27 May 2019 9:44 AM

To: claimsdept@sg.cntaiping.com; Alfred Toh <alfred.toh@sg.cntaiping.com>

Cc: Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>

Subject: RE: Direct Settlement - Accident Involving GBH5313Z (OI : CTI - TBA) AND SHD1519Z (TP : LKK REF - CC3/CTI19005886/K1jb3) on 18.01.2019

WITHOUT PREJUDICE

URGENT

Dear Sir / Madam,

We refer to the above matter.

Kindly advice whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Monday, 13 May 2019 12:17 PM

To: claimsdept@sg.cntaiping.com

Cc: Alfred Toh <alfred.toh@sg.cntaiping.com>; Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>; Joy Irene (LKKAuto) <Joyirene@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: Direct Settlement - Accident Involving GBH5313Z (OI : CTI - TBA) AND SHD1519Z (TP : LKK REF - CC3/CTI19005886/K1jb3) on 18.01.2019

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

Kindly advice whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Wednesday, 3 April 2019 6:43 PM

To: claimsdept@sg.cntaiping.com

Cc: Alfred Toh <alfred.toh@sg.cntaiping.com>; Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>; Joy Irene (LKKAuto) <JoyIrene@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: Direct Settlement - Accident Involving GBH5313Z (OI : CTI - TBA) AND SHD1519Z (TP : LKK REF - CC3/CTI19005886/K1jb3) on 18.01.2019

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHD 1519Z at M/s Premier Automotive Services Pte Ltd on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP GIA report
- Estimated cost of repair
- Preliminary advice

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action

Kindly take note that the case handler in-charge is Joy and she can be contacted at DID: 6841 2409.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

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中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No: 200208384E

Our Ref. : SNM19D202858/3

By Ordinary Mail

Date : 25 June 2019

Access Interior Pte Ltd
Blk 2 Kallang Pudding Road
#05-14
Singapore 349307

Dear Policyholder

RE: Accident Involving GBH5313Z & SHD1519Z on 18 January 2019 along PIE towards CTE
Policy nos.: DMCVSN18198718000

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 6389 6111 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc: AN0101A – I Trust Pte Ltd

Vic (LKKAUTO)

From: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Wednesday, 28 August, 2019 6:26 PM
To: Vic (LKKAUTO); Admin A
Cc: Ong Chin Kiat; Alfred Toh; Hsiao Tong (LKKAUTO)
Subject: RE: OUR REF: SNM19D202858/ONGCK - Direct Settlement - Accident Involving GBH5313Z (OI : CTI - SNM19D202858/C02/3) AND SHD1519Z (TP : LKK REF - CC3/CTI19005886/K1hb3) on 18.01.2019

LKK REF - CC3/CTI19005886/K1hb3
CTPIS REF - SNM19D202858C02/3(ock)

Dear Vic

We refer to your email pertaining to the above matter.

Please let us have a copy of letter to Insured and proceed with the negotiation.

Best Regards

Alfred Toh
Senior Executive
Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #XX-00 Springleaf Tower Singapore 079909
DID : (65) 6389 6183
FAX: (65) 6224 7478
W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: Vic (LKKAUTO) [mailto:vicalpeh@lkkauto.com]
Sent: Wednesday, 28 August, 2019 10:56 AM
To: Ong Chin Kiat <chinkiat.ong@sg.cntaiping.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Admin A <admin-a@lkkauto.com>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Subject: RE: OUR REF: SNM19D202858/ONGCK - Direct Settlement - Accident Involving GBH5313Z (OI : CTI - SNM19D202858/C02/3) AND SHD1519Z (TP : LKK REF - CC3/CTI19005886/K1hb3) on 18.01.2019

Dear Chin Kiat,

We refer to the subject matter.

Our Insured Driver reported that he was not aware of this accident.

As such, we had requested and TP repairer had provided to us a copy of the video footage that shows only the TP taxi chased on Insured after the collision.

Anyway, Insured Driver statement had confirmed that the company Boss agreed to let Insurance handle the matter.

Thank you.

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1519Z
Previous Vehicle No.: -
Effective Date of Ownership: 08 Nov 2017
Original Regn Date: 08 Nov 2017
Registration Date: 08 Nov 2017
Year of Manufacture: 2017
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ142093
Engine No.: D4FBHZ173615
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: \$20,236.00

TO: MR VIC

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: SHD1519Z/SR

WITHOUT PREJUDICE

18 April 2019

(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 SHD1519Z AND GBH5313Z ALONG PIE – CHANGI
INTO PIE/CTE EXIT ON 18.01.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1519Z**, 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: **GBH5313Z** at the material time of the accident with the driver of our client's vehicle, **Mr. Mohamed Shah S/O Fakimamun Mill Mohamed**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBH5313Z**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 749.00
(2) Loss of Rental – 2 Days @\$103.79 per day	\$ 207.58
(3) Loss of Income – 2 Days @\$100.00 per day	\$ 200.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 1,158.58</u>

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

- (1) GIA report & sketch plan of **SHD1519Z**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) 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: SHD1519Z/SR

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 – Shafawati Md Rabu

Email: shafawati.rabu@premiertaxi.com

DID: 64100946

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



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI19005886/K1hb3

28 AUGUST 2019

ACCESS INTERIOR PTE LTD
BLOCK 2 KALLANG PUDDING ROAD
#05-14
SINGAPORE 349307

Dear Sir/Madam,

ACCIDENT INVOLVING GBH 5313Z AND SHD 1519Z ON 18/01/2019

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.

We have received a claim from Body Repairer/Workshop acting on behalf of the owner of SHD 1519Z against your motor insurance policy.

Based on the accident report, accident scenario and evidence at hand, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,


Yic Alpeh
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(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 **SHD 1519Z** (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 1519Z** that was damaged pursuant to the accident which occurred on **18/01/2019** (date) along **PIE TOWARDS CTE** (location) involving vehicle no/s **GBH 5313Z** ("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 16 (day) of Sept (month) **2019** (year)

A handwritten signature in black ink is written over a circular stamp. The stamp contains the text "Premier Taxi Pte Ltd" around the perimeter.

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

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 "ARC" in the center.

Signed by "the workshop"
(with chop)

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

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1819871800

Claim No : SNM19D202858C02/2(ock)

Claimant : PREMIER TAXIS PTE LTD

Amount : S\$1,030.00

SINGAPORE DOLLARS ONE THOUSAND THIRTY 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. : SHD 1519Z

Insured Vehicle No. : GBH 5313Z

Date of Loss : 18.01.2019

Place of Accident : PIE TOWARDS CHANGI

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 : ACCESS INTERIOR PTE LTD

Driver Name : LAI SEE FAH

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) Global Sum (all in)

S\$ 1,030.00

TOTAL S\$ 1,030.00

Claimant Name: PREMIER TAXIS PTE LTD

NRIC No : 200304975H

Signature :



Date :

18/1/19



PREMIER AUTOMOTIVE SERVICES PTE LTD
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)
TEL: 65438876 / 65438889 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 15-Apr-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD 1519 Z			\$ 700.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 700.00
GST @ 7%				\$ 49.00
GRAND TOTAL				\$ 749.00


for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



24 January 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Mohamed Shah S/O Fakimamun Mill Mohamed of NRIC Number S1421881E is a registered driver of SHD1519Z. Mohamed Shah S/O Fakimamun Mill Mohamed is paying daily rental rate of \$103.79 (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
Co. Reg. No. 200304975H



PREMIER
TAXIS

REPLACEMENT VEH GIVEN YES / NO

VEH NO.

JOB NO.

CHECK IN / OUT VOUCHER

DRIVER'S NAME **MOHAMED SHAH S/O FAKIMANUN**

NRIC **S 1421881E**

HANDPHONE **91808875**

TAXI REGN NO. **S HD 15192**

MAKE / MODEL **I30 CA1**

DATE IN **020419** TIME IN **0915**

DATE OUT **030419** TIME OUT **1400**

KILOMETRES IN **125045** FUEL IN **E 1/4 1/2 3/4 F**

KILOMETRES OUT **125045** 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

MOHAMED SHAH

X

DRIVER'S NAME

Mohamed Shah

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

MOHAMED SHAH

DRIVER'S NAME

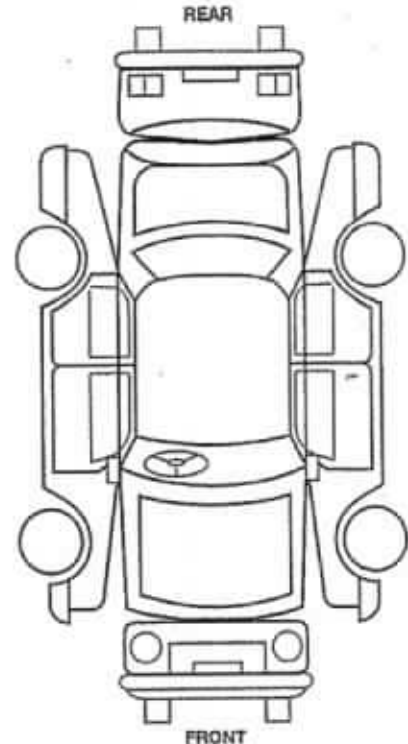
Mohamed Shah

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

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

☐ SERVICING ☐ OTHERS:

☐ T / BELT

☐ AIRCON SYSTEM

☐ TURBO

☐ BRAKE SYSTEM

☐ CLUTCH SYSTEM

☐ BULB

☐ UNDER CARRIAGE

☐ CPF

☐ BATTERY

☒ ACCIDENT: DATE / TIME of ACCIDENT:

050419 1430

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-19-011713
Date of Request: 21/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 21/01/2019
Enquiry By: GOH WEE DEK
TP Vehicle No.: GBH5313Z
Accident Date: 18/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBH5313Z	China Taiping Insurance (Singapore) Pte. Ltd.	29/06/2018-28/06/2019	6389 6111
GBH5313Z	China Taiping Insurance (Singapore) Pte. Ltd.	02/07/2018-01/07/2019	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-19-011713
Date of Request: 21/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 21/01/2019
Enquiry By GOH WEE DEK
TP Vehicle No. GBH5313Z
Incident Date 18/01/2019

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




**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CTI19005886/K1hb3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 16-10-2019	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBH 5313Z	Veh. Inspected	SHD 1519Z
Policy No.	DMCVSN1819871800	Coverage (\$)	0.00
Claim No.	SNM19D202858C02/2	Excess (\$)	0.00
Assign From		Assign Date	02/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I30	c.c	1582
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	TMAD281UVHJ142093	Colour	SILVER
Odometer	125046	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MAXXIS	6 mm
L/H Front Tyre	195/65 R15	MAXXIS	6 mm
R/H Rear Tyre	195/65 R15	MAXXIS	6 mm
L/H Rear Tyre	195/65 R15	MAXXIS	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/01/2019	Inspection Date	02/04/2019
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 1519Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT O/S FENDER	BUCKLED	514.02	514.02
1	FRONT O/S FENDER INNER SHIELD	SERVICEABLE	176.72	-
	LESS 20% DISCOUNT		-138.15	-102.80
			552.59	411.22
SPECIAL NETT ITEMS				
1	FRONT O/S FENDER STICKER (SN)	NECESSARY	60.00	60.00
1	FRONT O/S FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	30.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			140.00	80.00
LABOUR				
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING TO KNOCK - OUT ,STRAIGHTEN ,REPAIR,RESHAPE OF THE FRONT O/S DOOR ETC.		500.00	200.00
	TO PUTTY AND SPRAY PAINTING ON THE FRONT O/S FENDER,FRONT O/S DOOR .		400.00	180.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		120.00	50.00
			1,020.00	430.00
GRAND TOTAL			1,712.59	921.22
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				700.00

Report Ref No. CC3/CTI19005886/K1hb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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