

**WITHOUT PREJUDICE**

AXA Insurance Pte Ltd  
No.8 Shenton Way  
#27-01  
Singapore 068811

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

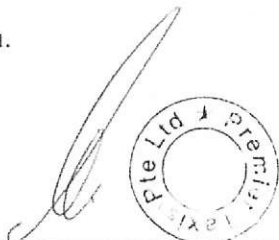
Attn: **The Motor Claims Department**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC6365Y AND WC6320Z ALONG STEVENS ROAD  
// DUNEARN ROAD ON 01.04.2019**

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6365Y**. We, hereby  
authorize the said workshop, M/s Premier Automotive Services Pte Ltd to execute sign  
discharge voucher/Indemnity forms and all necessary documents in connection with and  
arising out of the above claim, and collect all compensation monies due to us from you or  
any other party, regarding the said accident.

Thank You.

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

Premier Taxis Pte Ltd  
Authorized Signatory

Date 11/8/19

## LETTER OF AUTHORITY

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

And

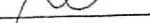
Premier Automotive Services Pte Ltd  
23 Changi South Avenue 2  
#01-02  
Singapore 486443

ACCIDENT INVOLVING SHC63654 & WC63202  
ON 1/4/19 AT/ALONG Stevens Road & Punea Road

1. I, Quek Song Teck, NRIC No. S0175238C  
am the registered Hirer / Relief Driver of motor taxi No. SHC6365 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.

 01752380

Signature with NRIC No.

2/4/19  
Date

Name: JASON QWEK SENG TEUK

Name: SP-ONE WORK  
 BIK 185 500 Chiat Place, #04-04, S(428897)  
 Address

Contact No. : 90149893

Email : \_\_\_\_\_



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

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	WC 6320Z (Insd veh)	Model: KIA OPTIMA 1.7D R
	SHC 6365Y (TP veh)	
Date of Accident/ Time:	01/04/2019	

Repair Estimate	: \$	7,725.57	
Final Repair Cost	: \$		
Loss of Use Tolcen Subor	: \$		days at \$ per day
Rental (if any)	: \$		6 days at \$ 99.00 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum ( GLOBAL SUM)	: \$	3,200.00	
Payee Name : Premier Automotive Services Pte Ltd			
Is Third Party Workshop GIA Registered? [X] YES [ ] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/No BOLA Scenario No: HILF	
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)	
* 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 _____	Signature of Witness / Workshop stamp (if applicable) _____
Name of Representative: _____	Name of Witness: _____
Date: _____	Date: _____
Signature of AXA's surveyor/representative: _____	
Name of AXA's surveyor /Representative: _____	
Date: _____	



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 7-May-2019  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6365 Y			\$ 3,200.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 3,200.00
GST @ 7%				\$ 224.00
GRAND TOTAL				\$ 3,424.00



*Sye*

for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



11 April 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Jasone Quek Seng Teck of NRIC Number S0175238C is a registered driver of SHC6365Y. Jasone Quek Seng Teck is paying daily rental rate of \$99.10 (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. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Quak Seng Teck</u>																
NRIC <u>S 0175238C</u>	HANDPHONE <u>90149893</u>															
TAXI REGN NO. <u>S HC 63654</u>	MAKE / MODEL <u>KO2</u>															
DATE IN <u>01/04/19</u> TIME IN <u>1830</u>	DATE OUT <u>06/04/19</u> TIME OUT <u>1130</u>															
KILOMETRES IN <u>408674</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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> 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

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

CHECK OUT

DRIVER'S NAME

JASONE QUAK SENG TECK

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

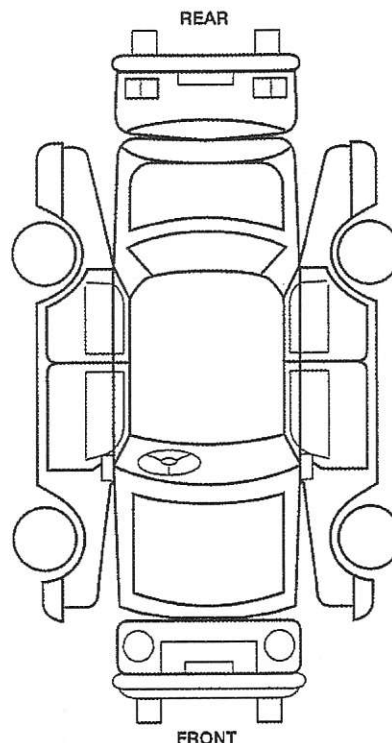
DRIVER'S NAME

JASONE QUAK SENG TECK

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>01/04/19 1710</u> <input type="checkbox"/> BRAKE SYSTEM <u>TP/L</u> <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	

**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-19-051126  
Date of Request: 02/04/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/04/2019  
Enquiry By GOH WEE DEK  
Vehicle No. WC6320Z  
Accident Date 01/04/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
WC6320Z	AXA Insurance Pte Ltd	03/07/2018-02/07/2019	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.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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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-19-051126  
Date of Request: 02/04/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/04/2019  
Enquiry By GOH WEE DEK  
Vehicle No. WC6320Z  
Accident Date 01/04/2019

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.

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For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque