

## PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446689 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHB8358K/SR

### WITHOUT PREJUDICE

23 May 2019

(By Email)

**Attn: The Motor Claims Department**

India International Insurance Pte Ltd

64 Cecil Street #04/#05

IOB Building

Singapore 049711

Dear Sir/Madam

**ACCIDENT INVOLVING SHB8358K AND SH6654G ALONG PASIR RIS DRIVE  
4 // PASIR RIS ST 21 ON 14.04.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8358K**, 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: **SH6654G** at the material time of the accident with the driver of our client's vehicle, **Mr. Yong Min Fah**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SH6654G**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 9,045.29
(2) Loss of Rental – 16 Days @\$90.76 per day	\$ 1,452.16
(3) Loss of Income – 16 Days @\$100.00 per day	\$ 1,600.00
	<u>\$ 12,097.45</u>

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

- (1) GIA report & sketch plan of **SHB8358K**
- (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) Scene video

## **PREMIER AUTOMOTIVE SERVICES PTE LTD**

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

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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 – Shafawati Md Rabu

Email: [shafawati.rabu@premiertaxi.com](mailto: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

## **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 **SHB 8358K** (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 **SHB 8358K** that was damaged pursuant to the accident which occurred on **14/04/2019** (date) along **PASIR RIS DRIVE 4 // PASIR RIS ST 21** (location) involving vehicle no/s **SH 6654G** ("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 DECEMBER (month) 2019 (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)

India Ref: MCT19040354  
Claimant Ref: SHB 8358K

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

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\$ 10,800.00 (Global Sum) S\$ 10,800.00 (amount claimed), vehicle no. SHB 8358K that was damaged pursuant to the accident which occurred on 14/04/2019 (date) at PASIR RIS DRIVE 4 // PASIR RIS ST 21 (location) involving vehicle no. SH 6654G (insured vehicle). This is pursuant to the inspection conducted on 15/04/2019 (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. SHB 8358K 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 SHB 8358K (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\$ 10,800.00 to PREMIER AUTOMOTIVE SERVICES PTE LTD

Dated this 06 day of DECEMBER 2019

CLAIMANT:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Suhil  
Signed by "the workshop" (with chop)

SHAFAWATI MO RABU

SINGAPOREAN

CLAIMS ASSISTANT

WITNESS:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:



AWK

Signed by appointed Surveyor

LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

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



PREMIER AUTOMOTIVE SERVICES PTE LTD  
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)  
TEL: 65438676 / 65438689 FAX: 62141511  
CO. REG NO.: 200707743D GST REG. NO.: 200707743D

### TAX INVOICE

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

DATE 6-Dec-2019  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHB 8358 K			\$ 8,453.54
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 8,453.54
GST @ 7%				\$ 591.75
GRAND TOTAL				\$ 9,045.29



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



18 April 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Chan Boon Phek of NRIC Number S1825387I is a registered driver of SHB8358K. Chan Boon Phek is paying daily rental rate of \$90.76 (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 faint circular stamp.

Kellie Poh

Administration Manager

Prepared By: Hasnah

PREMIER TAXIS PTE LTD  
23 Chungi 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. 200364975H



MMP - 93387412

REPLACEMENT VEH GIVEN YES / NO

VEH NO.

JOB NO.

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>YONG MIN FAH</u>											
NRIC <u>S 0074688 F</u>	HANDPHONE <u>84547177</u>										
TAXI REGN NO. <u>S HB 8358 K</u>	MAKE / MODEL <u>130H</u>										
DATE IN <u>15/04/19</u> TIME IN <u>11:12 AM</u>	DATE OUT <u>30/04/19</u> TIME OUT <u>1:50 PM</u>										
KILOMETRES 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>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

DRIVER'S SIGNATURE / DATE / TIME

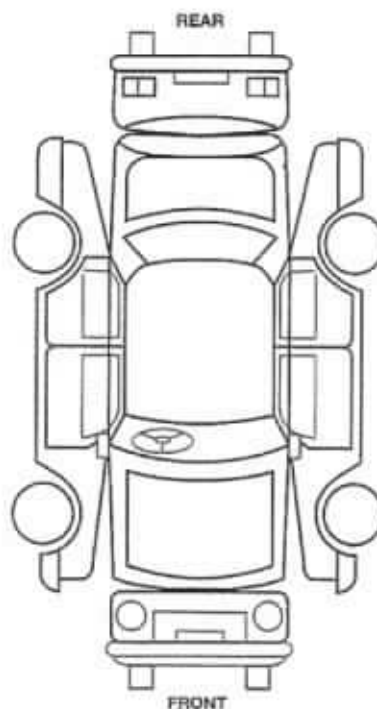
CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

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																				
<table border="0"><tr><td><input type="checkbox"/> SERVICING</td><td><input type="checkbox"/> OTHERS:</td></tr><tr><td><input type="checkbox"/> T / BELT</td><td></td></tr><tr><td><input type="checkbox"/> AIRCON SYSTEM</td><td><input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td><u>15/04/19</u> <u>11:12 AM</u></td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> CLUTCH SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> BULB</td><td></td></tr><tr><td><input type="checkbox"/> UNDER CARRIAGE</td><td></td></tr><tr><td><input type="checkbox"/> CPF</td><td></td></tr><tr><td><input type="checkbox"/> BATTERY</td><td></td></tr></table>	<input type="checkbox"/> SERVICING	<input type="checkbox"/> OTHERS:	<input type="checkbox"/> T / BELT		<input type="checkbox"/> AIRCON SYSTEM	<input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:	<input type="checkbox"/> TURBO	<u>15/04/19</u> <u>11:12 AM</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		
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