

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02  
SINGAPORE 486443  
TEL: 62148880 FAX: 62141511  
CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHB8686M/SJ

WITHOUT PREJUDICE

16 November 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 SHB8686M AND SHD3945M ALONG MARINA BOULEVARD // SHEARES AVE ON 05.07.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8686M**, 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: **SHD3945M** at the material time of the accident with the driver of our client's vehicle, **Mr. LEE ZHEN HON KEVIN (LI ZHENHONG)**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHD3945M**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (Include GST)	\$ 1687.52
2. Loss of Rental (4 days x \$126.26 per day)	\$ 505.04
	<u>\$ 2192.56</u>

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

1. GIA report, sketch plan and police report of **SHB8686M**
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

## 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: **SHB8686M/SJ**

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,



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Claims Department – Foong Shiuh Jye

Email: [shiuhjye.foong@premiertaxi.com](mailto:shiuhjye.foong@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  
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 16-Nov-2019  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHB8686M			\$ 1,577.12
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,577.12
GST @ 7%				\$ 110.40
GRAND TOTAL				\$ 1,687.52



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



10 July 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Lee Zhen Hon Kevin (Li Zhenhong) of NRIC Number S8039271J is a registered driver of SHB8686M. Lee Zhen Hon Kevin (Li Zhenhong) is paying daily rental rate of \$126.26 (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 "Chin Bee Lian".

Chin Bee Lian (Ms)  
Assistant Vice President  
Taxis Administration

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

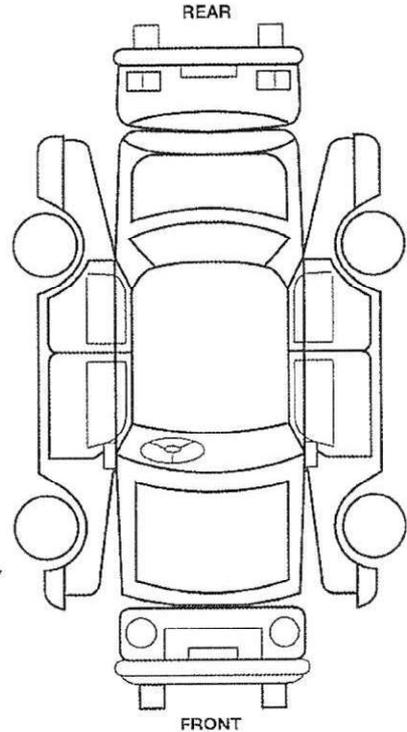


REPLACEMENT VEH GIVEN YES / NO  
 VEH NO. SHB 8686m  
 JOB NO.

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <u>Lee Zhen Hon</u>		NRIC <u>s 8 03 92 71 3</u>		HANDPHONE <u>8 1 1 1 7 1 6 4</u>	
TAXI REGN NO. <u>s H B 8 6 8 6 m</u>		MAKE / MODEL <u>toyota</u>		DATE IN <u>08/07/09</u> TIME IN <u>11:00</u>	
DATE OUT <u>11/07/09</u> TIME OUT <u>17:40</u>		KILOMETRES IN <u>43382</u>		KILOMETRES OUT	
FUEL IN <input checked="" type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F		FUEL OUT		E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	

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 |

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.

<p><b>CHECK IN</b></p> <p><u>LEE ZHEN HON KEVIN</u></p> <p>DRIVER'S NAME</p> <p>DRIVER'S SIGNATURE / DATE / TIME</p> <p>CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)</p>	<p><b>CHECK OUT</b></p> <p><u>LEE ZHEN HON KEVIN</u></p> <p>DRIVER'S NAME</p> <p>DRIVER'S SIGNATURE / DATE / TIME</p> <p>CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)</p>
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<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <u>08/07/09 11:00</u></p> <p><input type="checkbox"/> TURBO</p> <p><input type="checkbox"/> BRAKE SYSTEM</p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p> <p><u>TP/W</u></p>	<p>DRIVER'S REMARKS</p>
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