

To: ms Su Li

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: SHC6915K/SJ

WITHOUT PREJUDICE

1 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 SHC6915K AND SHB4095U ALONG TANJONG KATONG ROAD ON 19.09.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6915K**, 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: **SHB4095U** at the material time of the accident with the driver of our client's vehicle, **Mr. LER BOON SIANG**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHB4095U**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (Include GST)	\$ 1230.50
2. Loss of Rental (3 days x \$100.39 per day)	\$ 301.17
3. Loss of Income (3 days x \$100.00 per day)	\$ 300.00
	<u>\$ 1831.67</u>

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

1. GIA report and sketch plan of **SHC6915K**
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: **SHC6915K/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,



Claims Department – Foong Shiuh Jye

Email: 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

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 **SHC 6915K** (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 6915K** that was damaged pursuant to the accident which occurred on **19/09/2019** (date) along **TANJONG KATONG ROAD** (location) involving vehicle no/s **SHB 4095U** ("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 30 (day) of DEC (month) 20 19 (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)

This Settlement excludes any
bodily injuries arising out of the
above said accident and per-
sonal property damage only

India Ref: MCT19090477
Claimant Ref: SHC 6915K

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\$ 1,500.00 (Global Sum) S\$ 1,500.00 (amount), vehicle no. SHC 6915K that was damaged pursuant to the accident which occurred on 19/09/2019 (date) at TANJONG KATONG ROAD (location) involving vehicle no. SHB 4095U (insured vehicle). This is pursuant to the inspection conducted on 23/09/2019 (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. SHC 6915K 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 SHC 6915K (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\$ 1,500.00 to PREMIER AUTOMOTIVE SERVICES PTE LTD

Dated this 30 day of DEC 2019

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

SHAFATI MORA

NRIC:

Address:

Nationality:

SINGAPOREAN

Occupation:

CLAIMS ASSISTANT

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

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

Nationality:

Occupation:



AWK

TAX INVOICEINDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #04#05
IOB BUILDING
SINGAPORE 049711DATE 30-Dec-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6915 K			\$ 1,150.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,150.00
GST @ 7%				\$ 80.50
GRAND TOTAL				\$ 1,230.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



24 September 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Ler Boon Siang David of NRIC Number S0023381A is a registered driver of SHC6915K. Ler Boon Siang David is paying daily rental rate of \$100.39 (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 6330
www.premiertaxi.com.sg
Co. Reg. No. 20030497511



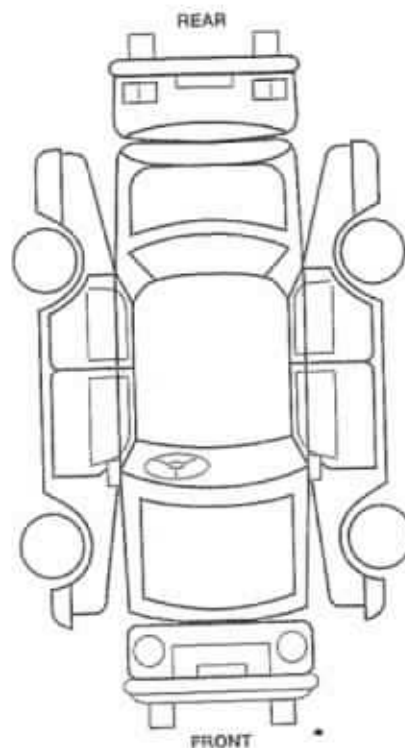
REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

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

DRIVER'S NAME <u>Let Boon Siang David</u>	
NRIC S <u>002338/A</u>	HANDPHONE <u>94357685</u>
TAXI REGN NO. S H <u>C6918K</u>	MAKE / MODEL <u>K02</u>
DATE IN <u>230919</u> TIME IN <u>1015</u>	DATE OUT <u>250919</u> TIME OUT <u>1115</u>
KILOMETRES IN	KILOMETRES OUT
FUEL IN	FUEL OUT
<input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	<input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

O D M Y H M S

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

O D M Y H M S

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

David

DRIVER'S NAME

HL

DRIVER'S SIGNATURE / DATE / TIME

ACHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

DAVID

X

DRIVER'S NAME

HL

X

DRIVER'S SIGNATURE / DATE / TIME

HLCHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE

☐ SERVICING☐ OTHERS:☐ T / BELT☐ AIRCON SYSTEM☐ TURBO☐ BRAKE SYSTEM☐ CLUTCH SYSTEM☐ BULB☐ UNDER CARRIAGE☐ CPF☐ BATTERY

ACCIDENT: DATE / TIME of ACCIDENT:

190919 1635TP/L

DRIVER'S REMARKS