

To: MS HSIAD TONG

## **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: **SHC6208T/SR**

**WITHOUT PREJUDICE**

28 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 SHC6208T AND SHD7103A ALONG CHANGI AIRPORT T1 – TAXI QUEUE ON 26.10.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6208T**, 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: **SHD7103A** at the material time of the accident with the driver of our client's vehicle, **Mr. Yap Thiam Teng Stephen**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHD7103A**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,016.50
(2) Loss of Rental – 3 Days @\$99.51 per day	\$ 298.53
(3) Loss of Income – 3 Days @\$100.00 per day	\$ 300.00
	<b><u>\$ 1,615.03</u></b>

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

- (1) GIA report & sketch plan of **SHC6208T**
- (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 photos

## **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: SHC6208T/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](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

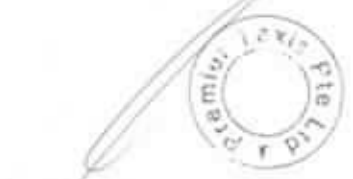
## **AUTHORIZATION TO ACT**

I, **PREMIER TAXIS PTE LTD** (the third party claimant") of **23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443** (address), owner of **SHC 6208T** (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 6208T** that was damaged pursuant to the accident which occurred on **26/10/2019** (date) along **CHANGI AIRPORT T1 - TAXI QUEUE** (location) involving vehicle no/s **SHD 7103A** ("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 12 (day) of 12 (month) 2019 (year)

  
A circular stamp of Premier Taxis Pte Ltd is visible behind the signature.

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

  
A circular stamp of Premier Automotive Services Pte Ltd (ARC) is visible behind the signature.

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 pertains  
to property damage only*

India Ref: MCT19100691  
Claimant Ref: SHC 6208T

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\$ 1,300.00 (Global Sum) ~~of S\$ 1,300.00~~ ~~of S\$ 1,300.00~~ vehicle no. SHC 6208T that was damaged pursuant to the accident which occurred on 26/10/2019 (date) at CHANGI AIRPORT T1 - TAXI QUEUE (location) involving vehicle no. SHD 7103A (insured vehicle). This is pursuant to the inspection conducted on 30/10/2019 (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 6208T 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 6208T (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\$ 1,300.00 to PREMIER AUTOMOTIVE SERVICES PTE LTD

Dated this 12 day of DECEMBER 2019

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

SHAFWATI MD RABU

NRIC:

Address:

Nationality:

SINGAPOREAN

Occupation:

CLAIMS SETTLEMENT

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:



**TAX INVOICE**

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

 DATE 11-Dec-2019  
 PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6208 T			\$ 950.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 950.00
GST @ 7%				\$ 66.50
GRAND TOTAL				\$ 1,016.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



31 October 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Yap Thiam Teng Stephen of NRIC Number S1541515J is a registered driver of SHC6208T. Yap Thiam Teng Stephen is paying daily rental rate of \$99.51 (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: Hasmali

PREMIER TAXIS PTE LTD  
23 Changi South Avenue 2  
#03-02  
Singapore 486443  
Telephone: +65 6214 8880 Fax: +65 6214 0330  
[www.premiertaxi.com.sg](http://www.premiertaxi.com.sg)  
Co. Reg. No. 20030497511

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <u>yap Thiam Teng Stephen</u>	
NRIC <u>S 154 1515 J</u>	HANDPHONE <u>92392526</u>
TAXI REGN NO. <u>S H C 6208 T</u>	MAKE / MODEL <u>KO2</u>
DATE IN <u>29/10/19</u> TIME IN <u>17:04</u>	DATE OUT <u>30/10/19</u> TIME OUT <u>13:47</u>
KILOMETRES IN _____ FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT _____ FUEL OUT <u>E 1/4 1/2 3/4 F</u>

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**

yap  
DRIVER'S NAME

[Signature]  
DRIVER'S SIGNATURE / DATE / TIME

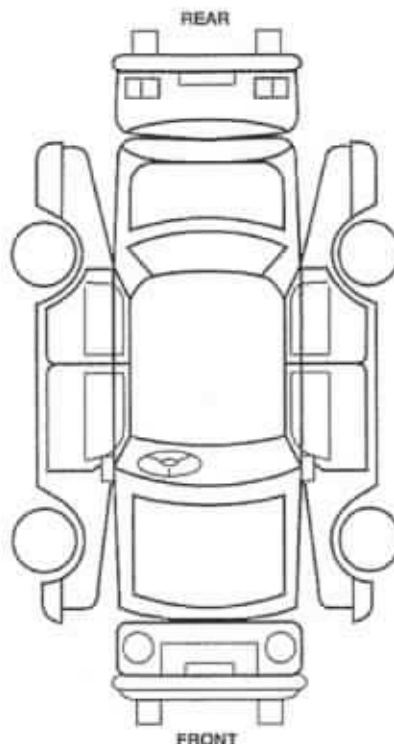
[Signature]  
CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

yap  
DRIVER'S NAME

[Signature]  
DRIVER'S SIGNATURE / DATE / TIME

[Signature]  
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>26/10/19 2035</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	