

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446671 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: **SHD1859S/VC**

WITHOUT PREJUDICE

18 March 2020

(By Email Only)

Attn: The Motor Claims Department

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

ACCIDENT INVOLVING SHD1859S & YN4541J ALONG PIE TOWARDS CHANGI ON 12.12.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1859S**, 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: **YN4541J** at the material time of the accident with the driver of our client's vehicle, **Mr. Shen Xuming**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **YN4541J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 15,194.00
(2) Loss of Rental – 29 Days @\$99.51 per day	\$ 2,885.79
(3) GIA Search fee	\$ 2.00
(4) Towing Fee	\$ 50.00
	<u>\$ 18,131.79</u>

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

- (1) GIA report & sketch plan of **SHD1859S**
- (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) GIA search

WITHOUT PREJUDICE

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

Attn: The Motor Claims Department

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD1859S & YN4541J ALONG PIE TOWARDS CHANGI
ON 12.12.2019**

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHD1859S**. 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.



Premier Taxis Pte Ltd
Authorized Signatory

Date 30/06/2021

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

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1836961901 Claim No : SNM19D205974
Claimant : PREMIER TAXIS PTE LTD
Amount : S\$ 16,529.63
DOLLARS SIXTEEN THOUSAND FIVE HUNDRED TWENTY NINE AND CENTS
SIXTY THREE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full &
final settlement of all claims, costs & disbursements for injuries / damages
sustained by me/us through an accident involving

Claimant Vehicle No. : SHD 1859S
Insured Vehicle No. : YN 4541J

Date of Loss : 12/12/2019
Place of Accident : PIE TOWARDS CHANGI (AFTER LOR 2 TOA PAYOH EXIT)

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to
discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : M/S KAOLIN MOTOR TRADING CO
Driver Name : SNG YONG MENG, KELVIN (SUN YONGMING)

from all claims, present or future in respect of all loss, injury or damage
sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the
part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	15,194.00
(3) Loss of Use /Rental/Earning	S\$	1,293.63
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	2.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	40.00
		=====
TOTAL	S\$	16,529.63
		=====

Claimant Name : _____

NRIC No : 2003049754

Signature : _____

Date : 30/06/2021



Premier Automotive Services Pte Ltd

23 Changi South Avenue 2
#04-02

Singapore 486443

GST: 200707743D ROC: 200707743D

Phone: (65) 6214 8880

Fax: (65) 6214 4498

Tax Invoice



Date Jun 30, 2021	Page 1
Invoice Number IV2106008683	

Sold To:

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

Ship To:

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

Shipment / DO No. SM2106013092	Order Date	Vehicle No. SHD1859S	Case ID TP/191212/SHD1859S	PO Number	Terms 30D
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S/N	Item Number	Description	Qty. Shp.	Unit Price	Total Discount	Total Amount
1	ICGST1	Cost of Repair (subject to GST)			0.00	14,200.00
2	ICGST2	Loss of Rental (subject to GST)			0.00	1,209.00
3	ICGIA	GIA Search Fee (subject to GST)			0.00	1.87
4	ICNGST	Misc Charges (not subject to GST)			0.00	40.00

Comments:

Accident involving YN4541J on 12/12/19

Subtotal

15,450.87

Less discount

0.00

Total amount

15,450.87

GST 7%

1,078.76

Grand total

16,529.63

Authorised By:



19 December 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Shen Xuming of NRIC Number S8233041J is a registered driver of SHD1859S. Shen Xuming 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", written over a horizontal line.

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.sg
Co. Reg. No. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME <u>Shen Xuming</u>											
NRIC <u>S 8223041J</u>	HANDPHONE <u>94566368</u>										
TAXI REGN NO. <u>S HD 1859 S</u>	MAKE / MODEL <u>K02</u>										
DATE IN <u>12/12/19</u> TIME IN <u>1530</u>	DATE OUT <u>100120</u> TIME OUT <u>1605</u>										
KILOMETRES IN _____ 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 _____ 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

/ Shen Xuming

DRIVER'S NAME

Shen Xuming X

DRIVER'S NAME

12/12/19

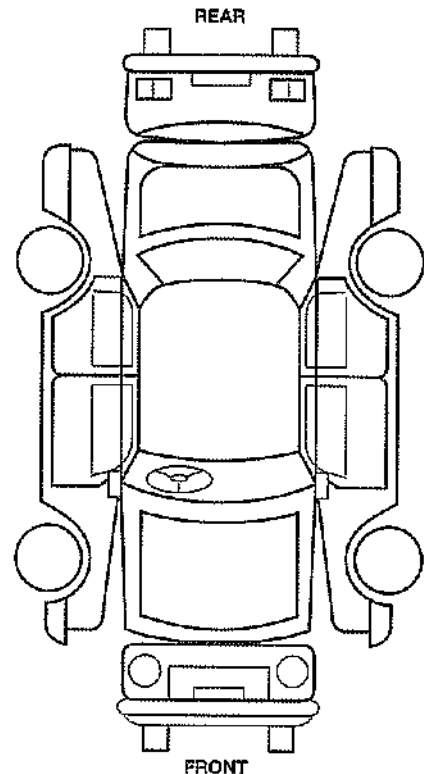
DRIVER'S SIGNATURE / DATE / TIME

X

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

1 - Light Dent
2 - Serious Dent
3 - Light Scratch
4 - Serious Scratch5 - Damaged
6 - Chip
7 - Crack
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 checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td><u>12/12/19 1320</u></td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td><u>TP/L</u></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 checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:	<input type="checkbox"/> TURBO	<u>12/12/19 1320</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		
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<input type="checkbox"/> T / BELT																					
<input type="checkbox"/> AIRCON SYSTEM	<input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:																				
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<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-19-205133

Date of Request: 12/12/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/12/2019
Enquiry By GOH WEE DEK
TP Vehicle No. YN4541J
Accident Date 12/12/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN4541J	China Taiping Insurance (Singapore) Pte. Ltd.	21/11/2019-20/11/2020	6389 6111

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**

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

TAX INVOICE

Our Ref No: GR-19-205133

Date of Request: 12/12/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/12/2019
Enquiry By GOH WEE DEK
TP Vehicle No. YN4541J
Accident Date 12/12/2019

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A UBI ROAD 1 #01-60 SINGAPORE 408717
 Tel No. : 67431987 / 67433246 Fax No. : 67430013
 E-Mail : peoplerecovery@gmail.com
 Buss. Reg. No. : 200415052W

Invoice No : 190648

PREMIER TAXIS PTE LTD
 23 Changi South Avenue 2
 #03-02 (S) 486443

Invoice Date : 31/12/2019
 Terms : 30 Days
 Customer PO :
 Reference :

Attention : ZHIXIANG: 88760524

Contact : 6410 0578, 6214 8880 Fax No. : 6214 0330

Date	Vehicle / W.O	Description	Time	Amount S\$
	KIA AM0450	To : P-AUTO L4 Rem :	1838 1905	
12/12/2019	SHD 1859 S KIA AM0448	From : 241 KIM KEAT LINK To : OMEGA L1 Rem :	1415 1510 1530	40.00



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI19021997/Nka3

30 September 2020

KAOLIN MOTOR TRADING CO
71 UBI ROAD 1
#05-35
OXLEY BIZHUB
SINGAPORE 408732

Dear Sir/Madam,

ACCIDENT INVOLVING SHD 1859S & YN 4541J ON 12/12/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Khanchna

Case Handler

DID: 6841 2360

FAX: 6741 4108

EMAIL: khanchna@lkkauto.com

*c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)*

Cecilia Chong (LKK Auto)

From: Jenny Lew <jenny.lew@sg.cntaiping.com>
Sent: Tuesday, 15 June 2021 2:46 PM
To: Cecilia Chong (LKK Auto); Admin A
Subject: RE: LOD YOUR REF: SNM19D205974 (OUR REF: CC3/CTI19021997/Nga3q2) ***
ACCIDENT INVOLVING YN 4541J / SHD 1859S / OTHERS ON 12/12/2019 ***

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Cecilia,

Please proceed:

	Amount Revised
1. Cost of Repair (w/GST)	\$ 15,194.00
2. Loss of Rental (29days x \$99.51)	\$ 1,293.63 (13days x \$99.51)
3. LTA/ GIA Search Fee	\$ 2.00
4. Towing Fee	\$ 0.00 - 50.00 (please request for the copy with the amount incurred)
Total	<u>\$ 16,489.63 - 16,539.63</u>

Thank you.

** Note: Please cc to claimsdept@sg.cntaiping.com when you reply to us.

NOTICE :

In response to the escalating Covid-19 cases, please refrain from sending hardcopy documents to us as delay is to be expected for handling hardcopy documents. All correspondence should be made via email claimsdept@sg.cntaiping.com or fax at 6224 7175. Any inconvenience caused is much regretted.

Regards,

Jenny Lew

Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6172 | Tel: (65) 6389 6116 | F: (65) 6225 5879

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>
Sent: Wednesday, May 12, 2021 2:45 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: YOUR REF: SNM19D205974 (OUR REF: CC3/CTI19021997/Nga3q2) *** ACCIDENT INVOLVING YN 4541J / SHD 1859S / OTHERS ON 12/12/2019 ***

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Your ref : **SNM19D205974**

Our ref : CC3/CTI19021997/Nga3q2

Dear Sirs/Madam,

ACCIDENT INVOLVING YN 4541J / SHD 1859S / OTHERS ON 12/12/2019

We refer to the above matter.

It is a chain collision. Liability is not in our driver's favour.

We did clarify with insured the nature of the accident and he's aware that NCD (if any) would be affected.

We seek your approval to offer Third Party repairer "**PREMIER AUTOMOTIVE SERVICES PTE LTD**" at **\$16,539.63(all-in).**

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repair (w/GST)	\$27,176.29	\$ 15,194.00
2. Loss of Rental (29days x \$99.51)	\$ 2,885.79	\$ 1,293.63 (13days x \$99.51)
3. LTA/ GIA Search Fee	\$ 2.00	\$ 2.00
4. Towing Fee	\$ 50.00	\$ 50.00
Total	\$30,114.08	<u>\$ 16,539.63</u>

**08 days recommendation for repair + 2PRS + 1PH + 2 WEEKENDS = 13 DAYS