

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: SHC6955U/SR

WITHOUT PREJUDICE

19 January 2021

(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 SHC6955U AND SJX7963E ALONG UPPER
SERANGOON ROAD BEFORE HOUGANG ST 31 ON 25/12/2020**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6955U**, 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: **SJX7963E** at the material time of the accident with the driver of our client's vehicle, **Mr. Lim Siew Ann**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SJX7963E**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,872.50
(2) Loss of Rental – 4 Days @\$70.62 per day	\$ 282.48
(3) Loss of Income – 4 Days @\$100.00 per day	\$ 400.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 2,556.98</u>

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

- (1) GIA report & sketch plan of **SHC6955U**
- (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

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Our Ref: SHC6955U/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@premierauto.com.sg

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

This is a computer-generated letter. No signature is required.

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 SHC6955U AND SJX7963E ALONG UPPER SERANGOON ROAD BEFORE HOUGANG ST 31 ON 25/12/2020

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6955U**. 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.

A handwritten signature in blue ink is written over a circular blue stamp. The stamp contains the text "Premier Taxis Pte Ltd" around its perimeter.

Premier Taxis Pte Ltd
Authorized Signatory

Date

03/03/21

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 : DMPCSNW00098262000

Claim No : SNM20D205131

Claimant : PREMIER TAXIS PTE LTD

Amount : S\$2,260.00

DOLLARS TWO THOUSAND TWO HUNDRED AND SIXTY 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. : SHC 6955U

Insured Vehicle No. : SJX 7963E

Date of Loss : 25/12/2020

Place of Accident : UPPER SERANGOON ROAD BEF HOUGANG ST 31

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 : VIENNA DIONNE CHIA CHYE JUAN

Driver Name : HSU ZHIQIANG SAMSON

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) Global Sum	S\$ 2,260.00
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TOTAL	S\$ 2,260.00
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Claimant Name : PREMIER TAXIS PTE LTD

NRIC No : 5XXXXXXXXX5-01

Signature :



Date :

03/03/21



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

TAX INVOICE

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

DATE 15-Jan-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6955 U			\$ 1,750.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,750.00
GST @ 7%				\$ 122.50
GRAND TOTAL				\$ 1,872.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



12 January 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lim Siew Ann of NRIC Number S0241586J is a registered driver of SHC6955U. Lim Siew Ann is paying a discounted daily rental rate of \$70.62 (Inclusive of GST) on 25 Dec 2020.

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

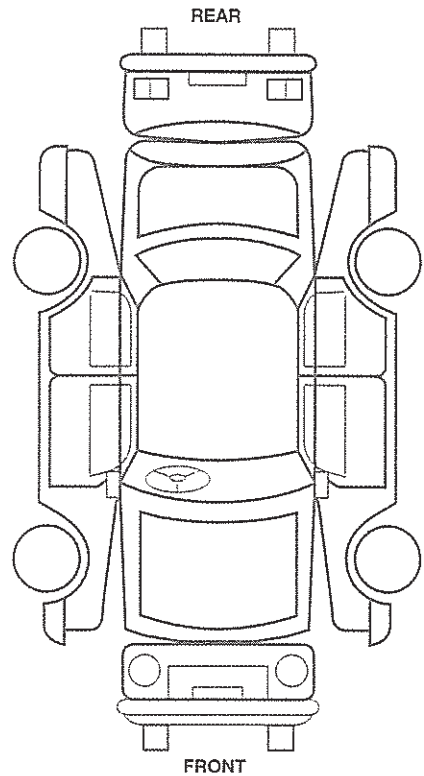
PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 200304975H

CHECK IN / OUT VOUCHER

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DRIVER'S NAME <u>Lm Siew Ann</u>			
NRIC <u>S 0241586 J</u>		HANDPHONE <u>90508700</u>	
TAXI REGN NO. <u>S H C 6955U</u>		MAKE / MODEL <u>K02</u>	
DATE IN <u>28/220</u>	TIME IN <u>1125</u>	DATE OUT <u>31/220</u>	TIME OUT <u>1345</u>
KILOMETRES IN <u>340114</u>	FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT	FUEL OUT

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		DATE / TIME TOWED IN TO WORKSHOP	
<div style="display: flex; justify-content: space-around;"> YES NO </div>		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

DRIVER'S NAME
DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE <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 D D M M Y Y H H M M <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	DRIVER'S REMARKS <div style="height: 100px;"></div>
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TP/W


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SJX7963E

Date of Accident

25/12/2020 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance**Period of Insurance **01/08/2020 - 31/07/2021**Requested By **GOH WEE DEK (PREMIER AUTO...**Requested Date **28/12/2020 12:00****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Monday, 25 January 2021 6:19 PM
To: VIENNACHIA@HOTMAIL.COM
Subject: ACCIDENT INVOLVING SJX 7963E AND SHC 6955U ON 25/12/2020

Our Ref: CC3/CTI20014619/T1ea3

25 JAN 2021

VIENNA DIONNE CHIA CHYE JUAN

Dear Sir/Madam,

ACCIDENT INVOLVING SJX 7963E AND SHC 6955U ON 25/12/2020

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.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.