

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: SHB8609L/GS

WITHOUT PREJUDICE

20th February 2018

(By Email Only)

Attn: **The Motor Claims Department**

AXA Insurance Pte Ltd

No.8 Shenton Way

#27-01

Singapore 068811

Dear Sir/Madam

ACCIDENT INVOLVING SHB8609L & SKU6661L ALONG ANG MO KIO AVE 1 – CTE ON 28.12.17

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8609L, 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: SKU6661L at the material time of the accident with the driver of our client's vehicle, Mr Abdul Salam Bin Shaik Alauddin

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SKU6661L, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	2835.50 (Incl. GST)
(2) Loss of Rental - 8Days @\$123.06per day	\$	984.48
(3) GIA Search fee	\$	2.00
	\$	<u>3821.98</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8609L
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search

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: SHB8609L/GS

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 – Gary Shi

Email: gary.shi@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

PREMIER TAXIS PTE LTD
23 CHANGI SOUTH AVENUE 2 #03-02
SINGAPORE 486443

TAX INVOICE

DATE 20-Feb-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8609 L			\$ 2,650.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,650.00
GST @ 7%				\$ 185.50
GRAND TOTAL				\$ 2,835.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



05 January 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Mohamed Nordin Bin Mohamed of NRIC Number S1198594G is a registered driver of SHB8609L. Mohamed Nordin Bin Mohamed is paying daily rental rate of \$123.06 (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 in a cursive style.

Chin Bee Lian (Ms)
Assistant Vice President
Taxis Administration

Prepared By: SY

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	29/12/2017 11:57
Date Of Accident	28/12/2017 21:25
Exact Location Of Accident	ANG MO KIO AVE 1 - CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8609L
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	ABDUL SALAM BIN SHAIK ALAUDDIN
NRIC No	S1555674I
Date Of Birth	28/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91506321
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 308B #05-399 ANG MO KIO AVE 1
Postcode	562308
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUPER RELIEF - ANG MO KIO
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEH. NO PAX

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU6661L
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	PUAH SIN KOON
NRIC/Passport Number	S7940475F
Contact Number	98424782
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name	ABDUL SALAM BIN SHAIK ALAUDDIN - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL, WENT TO MT ALVERNIA FOR TREATMENT & HAD 5 DAYS MC
Injured person in which vehicle?	SHB8609L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) Involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



[Signature]
1555674/I

29 DEC 2017

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 28/12/2017 @ 2125HRS, I WAS DRIVING MY TAXI (SHB 8609 L) ALONG ANG MO KIO AVE 1 TOWARDS CTE/CITY IN LANE 4.

AFTER CHECKING FOR CLEARANCE FROM LANE 3, I FILTERED WITH MY RIGHT INDICATOR AND STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY FOR ALMOST 5 SECONDS, SUDDENLY I FELT AN IMPACT FROM THE REAR.

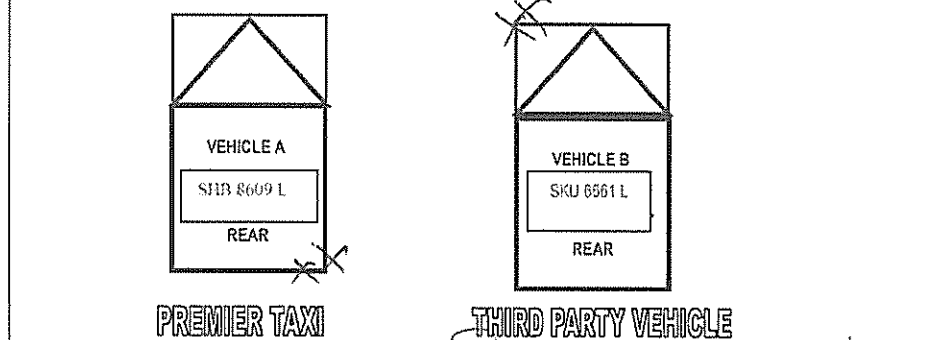
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKU 6661 L – SUZUKI) WHICH WAS BEHIND ME – FAILED TO STOP IN TIME, HAD COLLIDED ONTO THE REAR RIGHT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR RIGHT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

AS A RESULT, I FELT UNWELL THIS MORNING, WENT TO MT ALVERNIA FOR MEDICAL TREATMENT & HAD 5 DAYS OF MEDICAL LEAVE.
NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B

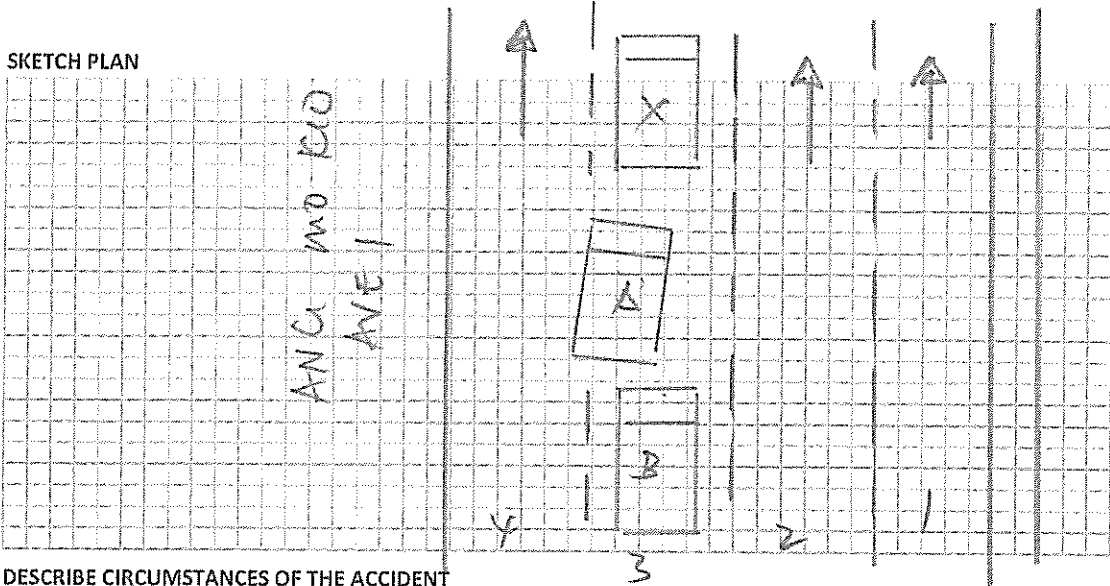


Driver's Signature & NRIC Number
Friday, December 29, 2017 @ 12:09:12 PM

(attended by

Sketch Plan Pg. 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A-SHB 8609L

B: SKU 6661L.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

29 DEC 2017

1555677/5

Policyholders Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171229/2019

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20171229/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2017 10:58		Vide Report No.:		Station Diary No.: 35
Informant's Particulars				
Name of Informant: ABDUL SALAM BIN SHAIK ALAUDDIN		Address: APT BLK 308B ANG MO KIO AVENUE 1 #05-399 SINGAPORE 562308		
ID Type / ID No.: NRIC NO / S1555674I		Contact No.: Home/Office: Mobile: 91506321		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 28/06/1962	Type of Informant: Driver	
Race: Indian		Language: Malay	Institution / School Name:	
Occupation: TAXI-DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/12/2017 21:25	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1 TOWARDS CTE NEAR PATHLIGHT SCHOOL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8609L	TAXI	KIA	OPTIMA	Silver	Slightly Damaged	0
SKU6661L	Car	SUZUKI		Blue	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171229/2019

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3

Report No. T/20171229/2019

Driver			
Name	ABDUL SALAM BIN SHAIK ALAUDDIN	ID No.	S1555674I
Related Vehicle	SHB8609L (TAXI)	Contact No.	91506321
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	QUAH SIN KOON	ID No.	S7940475F
Related Vehicle	SKU6661L (Car)	Contact No.	98424782
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a Super Relief taxi driver for Premier Company. On 28/12/2017 at about 9.27pm, I was driving my taxi bearing registration number SHB8609L, silver KIA Optima, travelling on the extreme left lane, along Ang Mo Kio Avenue 1 towards CTE. Upon approaching the Pathlight School, I decided to change lane to my right as such I signaled right. I remembered that I travelled past one blue Suzuki car and subsequently overtook the said car by about two car length. It was a slow moving traffic when suddenly the car in front of me stopped. I managed to stop in time however out of sudden I felt my taxi was being knocked from the rear. Both my taxi and the vehicle behind me pulled over. When I came out to check, I realized that the said Suzuki car, bearing registration number SKU6661L had knocked onto the rear right bumper of my taxi, causing it to be broken. As for the said car, the front left bumper was also damaged. I then exchanged particulars with the driver. I wish to state that I did seek medical treatment at Mount Alvernia Hospital on 29/12/2017 as I felt pain on my neck. I was given five days of medical leave. I am lodging this Traffic Accident Report for insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20171229/2019

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20171229/2019

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt ZAINAL ABIDIN BIN AMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/12/2017 10:58

Officer In Charge Of Case:

TP / AEIT /

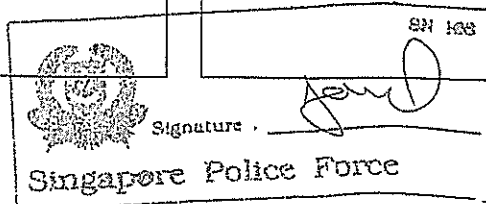
SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SHB 8609L.

NMH Super-Relief
(AMK)

9150 632

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1555674I



Name

ABDUL SALAM BIN SHAIK
ALAUDDIN

Race

INDIAN

Date of birth

28-06-1962

Sex

M

S1555674I

Country/Place of birth
SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

NRIC No. S1555674I

NAME: ABDUL SALAM BIN SHAIK A

DATE OF ISSUE: 25/04/2000

Please use a vehicle device to check
the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S1555674I

Name

ABDUL SALAM BIN SHAIK
ALAUDDIN

Date of Birth: 28-Jun-1962

Valid till: 21-Aug-2003



5763984



NRIC No. S1555674I



Date of issue

05-07-2017

Address

APT BLK 308B ANG MO KIO AVENUE 1
#05-399
SINGAPORE 562308

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	25/04/2000



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	29 Aug 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Aug 1997

NRIC No. S1555674I



NP-428A

Enquire Transaction History

Transaction History Details

Log Date/Time:	28 Oct 2013 / 09:01:45	Receipt No.:	AACCK001-AX239-131028-000008
Asset Type:	Vehicle	Transaction Amount:	\$73,800.00
Asset ID:	SHB8609L	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131028090145103947		

Vehicle No.:	SHB8609L
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	28 Oct 2013
Original Registration Date:	28 Oct 2013
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5448279
Engine No.:	D4FDDH307901
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,836.00
Minimum PARF Benefit:	\$7,401.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	28 Oct 2013 09:01:45
COE No.:	2013102801001039R
COE Expiry Date:	27 Oct 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$61,324.00
Lifespan Expiry Date:	27 Oct 2021
Owner ID Type:	Company

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5095103893

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHB8609L**
Chassis Number : KNAGM414ME5448279
2. Name of Policyholder : **PREMIER TAXIS PTE. LTD.**
3. Effective Date of Insurance : **20 Oct 2017**
4. Expiry Date of Insurance : **19 Oct 2018**
5. Persons or Classes of Persons entitled to drive*
(a) The Policyholder.
(b) Any licensed taxi driver driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use*
(a) Use as a Taxi.
(b) Use for social domestic and pleasure purposes.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)**
Date of Issue : **16 Oct 2017 17:13 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

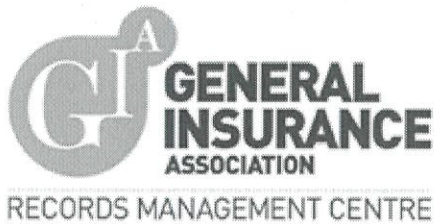
Countersigned By:



Authorised Officer



Chief Executive

**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-17-196259

Date of Request: 29/12/2017

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/12/2017
Enquiry By GOH WEE DEK
TP Vehicle No. SKU6661L
Accident Date 28/12/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKU6661L	AXA Insurance Pte Ltd	08/10/2017-07/10/2018	6338 7288

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-17-196259

Date of Request: 29/12/2017

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/12/2017
Enquiry By GOH WEE DEK
TP Vehicle No. **SKU6661L**
Accident Date 28/12/2017

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

REPLACEMENT VEH GIVEN YES / NO



VEH NO. _____

JOB NO. _____

(Super Relief)

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME ABDUL SALAM BIN SHAIK ALAUDDIN

NRIC S 1555674I HANDPHONE 91506321

TAXI REGN NO. SHB 86092 MAKE / MODEL K02

DATE IN 29/12/17 TIME IN 1145 DATE OUT 05/01/18 TIME OUT 0940

KILOMETRES IN FUEL IN E 1/4 1/2 3/4 F KILOMETRES OUT FUEL OUT 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

Abdul Salam X

SIM CHYE THIAM

DRIVER'S NAME

DRIVER'S NAME

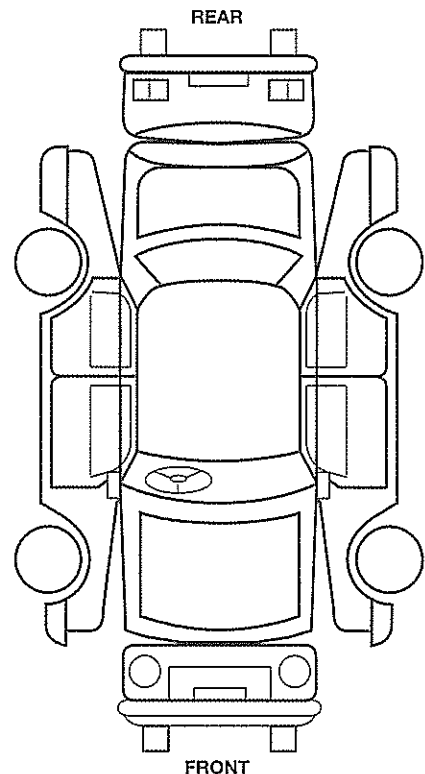
DRIVER'S SIGNATURE / DATE / TIME

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 Scratch

5 - Damaged
6 - Chip
7 - Crack
8 - Peeling

SERVICE / REPAIRS DONE

DRIVER'S REMARKS

☐ SERVICING ☐ OTHERS:
☐ T / BELT
☐ AIRCON SYSTEM ☒ ACCIDENT: DATE / TIME of ACCIDENT:
☐ TURBO 28/12/17 2125
☐ BRAKE SYSTEM
☐ CLUTCH SYSTEM
☐ BULB
☐ UNDER CARRIAGE
☐ CPF
☐ BATTERY

TP/V

- NMH-AMK



VEH NO. _____

JOB NO. _____

(Super Relief)

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME ABDUL SALAM BIN SHAIK ALAUDDIN

NRIC S 1555674I HANDPHONE 91506321

TAXI REGN NO. SHB 8609L MAKE / MODEL K02

DATE IN 29/12/17 TIME IN 1145 DATE OUT 05/01/18 TIME OUT 0940

KILOMETRES IN FUEL IN E 1/4 1/2 3/4 F KILOMETRES OUT FUEL OUT 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

Abdul Salam X

SIM CHYE THIAM

DRIVER'S NAME

DRIVER'S NAME

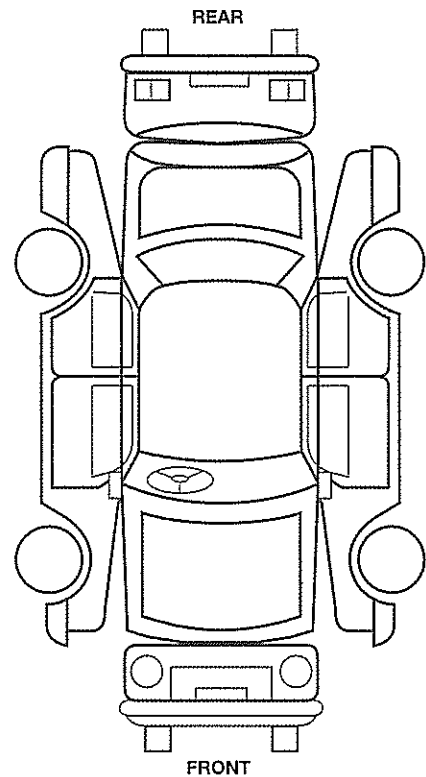
29/12/17 X

DRIVER'S SIGNATURE / DATE / TIME

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 | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

SERVICE / REPAIRS DONE

DRIVER'S REMARKS

☐ SERVICING ☐ OTHERS:☐ T / BELT☐ AIRCON SYSTEM☐ TURBO☐ BRAKE SYSTEM☐ CLUTCH SYSTEM☐ BULB☐ UNDER CARRIAGE☐ CPF☐ BATTERY☒ ACCIDENT: DATE / TIME of ACCIDENT:

28/12/17 2125

TP/V

- NMH-AMK