

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: SHB8906D/GS

WITHOUT PREJUDICE

22nd February 2018

(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 SHB8906D & SKE5789T ALONG SERANGOON ROAD – AFTER DESKER ROAD ON 29.12.17

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8906D, 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: SKE5789T at the material time of the accident with the driver of our client's vehicle, Mr Kwok Wan Keong

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SKE5789T, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	1444.50 (Incl. GST)
(2) Loss of Rental - 3Days @\$101.46per day	\$	304.38
(3) GIA Search fee	\$	2.00
	\$	<u>1750.88</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8906D
- (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

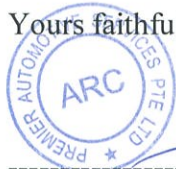
CO. REG:200707743D GST REG:200707743D

Our Ref: SHB8906D/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 22-Feb-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8906 D			\$ 1,350.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,350.00
GST @ 7%				\$ 94.50
GRAND TOTAL				\$ 1,444.50



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 Kwok Wan Keong of NRIC Number S1637132G is a registered driver of SHB8906D. Kwok Wan Keong is paying daily rental rate of \$101.46 (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 faint circular stamp.

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	02/01/2018 11:39
Date Of Accident	29/12/2017 23:25
Exact Location Of Accident	SERANGOON ROAD - AFTER DESKER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8906D
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	
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Driver

Name of Driver	KWOK WAN KEONG
NRIC No	S1637132G
Date Of Birth	03/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1982
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84822460
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 276 #10-242 YISHUN ST 22
Postcode	760276
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : CHINESE - MALE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX (MALE CHINESE) VEH. B - 1 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	SKE5789T
Vehicle Make/Model/Colour	JAGUAR
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	KALAI
NRIC/Passport Number	
Contact Number	96953343
Address	
Postcode	

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT LEFT PORTION

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

KWOK WAN KEONG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT UNWELL, WENT TO CLINIC & HAD 3 DAYS MC

Injured person in which vehicle?

SHB8906D

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.



Policyholder's Signature
Date & Time:

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

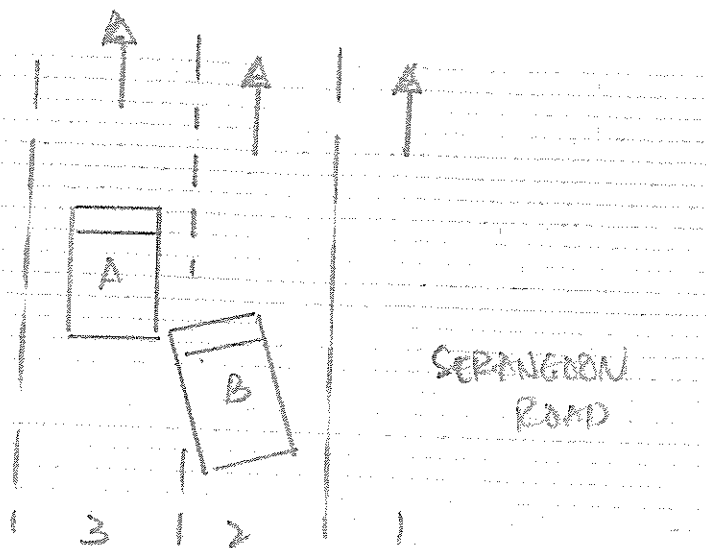
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

A: SHB8906D

B: SKE5789T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police report, dated 30/12/17, police report number. T12017230/2016
at Tampines NPC.

Brief Details.

On the 29/12/2017 at about 2324hrs, I was driving my taxi bearing vehicle no. SHB8906D along the third lane of Serangoon Road, just after Desker Road when the front vehicle had slowed down and stopped due to heavy traffic. All of a sudden, while stationary, I felt a collision from my vehicle's rear right side. I then stopped and exited my vehicle to make a check for damages and injuries and realised that there was a car bearing vehicle no. SKE5789T.

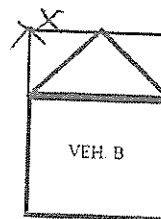
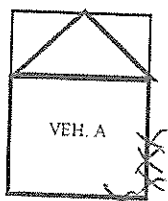
As a result of the collision, both my car's rear right bumper rear right rim were dented and scratched. Whereas the other car had its left front bumper was scratched and dented.

As no one was injured, I had exchanged contact details and we continued on our way.

On the 30/12/2017, I went to Ansar Clinic to seek medical attention for neck sprain and lower back sprain and was given 3 days MC from 30/12/2017 till 01/01/2018.

* VIDEO FOOTAGE CAPTURED
3 SCENE PHOTOS TAKEN

DAMAGES FOUND ON VEHICLE A & VEHICLE B



DECLARATION

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

Policyholder's Signature
Date & Time:

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

02 JAN 2018

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



**SINGAPORE
POLICE FORCE**



T/20171230/2046

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20171230/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 12:01		Vide Report No.:		Station Diary No.: 73
Informant's Particulars				
Name of Informant: KWOK WAN KEONG		Address: APT BLK 276 YISHUN STREET 22 #10-242 SINGAPORE 760276		
ID Type / ID No.: NRIC NO / S1637132G		Contact No.: Home/Office: Mobile: 84822460		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 03/11/1964	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2017 23:25	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD				
Just after Desker				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SHB8906D	TAXI				Slightly Damaged	1
SKE5789T	Car				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/20171230/2046

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20171230/2046

CONTINUATION OF REPORT

Driver			
Name	KWOK WAN KEONG		ID No. S1637132G
Related Vehicle	SHB8906D (TAXI)		Contact No. 84822460
Hospital/Clinic	ANSAR CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/12/2017	Date Discharge	30/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Kalai		ID No. NIL
Related Vehicle	SKE5789T (Car)		Contact No. 96953343
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.

On the 29/12/2017 at about 2324hrs, I was driving my taxi bearing vehicle no. SHB8906D along the third lane of Serangoon Road, just after Desker Road when the front vehicle had slowed down and stopped due to heavy traffic. All of a sudden, while stationary, I felt a collision from my vehicle's rear right side. I then stopped and exited my vehicle to make a check for damages and injuries and realised that there was a car bearing vehicle no. SKE5789T.

As a result of the collision, both my car's rear right bumper rear right rim were dented and scratched. Whereas the other car had its left front bumper was scratched and dented.

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**SINGAPORE
POLICE FORCE**



T/20171230/2046

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20171230/2046


CONTINUATION OF REPORT

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: G / Sgt 3 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2017 12:01
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHAR Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

 PREMIER TAXIS	HIRE / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 8906D
CONTACT NO.	8482 2460
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1637132G**

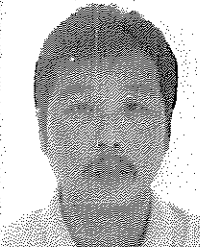


Name: **KWOK WAN KEONG**

Race: **CHINESE**
Date of Birth: **03-11-1964**
Country of Birth: **SINGAPORE**

Sex: **M**

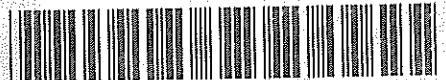
REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S1637132G**
Name: **KWOK WAN KEONG**
Birth Date: **03 Nov 1964**
Issue Date: **20 Jun 2003**

1000586639K

05 9993
K 223



NRIC No. **S1637132G**



Blood Group: **A+** Date of issue: **14-09-1992**

APT BLK 276 YISHUN STREET 22 #10-242
SINGAPORE 760276


NRIC No: **S1637132G** Date: **02/02/2013** No: **7248123**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


	PASS DATE
2B Motorcycles not exceeding 200 cc	29 Mar 1983
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jul 1982

NP 428A

Licence No: **S1637132G**



Land Transport Authority



VOCATIONAL LICENCE
Licence No: **S1637132G**
Name: **KWOK WAN KEONG**
Issue Date: **30/12/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	10 Apr 2014 / 09:05:58	Receipt No.:	AACCK001-AX239-140410-000002
Asset Type:	Vehicle	Transaction Amount:	\$72,287.00
Asset ID:	SHB8906D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140410090558518064		

Vehicle No.:	SHB8906D
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:	10 Apr 2014
Original Registration Date:	10 Apr 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5462270
Engine No.:	D4FDDH308352
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:	\$19,776.00
Minimum PARF Benefit:	\$7,365.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	10 Apr 2014 09:05:58
COE No.:	2014041001000796H
COE Expiry Date:	09 Apr 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$59,871.00
Lifespan Expiry Date:	09 Apr 2022
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 : **SHB8906D**
Chassis Number : KNAGM414ME5462270
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-18-000353
Date of Request: 02/01/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/01/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SKE5789T
Accident Date 29/12/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKE5789T	China Taiping Insurance (Singapore) Pte. Ltd.	10/11/2016-14/03/2018	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-18-000353
Date of Request: 02/01/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/01/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SKE5789T
Accident Date 29/12/2017

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:

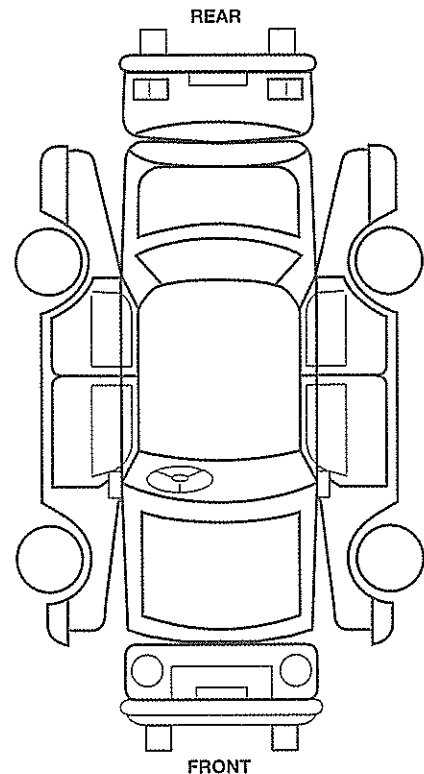
☒ GIRO ☐ Cash ☐ Cheque

CHECK IN / OUT VOUCHER

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DRIVER'S NAME KWOK WAN KEONG			
NRIC S1637132G		HANDPHONE 84822460	
TAXI REGN NO. SHB8906D		MAKE / MODEL K02	
DATE IN 020118	TIME IN 1000	DATE OUT 040118	TIME OUT 1432
KILOMETRES IN E 1/4 1/2 3/4 F		KILOMETRES OUT E 1/4 1/2 3/4 F	

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	
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 KWOK WAN KEONG DRIVER'S NAME DRIVER'S SIGNATURE / DATE / TIME CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)	CHECK OUT KWOK WAN KEONG DRIVER'S NAME DRIVER'S SIGNATURE / DATE / TIME CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)
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SERVICE / REPAIRS DONE <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 291217 2325 <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 TP/V	DRIVER'S REMARKS
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