

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: SHC6059G/GS

WITHOUT PREJUDICE

13th February 2018

(By Email Only)

Attn: The Motor Claims Department

India International Insurance Pte Ltd
64 Cecil Street #04/#05
IOB Building
Singapore 049711

Dear Sir/Madam

ACCIDENT INVOLVING SHC6059G & SLT364C ALONG TRADE HUB 21 CARPARK DRIVEWAY – BOONLAY WAY ON 30.01.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6059G, 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: SLT364C at the material time of the accident with the driver of our client's vehicle, Mr Tan Chong Phak Timothy

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SLT364C, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	2247.00 (Incl. GST)
(2) Loss of Rental - 4Days @\$96.11per day	\$	384.44
(3) GIA Search fee	\$	2.00
	\$	<u>2633.44</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6059G
- (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: SHC6059G/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 13-Feb-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6059 G			\$ 2,100.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,100.00
GST @ 7%				\$ 147.00
GRAND TOTAL				\$ 2,247.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



02 February 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tan Chong Phak Timothy of NRIC Number S1670468G is a registered driver of SHC6059G. Tan Chong Phak Timothy is paying daily rental rate of \$96.11 (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 read "Chin Bee Lian".

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 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	30/01/2018 14:54
Date Of Accident	30/01/2018 09:20
Exact Location Of Accident	TRADE HUB 21 CARPARK DRIVEWAY - BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6059G
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	TAN CHONG PHAK TIMOTHY
NRIC No	S1670468G
Date Of Birth	25/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98579000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 151 #08-28 YISHUN ST 11
Postcode	760151
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 - HEAD ON COLLISION
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	TAMPINES EAST NPP
Police Station Address	ROAD: 263 TAMPINES STREET 21 #01-138 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - 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	SLT364C
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	TAY TIANHE
NRIC/Passport Number	S8406601Z
Contact Number	96658116
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

TAN CHONG PHAK TIMOTHY - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT UNWELL, WENT TO CLINIC FOR TREATMENT & HAD 3 DAYS MC

Injured person in which vehicle?

SHC6059G

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:

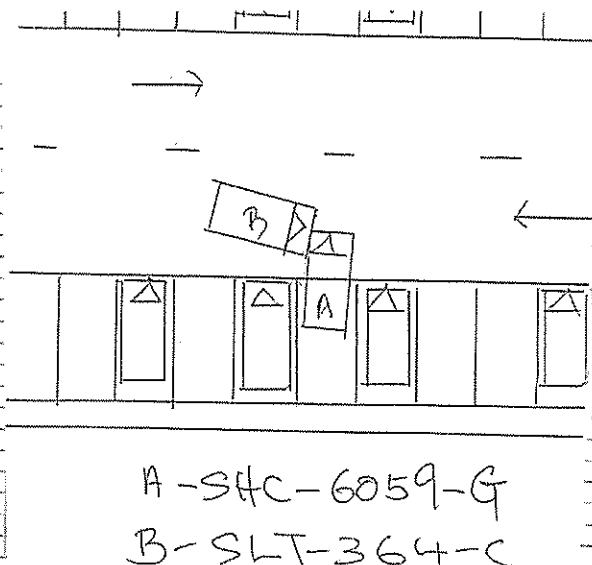
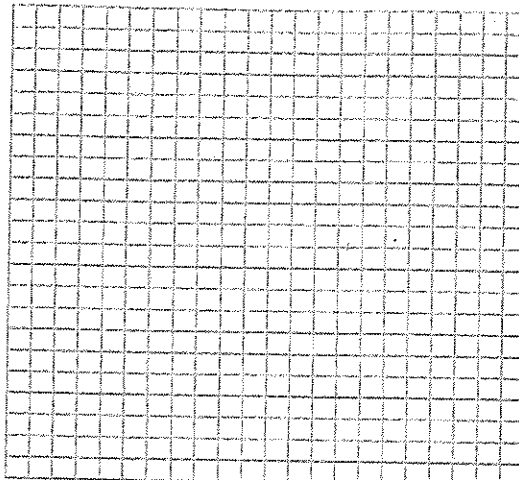
Driver's Signature
(If driver is not the policyholder)
Date & Time:

30 JAN 2010

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

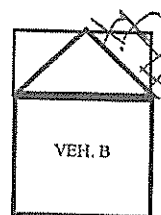
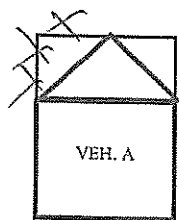
As stated in police report, dated 21-01-2018, police report number. T12018 0120/2016
at Tampines East NPP

Brief Details.

On 30/01/2018 at about 0920hrs, I was alone at Boon Lay way, open carpark of TradeHub 21, and my taxi was in the parking lot (unknown lot number). I then started to inching out when suddenly I saw a car, SLT364C, was driving towards me from my left which he was travelling along an opposite direction lane, upon seeing that I stopped my taxi hoping that the driver of the said car will stop as well but he was looking down on his phone and did not stop which then collided onto the front left side of my taxi.

I then went down and engage the driver of the said car and exchange particulars with the driver, during the conversation the said driver was confused and was in a state of shock. After exchange particulars, the driver then told me to claim insurance after which we left the scene, however on the very same day I felt pains on me and seek medical attention from Medilife clinic and surgery which then gave me a total 3 days MC in regards to the pains I sustain during the accident. I wish to state that I do have an in car camera installed in my taxi and was able to capture the footage of the said accident.

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:

30 JAN 2018

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

G-RRM SketchPlanForm 5.0



**SINGAPORE
POLICE FORCE**



T/20180130/2076

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

1 of 3

Report No. T/20180130/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2018 14:25		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: TAN CHONG PHAK TIMOTHY			Address: APT BLK 151 YISHUN STREET 11 #08-28 SINGAPORE 760151		
ID Type / ID No.: NRIC NO / S1670468G			Contact No.: Home/Office: Mobile: 98579000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 25/01/1964	Type of Informant: Driver		
Race: Chinese			Language:		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: 30/01/2018 09:20	Type of Location:
Location: Along Road 1 BOON LAY WAY open carpark of TradeHub 21, Boon lay way				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC6059G	Car					0
SLT364C	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180130/2076

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

2 of 3

Report No. T/20180130/2076

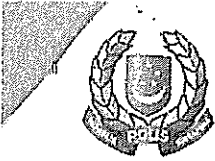
CONTINUATION OF REPORT

Driver			
Name	TAN CHONG PHAK TIMOTHY		ID No. S1670468G
Related Vehicle	SHC6059G (Car)		Contact No. 98579000
Hospital/Clinic	MEDILIFE CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAY TIANHE		ID No. S8406601Z
Related Vehicle	SLT364C (Car)		Contact No. 96658116
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 30/01/2018 at about 0920hrs, I was alone at Boon lay way ,open carpark of TradeHub 21 , and my taxi was in the parking lot (unknown lot number). I then started to inching out when suddenly I saw a car , SLT364C, was driving towards me from my left which he was travelling along an opposite direction lane, upon seeing that I stopped my taxi hoping that the driver of the said car will stop as well but he was looking down on his phone and did not stop which then collided onto the front left side of my taxi.

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**SINGAPORE
POLICE FORCE**



T/20180130/2076

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

3 of 3

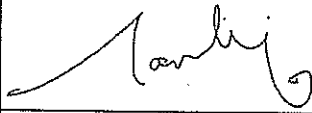
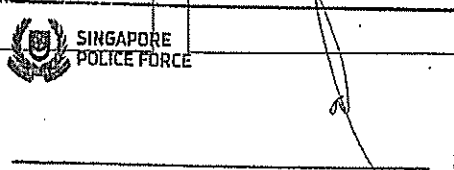
Report No. T/20180130/2076

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 2 NG JUNJIE, EDWIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2018 14:25
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	



HIRER / RELIEF / SUPER RELIEF

VEHICLE NO.

SHC 6059G

CONTACT NO.

9857 9000

NEW MAILING
ADDRESS
(if any)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1670468G



Name

TAN CHONG PHAK TIMOTHY

Race

CHINESE

Date of birth

25-01-1964

Sex

M

S1670468G

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1670468G

Name:

TAN CHONG PHAK TIMOTHY

Birth Date: 25 Jan 1964

Issue Date: 12 May 2016



3 4 2 1 2 3 9

NRIC No. S1670468G



Date of issue

30-10-2003

APT BLK 151 YISHUN STREET 11 #08-28
SINGAPORE 760151

NRIC No: S1670468G

Date: 02-01-2006 No: 5312000

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 cc	29 Feb 1988
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	23 Jan 1995



Licence No: S1670468G

NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S1670468G

Name: TAN CHONG PHAK TIMOTHY

Issue Date: 21/2/2014

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 Jul 2014 / 09:07:05	Receipt No.:	AACCK001-AX239-140710-000012
Asset Type:	Vehicle	Transaction Amount:	\$65,919.00
Asset ID:	SHC6059G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140710090705486463		

Vehicle No.: SHC6059G

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 Jul 2014

Original Registration Date: 10 Jul 2014

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414ME5463940

Engine No.: D4FDDH308340

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: \$20,007.00

Minimum PARF Benefit: \$7,506.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership Date/Time: 10 Jul 2014 09:07:05

COE No.: 2014071001001211G

COE Expiry Date: 09 Jul 2022

COE Bid Category: -

Actual QP/PQP Paid Amount: \$53,269.00

Lifespan Expiry Date: 09 Jul 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 : **SHC6059G**
Chassis Number : KNAGM414ME5463940
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



RECORDS MANAGEMENT CENTRE

**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-18-016726

Date of Request: 31/01/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 31/01/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SLT364C
Accident Date 30/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLT364C	India International Insurance Pte Ltd	16/10/2017-15/10/2018	63476100

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.





RECORDS MANAGEMENT CENTRE

**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-18-016726

Date of Request: 31/01/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 31/01/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SLT364C
Incident Date 30/01/2018

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. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Tan Chong Phak</u>											
NRIC S <u>16704689</u>	HANDPHONE <u>97500254</u>										
TAXI REGN NO. S H <u>C60596</u>	MAKE / MODEL <u>Optima 1.5</u>										
DATE IN <u>300118</u> TIME IN <u>1400</u>	DATE OUT <u>020218</u> TIME OUT <u>1800</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

O D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

O 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

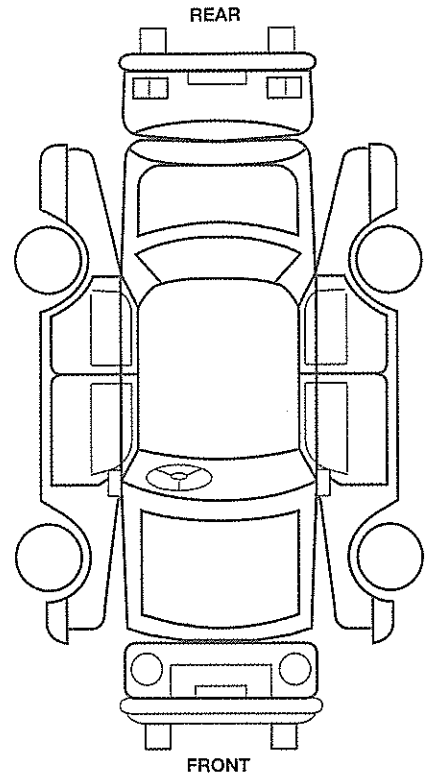
CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

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																				
<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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td>O D M M Y Y H H M M</td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td></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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:	<input type="checkbox"/> TURBO	O 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		<p><u>7p1w</u></p>
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