

# 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: SHB8407C/GS

**WITHOUT PREJUDICE**

14<sup>th</sup> November 2018

**(By Email Only)**

**Attn: The Motor Claims Department**

Lonpac Insurance Bhd  
300 Beach Road #17-04/07  
The Concourse  
Singapore 199555

Dear Sir/Madam

**ACCIDENT INVOLVING SHB8407C, SGJ768H & SGH8205Z ALONG PIE – JURONG ON 18.03.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8407C, 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: SGJ768H at the material time of the accident with the driver of our client's vehicle, Mr Lau Chee Sum

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SGJ768H, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 14,451.70 (Incl. GST)
(2) Loss of Rental - 19Days @\$109.94per day	\$ 2,088.86
(3) Loss of Income – 19Days @\$100.00per day	\$ 1,900.00
(4) GIA Search Fee	\$ <u>2.00</u>
	<b>\$ <u>18,442.56</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8407C
- (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: SHB8407C/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](mailto: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 14-Nov-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHB 8407 C			\$ 13,506.26
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 13,506.26
GST @ 7%				\$ 945.44
GRAND TOTAL				\$ 14,451.70

for Premier Automotive Services Pte Ltd



(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



23 March 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Kwok Kok Choy of NRIC Number S1198463J is a registered driver of SHB8407C. Kwok Kok Choy is paying daily rental rate of \$109.94 (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: 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](http://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	19/03/2018 11:17
Date Of Accident	18/03/2018 21:15
Exact Location Of Accident	PIE - JURONG (AFTER STEVENS ROAD EXIT)
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SHB8407C
<b>Insured/Policyholder</b>	
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	LAU CHEE SUM
NRIC No	S1242473F
Date Of Birth	09/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91167315
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 227 #10-175  
TAMPINES ST 23

Postcode 1852

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number NBP2253 (PRIVATE CAR)

Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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: : PAX IN THE REAR SEAT - CHINESE  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

VEH. A - 1 PAX VEH. B - 2 PAX VEH. C - 4 PAX \*REFER TO ATTACH POLICE REPORT

#### 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 SGH8205Z

Vehicle Make/Model/Colour TOYOTA RUSH

Details Of Properties VEH. B

Vehicle Category PRIVATE CAR

Name of Driver RAJAKARAN SINGH MANOCHA

NRIC/Passport Number S8522325I

Contact Number 90689533

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 3

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SGJ768H  
Vehicle Make/Model/Colour M-BENZ  
Details Of Properties VEH. C  
Vehicle Category PRIVATE CAR  
Name of Driver LIM FU GUAN  
NRIC/Passport Number  
Contact Number 96321666  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 5

**DETAILS OF INJURED PERSON 1**

Name FEMALE CHINESE - PAX IN VEH. C  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGJ768H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
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.



*[Handwritten Signature]*

19 MAR 2010

S 1242473/E

*[Handwritten Signature]*

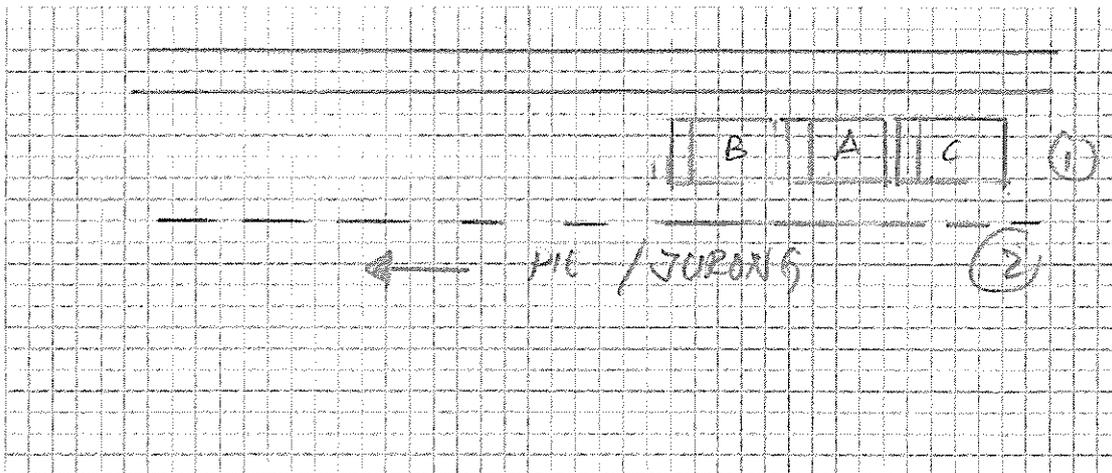
Policyholder's Signature  
Date & Time:

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

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

SHB 8407C

SKETCH PLAN



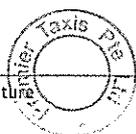
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8407C.  
 B: SGH 8205 Z  
 C: SGJ 768H

DECLARATION

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

19 MAR 2018



*[Signature]* S 1242473/F

*[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.:

SHB8407C

- Describe Circumstance of the Accident.

ON THE DAY 18.03.18 @2115HRS, I WAS DRIVING MY TAXI SHB8407C, TRAVELING ALONG PIE TOWARDS JURONG(AFTER STEVENS ROAD EXIT), IN LANE 1 WITH 1 PASSENGER ON BOARD.

WHILE MOVING, VEHICLE B(SGH8025Z) AHEAD OF ME SUDDENLY BRAKE, I WAS UNABLE TO STOP IN TIME THUS COLLIDED ONTO THE REAR PORTION OF IT. MOMENTS LATER, I FELT IMPACT FROM BEHIND AND NOTICED VEHICLE C(SGJ768H) HAD COLLIDED ONTO THE REAR PORTION OF MY TAXI.

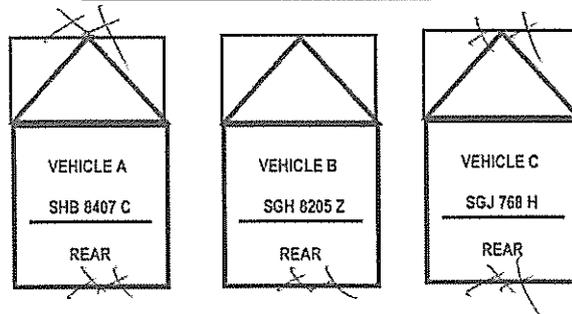
I NOTICED THERE ARE A FEW MORE VEHICLE INVOLVED BEHIND SGJ768H BUT I DID NOT TAKE DOWN THE PARTICULARS AS THE SCENE WAS VERY MESSY.

THERE ARE ALSO CHAIN ACCIDENT OCCURRED AHEAD OF VEHICLE B(SGH8025Z).

DUE TO THE IMPACT, MY TAXI WAS DAMAGED ON THE FRONT & REAR  
VEHICLE B DAMAGED ON THE REAR PORTION  
VEHICLE C DAMAGED ON THE FRONT & REAR PORTION.

1 PASSENGER ON BOARD VEHICLE C WAS INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE.

DAMAGES FOUND ON VEHICLE A, B, C



  
\_\_\_\_\_  
Driver's Signature  
Monday, March 19, 2018



**SINGAPORE  
POLICE FORCE**



T/20180319/2004

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20180319/2004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2018 00:50		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAU CHEE SUM			Address: 227 TAMPINES ST 23 #10-175 HDB-TAMPINES SINGAPORE 521227		
ID Type / ID No.: NRIC NO / S1242473F			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 91167315
Email:					
Sex: Male	Age: 61	Date of Birth: 09/10/1956	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2018 21:15	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(TUAS) 19.5KM Lamp Post Number: 951				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH8205Z	Car	TOYOTA	RUSH 1.5 A	Green		0
SGJ768H	Car	MERCEDES BENZ	E250 SEDAN (SR)(R18)	Silver		0
SHB8407C	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT	Silver		1



**SINGAPORE  
POLICE FORCE**



T/20180319/2004

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20180319/2004

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	RAJKARAN SINGH MANOCHA	ID No.	S8522325I
Related Vehicle	SGH8205Z (Car)	Contact No.	90689533
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
Driver:			
Name	LIM FU GUAN	ID No.	S9108449A
Related Vehicle	SGJ768H (Car)	Contact No.	96321666
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
Driver:			
Name	LAU CHEE SUM	ID No.	S1242473F
Related Vehicle	SHB8407C (Car)	Contact No.	91167315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 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 ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ON PIE, ON THE EXTREME RIGHT LANE TOWARDS JURONG. AS I WAS DRIVING, THE VEHICLE, SGH8205Z, SUDDENLY JAMMED BRAKE, SO I FOLLOWED AND JAMMED THE BRAKES TOO. I COULD NOT STOP IN TIME DESPITE JAMMING THE BRAKES AND COLLIDED WITH SGH8205Z. A WHILE THE COLLISION WITH SGH8205Z, I FELT AN IMPACT ON THE REAR OF MY VEHICLE AND SAW THAT A SGJ768H, HAD COLLIDED WITH THE REAR OF MY VEHICLE. I THEN ALIGHTED FROM MY VEHICLE AND WENT TO CHECK ON THE WELL BEING OF THE OTHER



**SINGAPORE  
POLICE FORCE**



T/20180319/2004

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20180319/2004

CONTINUATION OF REPORT

VEHICLES. A PASSENGER FROM SGJ768H, DID NOT FEEL WELL AND AN AMBULANCE WAS CALLED TO CONVEY HER TO THE HOSPITAL. WHEN THE TRAFFIC POLICE ARRIVED, THEY GAVE ME A CARD AND TOLD ME TO REPORT TO IO PHILIP AT TRAFFIC POLICE



**SINGAPORE  
POLICE FORCE**



T/20180319/2004

4 of 4

Report No. T/20180319/2004

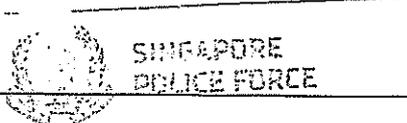
Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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: TP / ZENG ZI CONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2018 00:50
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No.: 65476429	Classification Of Case: 
Authentication Stamp NP168	Signature: 

PREMIER TAXIS	HIRER (RELIEF) / SUPER RELIEF
VEHICLE NO.	SHR 8407C-
CONTACT NO.	9116 7315
NEW MAILING ADDRESS (if any)	

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. S1242473F



Name  
**LAU CHEE SUM**  
 刘志森  
 Race  
**CHINESE**  
 Date of Birth Sex  
 09-10-1956 M  
 Country of Birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: S1242473F  
 Name  
**LAU CHEE SUM**  
 Birth Date: 09 Oct 1956  
 Issue Date: 11 Feb 2003




1551210



NRIC No. S1242473F



Blood Group Date of Issue  
 O+ 29-12-1993

Address  
 APT BLK 227 TAMPINES STREET 23  
 #10-175  
 SINGAPORE 1852

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Mar 1977
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Feb 1978
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	16 Feb 1979

NP 428A

Barcode: Licence No: S1242473F

Land Transport Authority

**VOCATIONAL LICENCE**

License No: S1242473F  
 Name: LAU CHEE SUM  
 Issue Date: 1/8/2011



Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



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-18-041122

Date of Request: 19/03/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 19/03/2018

Enquiry By GOH WEE DEK

TP Vehicle No. SGJ768H

Accident Date 18/03/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGJ768H	Lonpac Insurance Bhd	11/02/2018-10/02/2019	+65 62507388

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.

 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-18-041122  
Date of Request: 19/03/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 19/03/2018  
Enquiry By GOH WEE DEK  
TP Vehicle No. SGJ768H  
Accident Date 18/03/2018

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



### Vehicle Discharge Form

Vehicle Number : SHB P407 C

Job No: 2018009232

Date in :	<u>18.03.18</u>	Date out :	<u>5/4/18</u>
Time in :	<u>00.20 hrs.</u>	Time out :	<u>1450 pm</u>
Mileage in :	<u>251031</u>	Mileage out :	<u>251032</u>
Tow In Date & Time:		Call Date & Time:	<u>5/4/18 12pm</u>
Service	<input type="checkbox"/>	Mechanical Repair	<input type="checkbox"/>
		Accident Repair	<input checked="" type="checkbox"/>
Remarks :	<u>Accident</u>		
Replacement Vehicle	Yes / No		

[Signature]

[Signature]

Signature of Driver

Signature of Customer Service Officer

Driver's Name : Lau Chee Sum

CSO Name:

I/C No.: S 1242473/F

Contact No.

91167315