

# 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: SHC6281E/SR

**WITHOUT PREJUDICE**

21 March 2019

**(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 SHC6281E AND SJZ569X ALONG COLEMAN ST IN FRONT OF PENINSULAR EXCELSIOR HOTEL ON 26.02.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6281E**, 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: **SJZ569X** at the material time of the accident with the driver of our client's vehicle, **Mr. eo Kim Thye**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SJZ569X**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,177.00 (Incl. GST)
(2) Loss of Rental – 7 Days @\$93.97 per day (Inc PRI, weekends + 2 working days)	\$ 657.79
(3) GIA Search fee	\$ 2.00
	<b><u>\$ 1,836.79</u></b>

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

- (1) GIA report & sketch plan of **SHC6281E**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) GIA Search

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SINGAPORE 486443

TEL: 65446671 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHC6281E/SR

We would appreciate if you could look into the subject matter and let us have your favorable offer within 14 days. If you are agreeable to the settlement of the above said claims, please forward us your discharge voucher as for our client's signature and payment made to "Premier Automotive Services Pte Ltd".

Please note that if we do not hear from you within the stipulated 14 days, we will have no alternative but to appoint our solicitor to act on our behalf to commence proceedings against you without further notice to you.

Yours faithfully,



-----  
Claims Department – Shafawati Md Rabu

Email: [shafawati.rabu@premiertaxi.com](mailto:shafawati.rabu@premiertaxi.com)

DID: 64100946

NB: We encourage all parties to liaise with us via email to expedite all matters

PS: Please quote our reference no when replying

c.c. Client – Premier Taxis Pte Ltd

## 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 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. 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	26/02/2019 11:06
Date Of Accident	26/02/2019 02:40
Exact Location Of Accident	COLEMAN ST IN FRONT OF PENINSULAR EXCELSIOR HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6281E
<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	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	5107202885
Cover Note Number	

### Driver

Name of Driver	TEO KIM THYE
NRIC No	S7120457Z
Date Of Birth	14/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1998
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90694564
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 991B #03-233 BUANGKOK LINK
Postcode	532991
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 (including own vehicle) 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?	NO
If Yes, Please state which Police Station	
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	SJZ569X
Vehicle Make/Model/Colour	PTE CAR/WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	LAZARUS RAYMOND YONG
NRIC/Passport Number	S1800775D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR RIGHT PORTION
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	TEO KIM THYE- DRIVER OF VEH. A
------	--------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SEEKING FOR MEDICAL TREATMENT SOON

SHC6281E

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

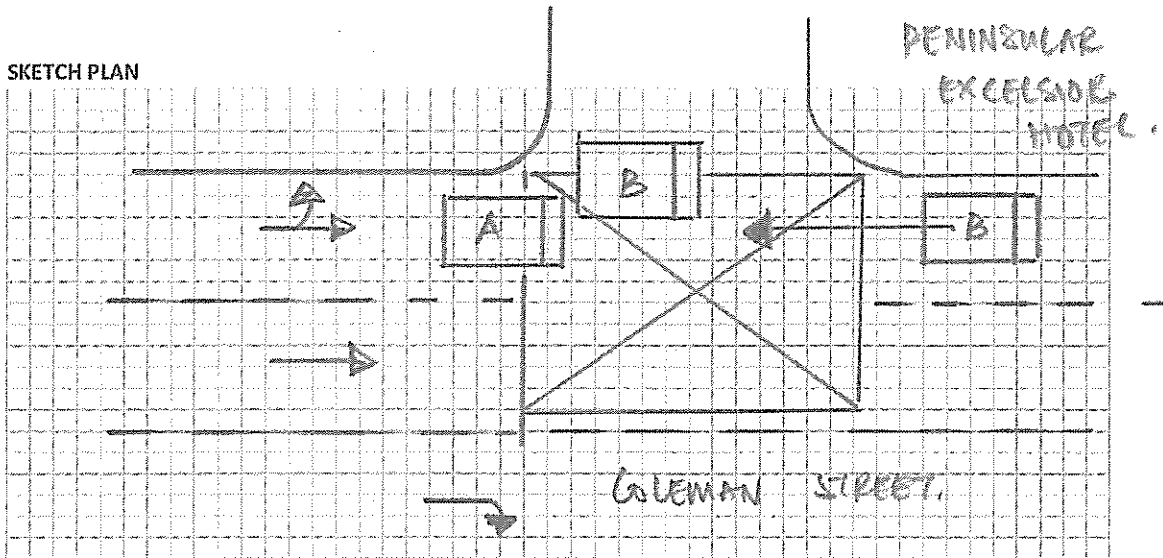
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Crash Report Form (CRF)

26 FEB 2013  
S 7120457 Z  
SHL 6281 E

## Sketch Plan Pg. 2

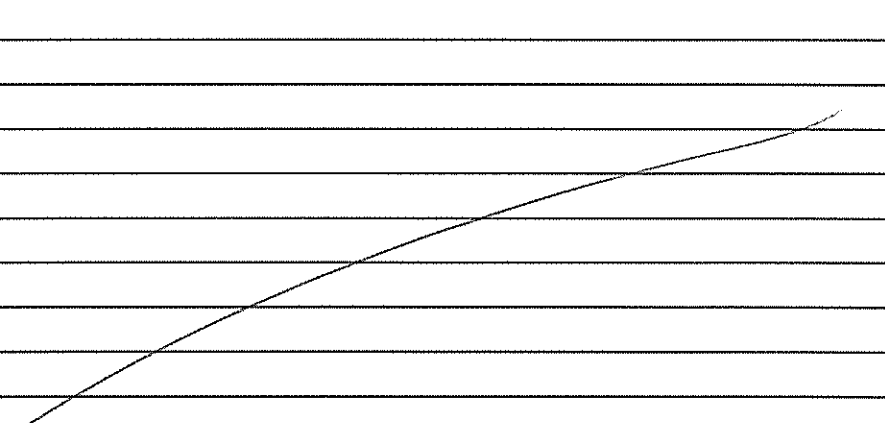
### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

A: SHC6287E

B: SJZ 569X



The graph is plotted on a set of horizontal lines. The curve begins at the origin (0,0) and extends upwards and to the right. The slope of the curve decreases as it moves away from the origin, characteristic of a function like  $y = \sqrt{x}$  or  $y = x^{0.5}$ .

## 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:

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

Describe Circumstance of the Accident.

ON 26/02/2019 @ 0240HRS, I WAS DRIVING MY TAXI ( SHC 6281 E ),  
TRAVELLING ALONG COLEMAN STREET (IN FRONT OF PENINSULAR EXCELSIOR  
HOTEL) IN THE LEFT LANE.

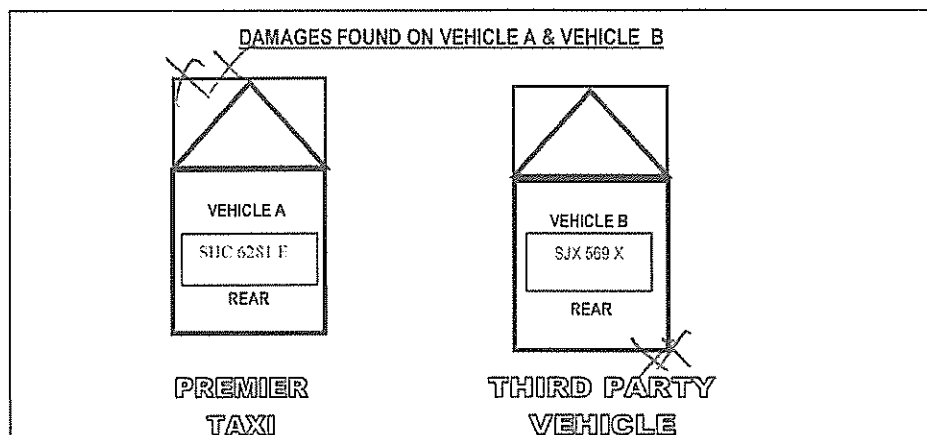
I STOPPED MY TAXI – BEFORE THE YELLOW BOX BUT SUDDENLY VEHICLE B  
( SJZ 569 X – PTE WHITE CAR ) WHICH WAS INITIALLY STATIONARY IN  
FRONT OF ME – REVERSED & COLLIDED ONTO THE FRONT LEFT OF MY TAXI.


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

AS A RESULT, SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON.  
NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES

\*VIDEO FOOTAGE CAPTURED.



☞ 57120457 / Z 

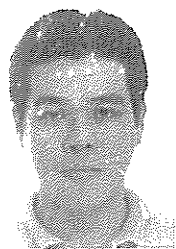

Driver's Signature & NRIC Number



Tuesday, February 26, 2019 @ 11:19:15 AM

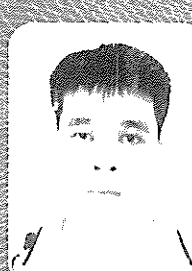
(attended by )



PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6281E
CONTACT NO.	90694564
NEW MAILING ADDRESS (if any)	

	Licence Number: <b>S7120457Z</b>
	Name: <b>TEO KIM THYE</b>
	Birth Date: 14 Jun 1971 Issue Date: 29 Mar 2004
	

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. <b>S7120457Z</b>		
	Name	<b>TEO KIM THYE</b>
		<b>张金泰</b>
	Race	<b>CHINESE</b>
	Date of birth	<b>14-06-1971</b>
	Country of birth	<b>SINGAPORE</b>
	Sex	<b>M</b>
		<b>S7120457Z</b>

Land Transport Authority	
	<b>VOCATIONAL LICENCE</b>
	Licence No. <b>S7120457Z</b>
	Name <b>TEO KIM THYE</b>
	Issue Date <b>26/2/2013</b>
Please visit <a href="http://www.lta.gov.sg">www.lta.gov.sg</a> to check the status of this vocational licence	

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	21 Mar 1990
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Feb 1998

	
	NRIC No <b>S7120457Z</b>
	Date of issue <b>24-03-2004</b>
	APT BLK 991B BUANGKOK LINK #03-233 SINGAPORE 532991
NRIC No <b>S7120457Z</b>	Date: 15/10/2018 (R)

NP 428A	
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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	25/02/2013





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 16-Mar-2019  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6281 E			\$ 1,100.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,100.00
GST @ 7%				\$ 77.00
GRAND TOTAL				\$ 1,177.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	14 Nov 2014 / 09:44:50	Receipt No.:	AACCK001-AX239-141114-000009
Asset Type:	Vehicle	Transaction Amount:	\$63,968.00
Asset ID:	SHC6281E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141114094450785070		

Vehicle No.:	SHC6281E
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:	14 Nov 2014
Original Registration Date:	14 Nov 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5554700
Engine No.:	D4FDEH311810
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:	2014
Open Market Value:	\$19,991.00
Minimum PARF Benefit:	\$7,494.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	14 Nov 2014 09:44:50
COE No.:	2014111401001279W
COE Expiry Date:	13 Nov 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,337.00
Lifespan Expiry Date:	13 Nov 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 :** 5107202885-000757

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHC6281E**  
Chassis Number : KNAGM414MF5554700
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Feb 2019
4. Expiry Date of Insurance : 31 Jan 2020
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 : 01 Feb 2019 09:37 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

**Countersigned By:**



\_\_\_\_\_  
**Authorised Officer**



\_\_\_\_\_  
**Chief Executive**



07 March 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Teo Kim Thye of NRIC Number S7120457Z is a registered driver of SHC6281E. Teo Kim Thye is paying daily rental rate of \$93.97 (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 "Kellie Poh", written over a circular stamp.

Kellie Poh

Administration Manager

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. 20030497511

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <u>Teo Kim Thye</u>	
NRIC <u>S 7120457Z</u>	HANDPHONE <u>90694564</u>
TAXI REGN NO. <u>S H C6281 E</u>	MAKE / MODEL <u>KO2</u>
DATE IN <u>260219</u> TIME IN <u>1100</u>	DATE OUT <u>040319</u> TIME OUT <u>1015</u>
KILOMETRES IN _____ FUEL IN <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F	KILOMETRES OUT _____ FUEL OUT <input type="checkbox"/> E <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 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**

DRIVER'S NAME

DRIVER'S NAME

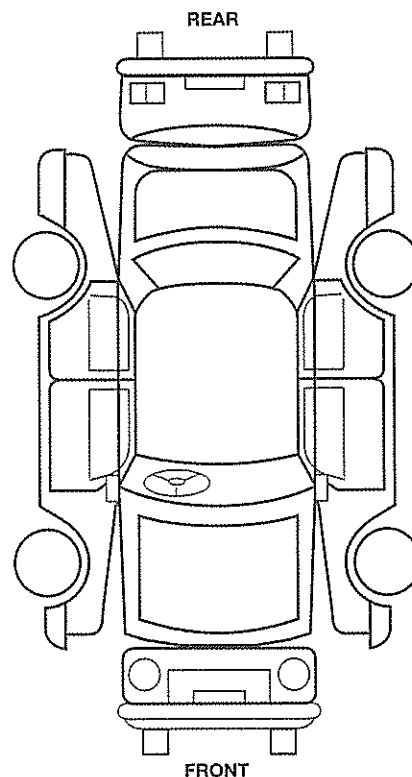
DRIVER'S SIGNATURE / DATE / TIME

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

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO      D D M M Y Y H H M M <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	<p style="text-align: center; font-size: 1.5em;">TP/W</p>

**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-19-030774  
Date of Request: 26/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 26/02/2019  
Enquiry By GOH WEE DEK  
Vehicle No. SJZ569X  
Accident Date 26/02/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJZ569X	AXA Insurance Pte Ltd	11/05/2018-10/05/2019	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-19-030774  
Date of Request: 26/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 26/02/2019  
Enquiry By GOH WEE DEK  
☐ Vehicle No. SJZ569X  
Accident Date 26/02/2019

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.

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For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

