

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02
SINGAPORE 486443
TEL:64100946 FAX:62141511
CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6464U/SR

WITHOUT PREJUDICE

20 December 2018

(AR Registered)

Attn: The Motor Claims Department

ERGO Insurance Pte Ltd
5 Temasek Boulevard
#04-01 Suntec Tower 5
Singapore 038985

Dear Sir/Madam

**ACCIDENT INVOLVING SHC6464U AND GBF7120K ALONG PIE – CITY
(BEFORE ENG NEO EXIT) ON 08.11.2018**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6464U**, 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: GBF7120K at the material time of the accident with the driver of our client's vehicle, Mr. Lee Fon Kim.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: GBF7120K, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (GST Included)	\$ 4,494.00
(2) Loss of Rental – 8 Days @\$108.93 per day	\$ 871.44
(3) GIA Search fee	\$ 2.00
	<u>\$ 5,367.44</u>

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

- (1) GIA report & sketch plan of SHC6464U
- (2) Driver's I/C and Driving Licence
- (3) Final Repair Bill,
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) GIA search
- (7) Scene video (When require)

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL:64100946 FAX:62141511

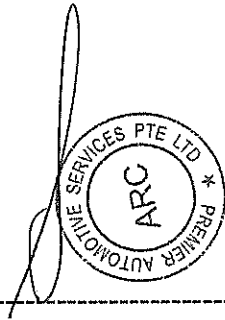
CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6464U/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

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	08/11/2018 12:06
Date Of Accident	08/11/2018 08:45
Exact Location Of Accident	PIE - CITY (BEF ENG NEO EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6464U
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	LEE FON KIM
NRIC No	S1112958G
Date Of Birth	25/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1978
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98489788
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 673A #12-411 CHOA CHU KANG CRESCENT
Postcode	681673
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE

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 - 1 PAX . . . 1/ ADDENDUM (08/11/2018) : INSURED VEHICLE NUMBER IN GIA SHOULD BE SHC6464U

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 Witness 1

Name	MR LOKE WENJIE ABEL - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7120K
Vehicle Make/Model/Colour	TOYOTA LORRY
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	FONG KOONG CHEW
NRIC/Passport Number	S0234233B
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT RIGHT PORTION

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

LEE FON KIM - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

SEEK MEDICAL @ MT ALVERNIA HSPTL & HAD 5 DAYS MC

Injured person in which vehicle?

SHC6464U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LOKE WENJIE ABEL - PAX IN VEH. A

Approximate Age

Injuries Sustain

SEEK MEDICAL @ MT ALVERNIA HSPTL & HAD 4 DAYS MC

Injured person in which vehicle?

SHC6464U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

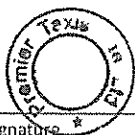


SKETCH PLAN

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.:
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Sketch Plan Pg. 2

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

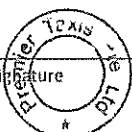
A: SHC 6464U

B: GBF 7120K

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 08/11/2018 @ 0845HRS, I WAS DRIVING MY TAXI (SHC 6464 U), TRAVELLING ALONG PIE – CITY (BEFORE ENG NEO EXIT) WITH A PASSENGER ONBOARD, IN LANE 2.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBF 7120 K – TOYOTA LORRY) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

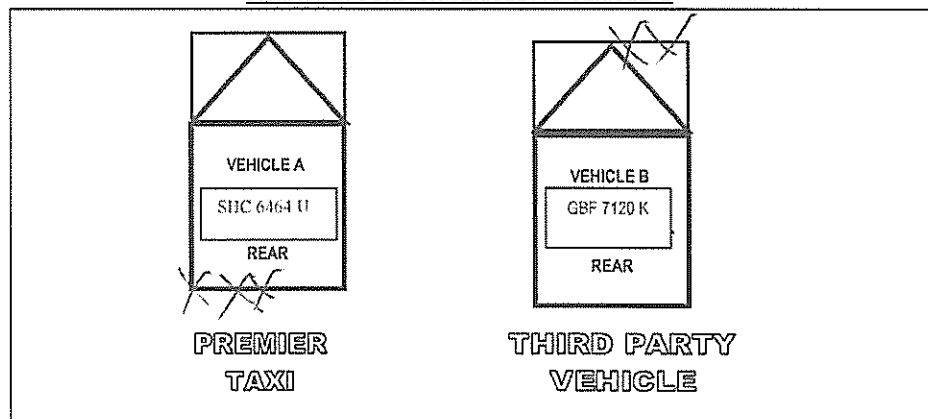
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & THE REAR LEFT PORTION. VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.


AS A RESULT, I WENT TO MT ALVERNIA HSPTL FOR MEDICAL TREATMENT & HAD 5 DAYS MC. MY PASSENGER – MR LOKE WENJIE ABEL WHO WAS IN THE REAR SEAT, WILLING TO BE MY EYE WITNESS, WENT TO MT ALVERNIA HSPTL AS WELL AND HAD 4 DAYS OF MEDICAL LEAVE.
NO AMBULANCE AT SCENE.

VEHICLE B HAD PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 S1112958/G

Driver's Signature & NRIC Number

@ 12:16:46 PM

(attended by )

PREMIER
TAXIS

HIRER / RELIEF / SUPER RELIEF

VEHICLE NO.

SHAC 6464C

CONTACT NO.

9848 9788

NEW MAILING
ADDRESS
(if any)

Licence Number: S1112958G

Name:

LEE FON KIM

Birth Date: 25 Jan 1955

Issue Date: 19 Sep 2016



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1112958G

Name

LEE FON KIM

李煥欽

Race

CHINESE

Date of Birth

25-01-1955

Sex

M

Country of Birth

SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1112958G

Name: LEE FON KIM

Issue Date: 6/7/2014

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

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	07 Jun 1978
Class 2A	Motorcycles between 201 cc and 400 cc	07 Jun 1978
Class 2	Motorcycles > 400 cc	07 Jun 1978
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	15 Aug 1978

1559395



NRIC No: S1112958G



Blood Group Date of issue

O+ 03-01-1994

APT BLK 673A CHOA CHU KANG CRESCENT #12-411
SINGAPORE 681673

NRIC No: S1112958G

Date: 03-02-2003 (R) No: 3821412



NP 428A

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	04/06/1993





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

TAX INVOICE

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

DATE 13-Dec-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6464 U			\$ 4,200.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 4,200.00
GST @ 7%				\$ 294.00
GRAND TOTAL				\$ 4,494.00



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:	16 Mar 2015 / 09:07:04	Receipt No.:	AACCK001-AX239-150316-000002
Asset Type:	Vehicle	Transaction Amount:	\$65,391.00
Asset ID:	SHC6464U	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150316090704695850		
Vehicle No.:	SHC6464U		
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:	16 Mar 2015		
Original Registration Date:	16 Mar 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5588504		
Engine No.:	D4FDEH313613		
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:	\$21,185.00		
Minimum PARF Benefit:	\$8,495.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	16 Mar 2015 09:07:04		
COE No.:	2015031601002241W		
COE Expiry Date:	15 Mar 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$51,092.00		
Lifespan Expiry Date:	15 Mar 2023		

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

: **SHC6464U**

Chassis Number

: KNAGM414MF5588504

2. Name of Policyholder

: PREMIER TAXIS PTE. LTD.

3. Effective Date of Insurance

: 20 Oct 2017

4. Expiry Date of Insurance

: 31 Jan 2019

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



14 November 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lee Fon Kim of NRIC Number S1112958G is a registered driver of SHC6464U. Lee Fon Kim is paying daily rental rate of \$108.93 (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: 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



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

--	--	--	--	--	--	--	--	--	--

DRIVER'S NAME LEE FON KIM													
NRIC S 1112958-G	HANDPHONE 98489788												
TAXI REGN NO. S H C 6 4 6 4 U	MAKE / MODEL KIA OTIMA												
DATE IN 08/11/18 TIME IN 12:00	DATE OUT 15/11/18 TIME OUT 0930												
KILOMETRES IN FUEL IN	KILOMETRES OUT FUEL OUT												
<table border="1"><tr><td> </td><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	<table border="1"><tr><td> </td><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

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

LEE FON KIM

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECK OUT

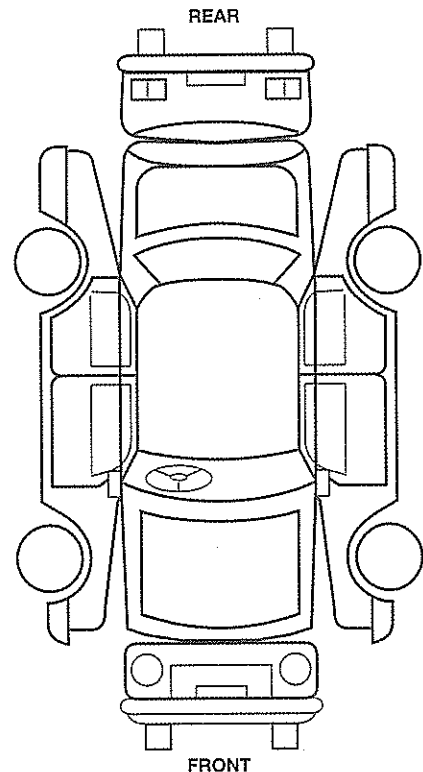
LEE FON KIM X

DRIVER'S NAME

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 08/11/18 H H M M <input type="checkbox"/> BRAKE SYSTEM TPIW <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	

**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-18-172803

Date of Request: 08/11/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 08/11/2018

Enquiry By GOH WEE DEK

Vehicle No. GBF7120K

Accident Date 08/11/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF7120K	ERGO Insurance Pte. Ltd.	27/02/2018-26/02/2019	6829 9199

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-18-172803
Date of Request: 08/11/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 08/11/2018
Enquiry By GOH WEE DEK
☐ Vehicle No. GBF7120K
☒ Accident Date 08/11/2018

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

