

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: SHB8420M/SR

WITHOUT PREJUDICE

7 November 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 SHB8420M AND GBB9072Z ALONG BOON LAY WAY ON 13.10.2018

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8420M**, 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: GBB9072Z at the material time of the accident with the driver of our client's vehicle, Mr. Lai Chin Siong.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: GBB9072Z, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (GST Included)	\$ 3,370.50
(2) Loss of Rental – 13 Days @\$114.06 per day	\$ 1,482.78
(3) GIA Search fee	\$ 2.00
	<u>\$ 4,855.28</u>

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

- (1) GIA report /Police report & sketch plan of SHB8420M
- (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

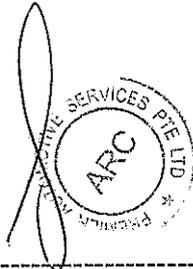
CO. REG:200707743D GST REG:200707743D

Our Ref: SHB8420M/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	15/10/2018 10:42
Date Of Accident	13/10/2018 10:55
Exact Location Of Accident	BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8420M
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	LAI CHIN SIONG
NRIC No	S0013419H
Date Of Birth	13/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97356928
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 211 #13-341 BISHAN ST 23
Postcode	570211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUPER RELIEF - ANG MO KIO
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	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO 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	GBB9072Z
Vehicle Make/Model/Colour	RENAULT VAN
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LUA SIEW YANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LAI CHIN SIONG - DRIVER OF VEH. A
Approximate Age
Injuries Sustain SEEK MEDICAL TREATMENT @ CLINIC & HAD 3 DAYS MC
Injured person in which vehicle? SHB8420M
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.



15 OCT 2018

Policyholder's Signature
Date & Time:

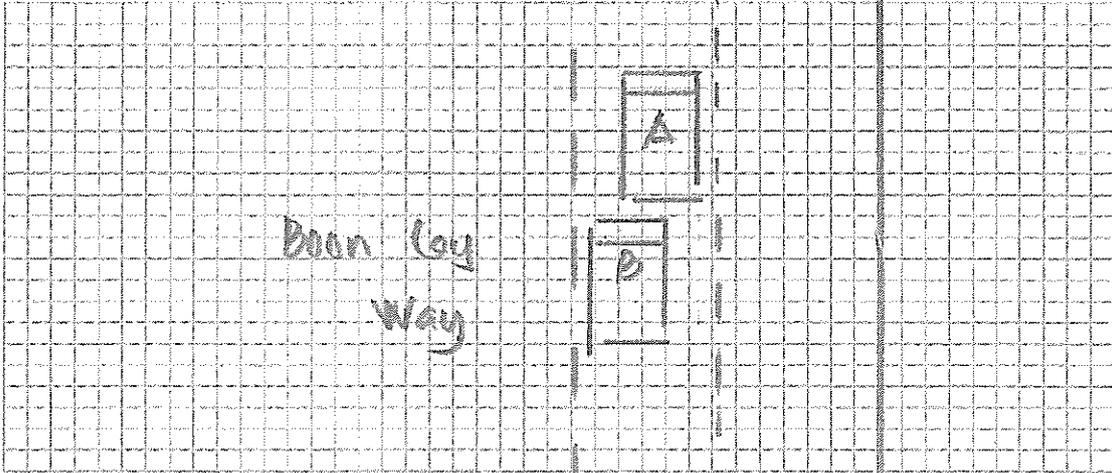
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/ICA, Secretariat (Level 1)

AS 0013419/H
ASHB.8420M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8420M

B: GB 9072Z

* Refer to attach police report

* Video footage captured

DECLARATION

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

Policyholder's Signature
Date & Time:



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

8 0013419/4

15 OCT 2018 *[Signature]*
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPORTING CENTRE FORM 100



**SINGAPORE
POLICE FORCE**



T/20181013/2104

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20181013/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 15:17	Vide Report No.:	Station Diary No.: 132
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Informant's Particulars			
Name of Informant: LAI CHIN SIONG		Address: APT BLK 211 BISHAN STREET 23 #13-341 SINGAPORE 570211	
ID Type / ID No.: NRIC NO / S0013419H		Contact No.: Home/Office: Mobile: 97356928	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 13/08/1952	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2018 10:45	Type of Location: Straight Road
Location: Along Road 1 BOON LAY WAY Towards Jurong Point				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9072Z	Van	RENAULT	KANGOO II EXPRESS 1.5L DCI 70 BHP MT 6DR	Blue	Slightly Damaged	0
SHB8420M	Car	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181013/2104

2 of 3

Report No. T/20181013/2104

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAI CHIN SIONG	ID No.	S0013419H
Related Vehicle	SHB8420M (Car)	Contact No.	97356928
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/10/2018, at about 1045hrs, I was travelling along Boon Lay Way, heading to Jurong Street 21. I was in the middle lane of a 3 lane route. I then slowed my speed gradually as I wanted to filter to the right lane. Following on, I kept my signal on and waited for the traffic on the right to clear. Just as I was about to move to the right lane, I felt a huge collision from the rear of my vehicle.

After the collision, both parties alighted from our respective vehicle and made a check on each other. No one required immediately medical attention. Thus, we exchanged particulars and carried on our way.

My vehicle suffered a dented rear bumper. In addition, the tail light were cracked. I also experienced pain on my neck thus went to Finest Health Medical Centre and was given 3 days outpatient leave. I am lodging this report for insurance claim purposes.

1045
1045
1045
1045
1045



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3
Report No. T/20181013/2104

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: E / Sgt 2 DOUGLAS GOH JIALE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2018 15:17
Officer In Charge Of Case: TP / APTV SINGAPORE SI ANNE STOTTING, STEPHANIE SN 168 Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF <i>AMK</i>
VEHICLE NO.	<i>SHB 8420M</i>
CONTACT NO.	<i>9735 6928</i>
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0013419H**



Name: **LAI CHIN SIONG**
賴正祥

Race: **CHINESE**
Date of Birth: **13-08-1952** Sex: **M**
Country of Birth: **SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0013419H**
Name: **LAI CHIN SIONG**



Birth Date: **13 Aug 1952**
Issue Date: **20 May 2003**



2159680



NRIC No. **S0013419H**



Blood Group: **B+** Date of issue: **20-06-1994**

Address:
**APT BLK 211 BISHAN STREET 23 #13-341
SINGAPORE 570211**

NRIC No: **S0013419H** Date: **16-06-1998** No: **2500605**

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

Class	Description	PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	11 Mar 1983

S / No. 9000290310

50013419H

NP 428A



Land Transport Authority

VOCATIONAL LICENCE



Licence No: **S0013419H**
Name: **LAI CHIN SIONG**
Issue Date: **15/7/2005**

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

lta.gov.sg to check vocational licence



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 7-Nov-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8420 M			\$ 3,150.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 3,150.00
GST @ 7%				\$ 220.50
GRAND TOTAL				\$ 3,370.50

for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Enquire Transaction History

Transaction History Details

Log Date/Time: 27 Sep 2013 / 09:12:07 Receipt No.: AACCK001-AX239-130927-000002

Asset Type: Vehicle Transaction Amount: \$70,976.00

Asset ID: SHB8420M Channel: AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type: 01.02 Register New Vehicle (AA)

Business Transaction Reference No.: 20130927091207354329

Vehicle No.: SHB8420M

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: 27 Sep 2013

Original Registration Date: 27 Sep 2013

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414ME5446552

Engine No.: D4FDDH308048

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: \$20,137.00

Minimum PARF Benefit: \$7,615.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership Date/Time: 27 Sep 2013 09:12:07

COE No.: 2013092701000780E

COE Expiry Date: 26 Sep 2021

COE Bid Category: -

Actual QP/PQP Paid Amount: \$58,144.00

Lifespan Expiry Date: 26 Sep 2021

Owner ID Type: Company



19 October 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Francis Teo Koh Kuan of NRIC Number S1115917F is a registered driver of SHB8420M. Francis Teo Koh Kuan is paying daily rental rate of \$114.06 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chin Bee Lian", written in a cursive style.

Chin Bee Lian

Assistant Vice President

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
Co. Reg. No. 20030497511



MMH-HMK

REPLACEMENT VEH GIVEN YES / NO

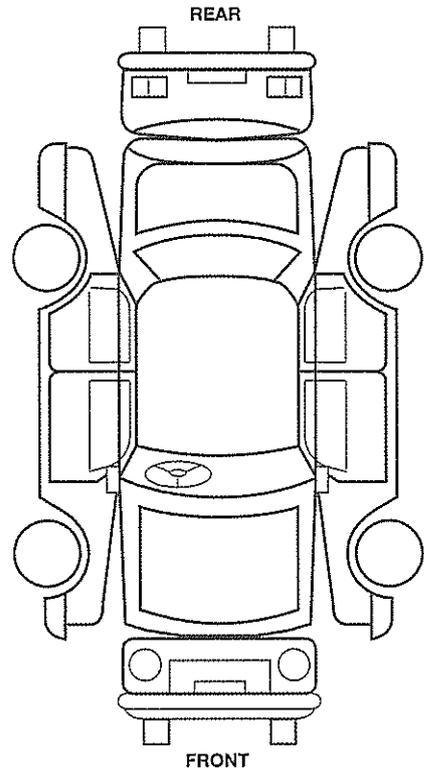
VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Lai chim Siang</u>	
NRIC <u>S0013419H</u>	HANDPHONE <u>97356928</u>
TAXI REGN NO. <u>S HB 8420M</u>	MAKE / MODEL <u>KOZ</u>
DATE IN <u>13/10/18</u> TIME IN <u>11:55</u>	DATE OUT <u>26/10/18</u> TIME OUT <u>11:15</u>
KILOMETRES IN <u>704358</u> FUEL IN <input checked="" 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

INDICATE AREA OF DAMAGE HERE:



TAXI METER DOWNLOADED	DATE / TIME TOWED IN TO WORKSHOP D: D M M Y Y H: H M M
YES <input type="checkbox"/> NO <input type="checkbox"/>	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

LAI CHIM SIANG

Get EAB M...

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)

BODY MARKINGS

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

<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO D: D M M Y Y H: H M M</p> <p><input type="checkbox"/> BRAKE SYSTEM</p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p> <p style="text-align: center;"><u>TP/W</u></p>	<p>DRIVER'S REMARKS</p>
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**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-18-159109

Date of Request: 15/10/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 15/10/2018

Enquiry By GOH WEE DEK

TP Vehicle No. GBB9072Z

Accident Date 13/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBB9072Z	ERGO Insurance Pte. Ltd.	09/09/2018-08/09/2019	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.

 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-18-159109

Date of Request: 15/10/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 15/10/2018

Enquiry By GOH WEE DEK

TP Vehicle No. GBB9072Z

Accident Date 13/10/2018

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

