

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: SHC6777S/SR

WITHOUT PREJUDICE

16 March 2019

(By 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 SHC6777S AND PA9630C ALONG AIRPORT BOULEVARD – CHANGI AIRPORT T2 ON 13.02.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6777S**, 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: PA9630C at the material time of the accident with the driver of our client's vehicle, Mr. Loh Quee Seet.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHC6777S, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (GST Included)	\$ 3,395.44
(2) Loss of Rental – 9 Days @\$103.79 per day (Inc PRI, weekends + 4 working days)	\$ 934.11
(3) Loss of Income – 9 Days @\$100.00 per day	\$ 900.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 5,231.55</u>

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

- (1) GIA report & sketch plan of SHC6777S
- (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)

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CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6777S/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	14/02/2019 09:55
Date Of Accident	13/02/2019 22:25
Exact Location Of Accident	AIRPORT BOULEVARD - CHANGI AIRPORT T2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6777S
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	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	5107202885
Cover Note Number	

Driver

Name of Driver	LOH QUEE SEET
NRIC No	S1352357F
Date Of Birth	15/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83338859
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 592B #13-422 TAMPINES AVE 9
Postcode	1852
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 - MAJOR/MINOR RD
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

VEH. A - NO PAX VEH. B - UNKNOWN PAX ONBOARD

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	PA9630C
Vehicle Make/Model/Colour	BUS
Details Of Properties	VEH. B
Vehicle Category	BUS
Name of Driver	RASHID BIN OSMAN
NRIC/Passport Number	S1427051E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE LEFT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOH QUEE SEET - 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

WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY

SHC6777S

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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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:

[Signature]

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

X 1352357F

14 FEB 2013

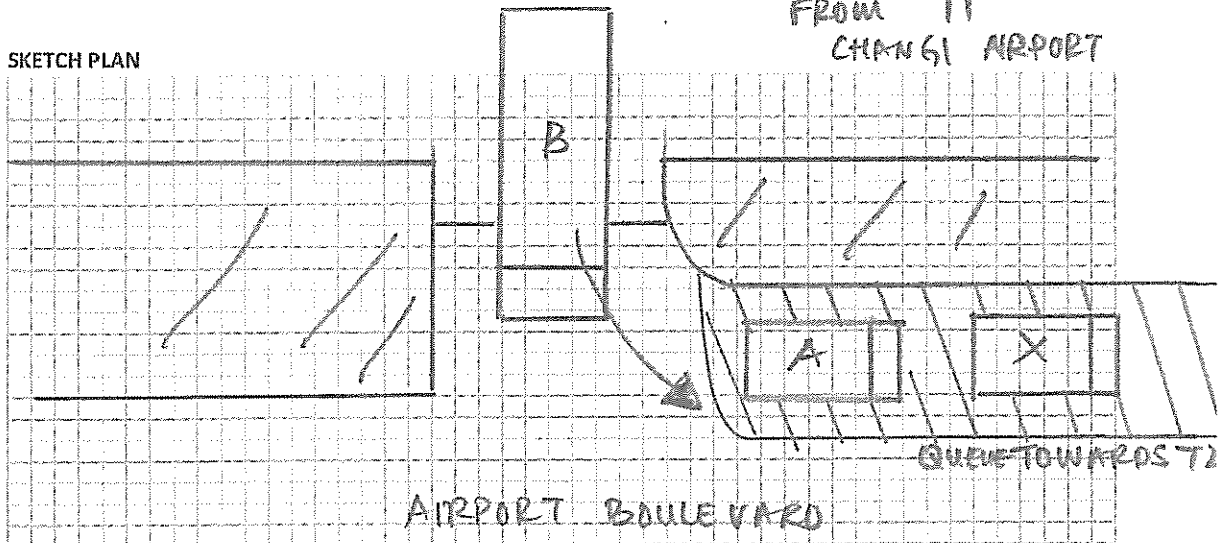
[Signature]

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

X 8333-8859

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6777S

B: PA 9630C.

[The remainder of the form is crossed out with a diagonal line.]

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:

✓ Rp
21352357F

14 FEB 2013

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

[Handwritten signature]

Describe Circumstance of the Accident.

ON 13/02/2019 @ 2230HRS, I WAS IN MY TAXI (SHC 6777 S), STATIONARY, ALONG AIRPORT BOULEVARD TOWARDS THE TAXI QUEUE OF CHANGI AIRPORT T2.

WHILE STATIONARY (STILL IN THE QUEUE), SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY IT CAUSED MY TAXI TO STEER TO THE LEFT BEFORE I MANAGED TO CONTROL MY TAXI TO A COMPLETE STOP.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (PA 9630 C – BUS) WHICH WAS EXITING FROM THE SLIP OF CHANGI AIRPORT T1, FAILED TO KEEP FOR PROPER LOOK OUT – HAD MOVED OFF FORWARD, CAUSING THE LEFT PORTION OF VEHICLE B TO COLLIDE ONTO THE REAR OF MY TAXI.

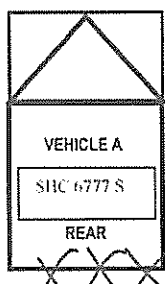
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

AS A RESULT, I FELT SOME DISCOMFORT AND WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY. NO AMBULANCE AT SCENE.

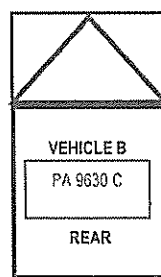
NO PASSENGERS ONBOARD MY TAXI & I WAS NOT AWARE OF PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

☞ S1352357 F

BP

Driver's Signature & NRIC Number

Thursday, February 14, 2019 @ 10:09:38 AM

(attended by

)

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6777S
CONTACT NO.	83338859
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1352357F**
Name: **LOH QUEE SEET**

Birth Date: **15 May 1959**
Issue Date: **23 Dec 2002**

000056263E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1352357F**

Name: **LOH QUEE SEET**
罗贵悉
Race: **CHINESE**
Date of Birth: **15-05-1959** Sex: **M**
Country of Birth: **SINGAPORE**

S1352357F

Land Transport Authority

VOCATIONAL LICENCE
Licence No. **S1352357F**
Name: **LOH QUEE SEET**
Issue Date: **14/8/2012**
Please visit www.lta.gov.sg to check the status of this vocational licence

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **29 Jan 1996**

NP 428A

Licence No: **S1352357F**

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	13/09/2006

150776

NRIC No. **S1352357F**

Blood Group: **A+** Date of issue: **14-12-1993**

Address: **APT BLK 492B TAMPINES AVENUE 9
#13-422
SINGAPORE 1852**





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 HYUNDAI I30 REGN NO: SHC 6777 S			\$ 3,173.31
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 3,173.31
GST @ 7%				\$ 222.13
GRAND TOTAL				\$ 3,395.44



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHC6777S
Previous Vehicle No.: -
Effective Date of Ownership: 13 Sep 2017
Original Regn Date: 13 Sep 2017
Registration Date: 13 Sep 2017
Year of Manufacture: 2016
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ134111
Engine No.: D4FBGZ135676
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: \$20,174.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 12 Sep 2025
Minimum PARF Benefit: \$7,646.00
No. of Transfers: 0
IU Label No.: 1050707092
COE No.: 2017091301003718W
COE Expiry Date: 12 Sep 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium: - / \$44,081.00
PQP Paid: \$35,265.00
QP (Regn Cat): -
OPC Cash Rebate Eligibility: No

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 : 5107202885-001729

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6777S**
Chassis Number : TMAD281UVHJ134111
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	: UNITED OVERSEAS BANK LIMITED
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



21 February 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Loh Quee Seet of NRIC Number S1352357F is a registered driver of SHC6777S. Loh Quee Seet is paying daily rental rate of \$103.79 (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 "Kellie Poh", written over a horizontal line.

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
Co. Reg. No. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME LOH QUEE SEET (HIRER)

NRIC S 1352357F HANDPHONE 83338859

TAXI REGN NO. SHC6777S MAKE / MODEL I30CA

DATE IN 140219 TIME IN 0915 DATE OUT 220219 TIME OUT 1450

KILOMETRES IN 169596 FUEL IN E 1/4 1/2 3/4 F KILOMETRES OUT FUEL OUT 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

LOH QUEE SEET fpx

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

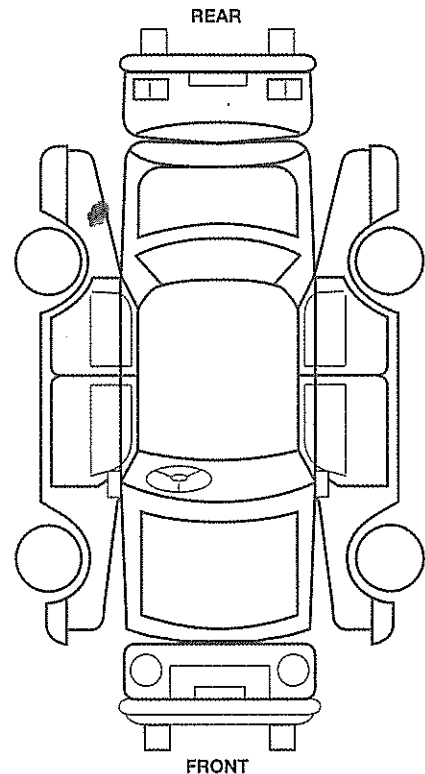
LOH QUEE SEET x

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

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

SERVICE / REPAIRS DONE

- | | |
|---|--|
| <input type="checkbox"/> SERVICING | <input type="checkbox"/> OTHERS: |
| <input type="checkbox"/> T / BELT | |
| <input type="checkbox"/> AIRCON SYSTEM | <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: |
| <input type="checkbox"/> TURBO | 130219 2225 |
| <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 | |

DRIVER'S REMARKS

fpx

Te/V

**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-19-023671

Date of Request: 14/02/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/02/2019
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. PA9630C
Accident Date 13/02/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PA9630C	United Overseas Insurance Ltd	27/04/2018-26/04/2019	64909318
PA9630C	ERGO Insurance Pte. Ltd.	27/04/2018-26/04/2019	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-19-023671
Date of Request: 14/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/02/2019
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. PA9630C
Accident Date 13/02/2019

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque