

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02
SINGAPORE 486443
TEL:65446689 FAX:62141511
CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6202J/SR

WITHOUT PREJUDICE

30 October 2019

(By Email)

Attn: The Motor Claims Department

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583

Dear Sir/Madam

ACCIDENT INVOLVING SHC6202J AND GBA2757H ALONG CHANGI SOUTH ST 1 ON 09.09.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6202J**, 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: **GBA2757H** at the material time of the accident with the driver of our client's vehicle, **Mr. Teo Siak Beng**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBA2757H**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (including GST)	\$ 1,337.50
(2) Loss of Rental – 2 Days @\$101.24 per day	\$ 202.48
(3) Loss of Income – 2 Days @\$100.00per day	\$ 200.00
(4) GIA Fee	\$ 2.00
	<u>\$ 1,741.98</u>

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

- (1) GIA report & sketch plan of **SHC6202J**
- (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

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL:65446689 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: **SHC6202J/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: shafa.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	09/09/2019 09:03
Date Of Accident	09/09/2019 07:00
Exact Location Of Accident	CHANGI SOUTH ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6202J
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	5107202885
Cover Note Number	

Driver

Name of Driver	TEO SIAK BENG
NRIC No	S0209731A
Date Of Birth	17/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1972
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91710108
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 429A #03-348 YISHUN AVE 11
Postcode	761429
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?	NO
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	GBA2757H
Vehicle Make/Model/Colour	FIAT DOBLO VAN
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VEERAN RENGAN
NRIC/Passport Number	G7038327L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT PORTION
No. Of Passenger (Including Driver)	1

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.
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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.



X [Handwritten Signature]

09 SEP 2019

[Handwritten Signature]

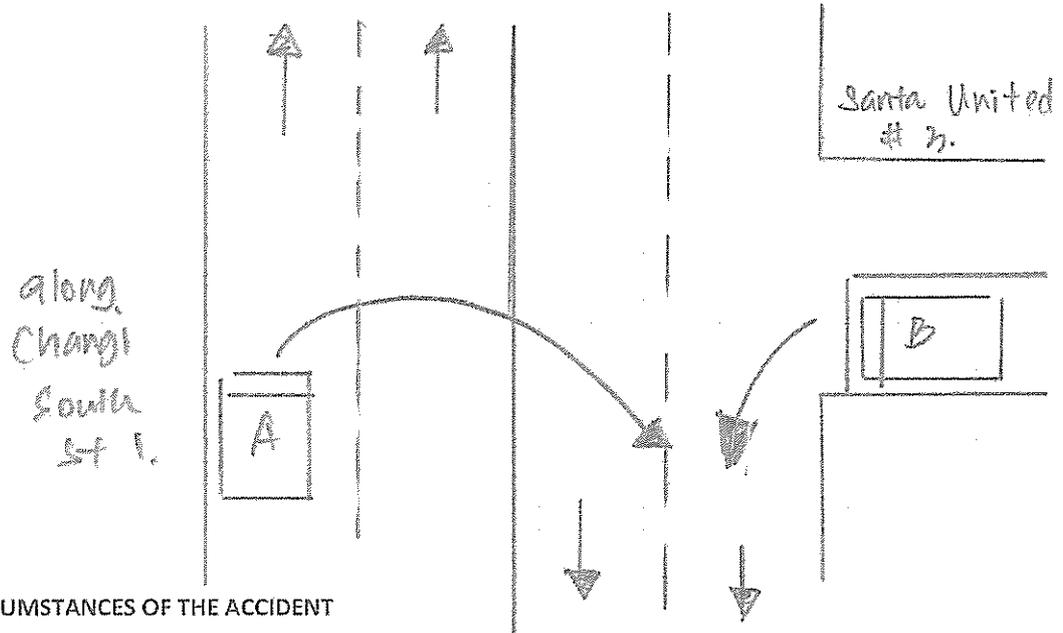
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/9/2019
2S 0209731A

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

Sketch Plan Pg. 2

SKETCH PLAN



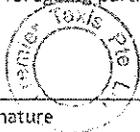
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6202J

B: GDA 2757H.

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: 09/09/2019
S 0209731A

09 SEP 2019

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

Describe Circumstance of the Accident.

ON 09/09/2019 @ 0700HRS, I WAS DRIVING MY TAXI (SHC 6202 J) – TRAVELLING ALONG CHANGI SOUTH ST 1 – IN THE LEFT LANE.

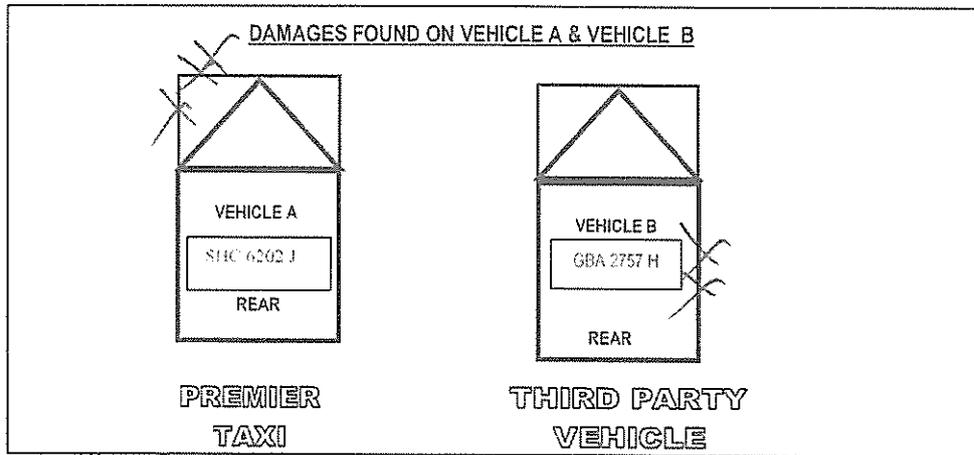
AFTER CHECKING FOR CLEARANCE FROM MY RIGHT, I PROCEED AHEAD – MAKING MY U-TURN BUT SUDDENLY VEHICLE B (GBA 2757 H – FIAT DUBLO VAN) WHICH WAS EXITING FROM UNIT #3 SANTA UNITED INTERNATIONAL – FAILED TO KEEP FOR PROPER LOOK OUT, HAD MOVED OFF AHEAD INTO THE MAIN ROAD & COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

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

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.



S0209731A



Driver's Signature & NRIC Number
Monday, September 09, 2019 @ 9:12:07 AM

(attended by )

PREMIER TAXIS	HIRER / RELIEF / ✓ SUPER RELIEF
VEHICLE NO.	SH C6202J
CONTACT NO.	9171 0108
NEW MAILING ADDRESS (if any)	—

REPUBLIC OF SINGAPORE

Portrait of Teo Siak Beng

Licence Number: **S0209731A**
Name: **TEO SIAK BENG**

Birth Date: 17 Jul 1954
Issue Date: 28 Nov 2003

Barcode: 001024462C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0209731A



Name: **TEO SIAK BENG**

張錫明

Race: **CHINESE**
Date of Birth: **17-07-1954** Sex: **M**
Country of Birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

Portrait of Teo Siak Beng

Licence No: **S0209731A**
Name: **TEO SIAK BENG**

Issue Date: **13/7/2012**

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

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 300 cc	22 Oct 1975
Class 2	Motorcycles > 400 CC	22 Oct 1975
Class 2A	Motorcycles between 201 CC and 400 CC	22 Oct 1975
Class 2B	Motorcycles <= 200 CC	22 Oct 1975
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 Nov 1972

12922

Barcode

NRIC No: **S0209731A**

Portrait of Teo Siak Beng

Blood Group: **B+** Date of Issue: **17-09-1993**

APT BLK 429A YISHUN AVENUE 11 #03-348
SINGAPORE 761429

NRIC No: **S0209731A** Date: **25/11/2015**

S0209731A

S / No 9000297530

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	07/08/2006





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 21-Oct-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6202 J			\$ 1,250.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,250.00
GST @ 7%				\$ 87.50
GRAND TOTAL				\$ 1,337.50



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:	03 Oct 2014 / 08:58:45	Receipt No.:	AACCK001-AX239-141003-000004
Asset Type:	Vehicle	Transaction Amount:	\$63,304.00
Asset ID:	SHC6202J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141003085845812191		

Vehicle No.:	SHC6202J
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:	03 Oct 2014
Original Registration Date:	03 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5468863
Engine No.:	D4FDDH309750
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:	\$19,726.00
Minimum PARF Benefit:	\$7,335.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	03 Oct 2014 08:58:45
COE No.:	2014100301001150R
COE Expiry Date:	02 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	02 Oct 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 : 5107202885-000680

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6202J**
Chassis Number : KNAGM414ME5468863
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



18 September 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Teo Siak Beng of NRIC Number S0209731A is a registered driver of SHC6202J. Teo Siak Beng is paying daily rental rate of \$101.24 (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 "Chir-Bee Lian".

Chir-Bee Lian (Ms)
Assistant Vice President
Taxis Administration

Prepared By: Hasnah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 20030497511



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

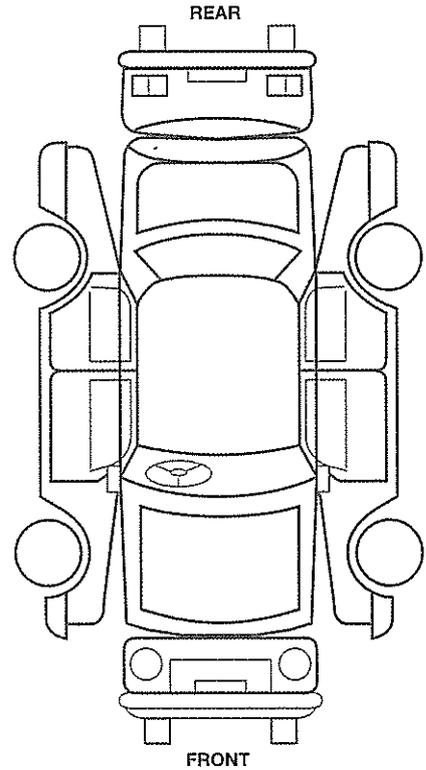
JOB NO. _____

CHECK IN / OUT VOUCHER



DRIVER'S NAME TEO SIAK BENG		NRIC S50209731A		HANDPHONE 91110108	
TAXI REGN NO. S HC 6202J		MAKE / MODEL F02		DATE IN 090919 TIME IN 0915	
DATE OUT 100919 TIME OUT 1710		KILOMETRES IN 696500		KILOMETRES OUT _____	
FUEL IN <input type="checkbox"/> E <input checked="" type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> F		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	

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 |

YES	NO	DATE / TIME TOWED IN TO WORKSHOP D O M M Y Y H H M M
		DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION D O 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 TEO SIAK BENG	CHECK OUT Or Bin Senf
DRIVER'S NAME	DRIVER'S NAME
9/9/2019	X
DRIVER'S SIGNATURE / DATE / TIME [Signature]	DRIVER'S SIGNATURE / DATE / TIME [Signature]
CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)	CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)

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 O 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: 2em;">TPIW</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-19-147243
 Date of Request: 09/09/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 09/09/2019
 Enquiry By GOH WEE DEK
 TP Vehicle No. GBA2757H
 Accident Date 09/09/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBA2757H	QBE Insurance (Singapore) Pte Ltd	30/04/2019-29/04/2020	62246633

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.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-147243

Date of Request: 09/09/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 09/09/2019
 Enquiry By GOH WEE DEK
 TP Vehicle No. GBA2757H
 Accident Date 09/09/2019

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