

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446671 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: **SHC6889C/SR**

WITHOUT PREJUDICE

31 October 2019

(By Email Only)

Attn: The Motor Claims Department

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

ACCIDENT INVOLVING SHC6889C AND SLT5425C ALONG BRAS BASAH ROAD ON 20.09.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6889C**, 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: **SLT5425C** at the material time of the accident with the driver of our client's vehicle, **Mr. Shaffie Bin Maswan**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLT5425C**, our client's vehicle was damaged and we have been put to loss and damage as follows:

| | |
|---|---------------------------|
| (1) Cost of repair (Incl. GST) | \$ 1,337.50 |
| (2) Loss of Rental – 3 Days @\$104.65 per day | \$ 313.95 |
| (3) GIA Search fee | \$ 2.00 |
| | <u>\$ 1,653.45</u> |

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

- (1) GIA report & sketch plan of **SHC6889C**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) GIA search
- (7) Scene Video

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446671 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHC6889C/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 | 24/09/2019 10:05 |
| Date Of Accident | 20/09/2019 23:30 |
| Exact Location Of Accident | BRAS BASAH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHC6889C |
| 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 | SHAFFIEE BIN MASWAN |
| NRIC No | S1570523Z |
| Date Of Birth | 02/06/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/09/1994 |
| Driving Experience | 25 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96319456 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 425 #04-403 TAMPINES ST 41 |
| Postcode | 520425 |
| 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 - CHANGE/CROSS LANE |
| 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 |
| <input type="radio"/> 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 - FOREIGNER GENDER: : MALE |

Details of Police Action

| | |
|--|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NORTH NPP |
| Police Station Address | ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| <input type="radio"/> Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

BOTH VEHICLES - 1 PAX *REFER TO ATTCH 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 | SLT5425C |
| Vehicle Make/Model/Colour | HONDA |
| Details Of Properties | VEH. B |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MALE CHINESE |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name SHAFFIEE BIN MASWAN - DRIVER OF VEH. A

Approximate Age

Injuries Sustain WENT TO CGH FOR MEDICAL TREATMENT & HAD 3 DAYS MC

Injured person in which vehicle? SHC6889C

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:

[Signature]

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

[Signature]
SHC-6889C
C-1570522-7

24 SEP 2019

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(4) | (3) | (2) |

A: SHC 6889C.

B: SLT 5425C.

* Refer to attach police report.

* Video footage captured.

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

24 SEP 2019

Policyholder's Signature _____

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5H 6889 C

9-1570523.2.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190921/2116

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20190921/2116

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/09/2019 16:18 | Vide Report No.: | Station Diary No.: 40 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|--|------------------------------|
| Name of Informant: SHAFFIEE BIN MASWAN | | Address: APT BLK 425 TAMPINES STREET 41 #04-403 SINGAPORE 520425 | |
| ID Type / ID No.: NRIC NO / S1570523Z | | Contact No.: Home/Office: Mobile: 96319456 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 57 | Date of Birth: 02/06/1962 | Type of Informant: Driver |
| Race: Boyanes | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|----------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 20/09/2019 23:30 | Type of Location: Straight Road |
| Location: Along Road 1 BRAS BASAH ROAD TOWARDS BENCOOLEN STREET | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| SHC6889C | Car | | | | Slightly Damaged | 1 |
| SLT5425C | Car | | | | Slightly Damaged | 1 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190921/2116

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20190921/2116

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------|------------------|---|
| Name | SHAFFIEE BIN MASWAN | | ID No. S1570523Z |
| Related Vehicle | SHC6889C (Car) | | Contact No. 96319456 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | | Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 21/09/2019 | Date Discharge | 21/09/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On the 20/09/2019 at about 2330hrs, I was driving along Bras Basah Road in my vehicle bearing the plate number SHC6889C. There was one passenger on board. I was driving on the second lane at that point of time.

While I was driving, one vehicle bearing the plate number SLT5425C who was driving on the third lane at that point of time suddenly cut into my lane and thereafter press his brake fully. I immediately pressed my brake but did not managed in time and collided with the rear of his said vehicle. I do not understand why he had to suddenly press his brake when there are no obstruction in front and was a smooth journey.

Both drivers then went down to make a check on our respective vehicles and took photos. We did not exchange particulars with each other. I then felt some pain on my back thus I seek medical treatment and were given 3 days MC. I have an in-car camera at that point of time.



**SINGAPORE
POLICE FORCE**



T/20190921/2116

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20190921/2116

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:
G /
Sgt 3 MOHAMAD IZWAN BIN MOHAMAD
ISHAK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/09/2019 16:18

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

| | |
|---------------------------------|--------------------------------------|
| PREMIER TAXIS | HIRER / RELIEF / SUPER RELIEF |
| VEHICLE NO. | SHC 6889C |
| CONTACT NO. | 9631 9456 |
| NEW MAILING ADDRESS (if any) | |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1570523Z**
Name: **SHAFFIEE BIN MASWAN**

Birth Date: **02 Jun 1962**
Issue Date: **26 Aug 2015**

002466048D

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1570523Z

Name: **SHAFFIEE BIN MASWAN**

Race: **BOYANESE**
Date of birth: **02-06-1962**
Country/Place of birth: **SINGAPORE**

Sex: **M**

S1570523Z

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1570523Z**
Name: **SHAFFIEE BIN MASWAN**

Issue Date: **20/9/2012**

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)

EFFECTIVE DATE

| | | |
|----------|---|-------------|
| Class 2B | Motorcycles <= 200 cc | 20 Mar 1980 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 20 Mar 1980 |
| Class 2 | Motorcycles > 400 cc | 20 Mar 1980 |
| Class 3 | Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 16 Sep 1994 |

5751292

NRIC No. **S1570523Z**

Date of issue: **02-06-2017**

Address: **APT BLK 425 TAMPINES STREET 41
#04-403
SINGAPORE 520425**

NP 428A

Licence No: **S1570523Z**

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 | 20/09/2012 |





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 6889 C | | | \$ 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: | 10 Sep 2015 / 08:44:53 | Receipt No.: | AACCK001-AX239-150910-000004 |
| Asset Type: | Vehicle | Transaction Amount: | \$69,850.00 |
| Asset ID: | SHC6889C | Channel: | AA Counterless - CYCLE & CARRIAGE KIA PTE LTD |
| Transaction Type: | 01.02 Register New Vehicle (AA) | | |
| Business Transaction Reference No.: | 20150910084453183296 | | |

| | |
|--------------------------------|---|
| Vehicle No.: | SHC6889C |
| 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: | 10 Sep 2015 |
| Original Registration Date: | 10 Sep 2015 |
| Vehicle Make: | KIA |
| Vehicle Model: | OPTIMA 1.7(A) DIESEL |
| Chassis No.: | KNAGM414MF5622185 |
| Engine No.: | D4FDEH313409 |
| 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: | 2015 |
| Open Market Value: | \$21,669.00 |
| Minimum PARF Benefit: | \$13,402.00 |
| PARF Eligibility: | Y |
| No. of Transfer: | 0 |
| Effective Ownership Date/Time: | 10 Sep 2015 08:44:53 |
| COE No.: | 2015091001003592E |
| COE Expiry Date: | 09 Sep 2023 |
| COE Bid Category: | - |
| Actual QP/PQP Paid Amount: | \$47,373.00 |
| Lifespan Expiry Date: | 09 Sep 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 : 5107202885-001131

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6889C**
Chassis Number : KNAGM414MF5622185
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



25 September 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Shaffiee Bin Maswan of NRIC Number S1570523Z is a registered driver of SHC6889C. Shaffiee Bin Maswan is paying daily rental rate of \$104.67 (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".

Chin 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. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME SHAFFIEE BIN MASWAN (CHIRER)NRIC S _____ HANDPHONE 96319456TAXI REGN NO. S HC 6889 C MAKE / MODEL KO2DATE IN 240919 TIME IN 1000 DATE OUT 260919 TIME OUT 1720KILOMETRES IN 545999 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

SHAFFIEE MASWAN

DRIVER'S NAME

24-9-19 X

DRIVER'S SIGNATURE / DATE / TIME

 CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

Nordin X

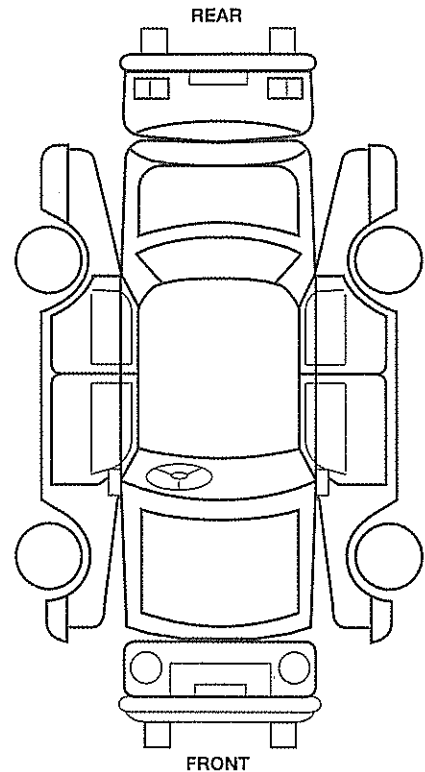
DRIVER'S NAME

 X

DRIVER'S SIGNATURE / DATE / TIME

 CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

1 - Light Dent
2 - Serious Dent
3 - Light Scratch
4 - Serious Scratch5 - Damaged
6 - Chip
7 - Crack
8 - Peeling

| SERVICE / REPAIRS DONE | DRIVER'S REMARKS |
|--|---|
| <input type="checkbox"/> SERVICING <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> TURBO <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 | <input type="checkbox"/> OTHERS: ACCIDENT: DATE / TIME of ACCIDENT: <u>200919 2330</u> <u>TP / U</u> |



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

Third Party Insurer Enquiry

Our Ref No: GR-19-156478

Date of Request: 24/09/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/09/2019
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. SLT5425C
Accident Date 20/09/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|---|-----------------------|------------------|
| SLT5425C | China Taiping Insurance (Singapore) Pte. Ltd. | 05/12/2018-04/12/2019 | 6389 6111 |
| SLT5425C | China Taiping Insurance (Singapore) Pte. Ltd. | 05/12/2018-04/12/2019 | 6389 6111 |

Thank You.

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TAX INVOICE

Our Ref No: GR-19-156478

Date of Request: 24/09/2019

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd

23 Changi South Ave 2

#01-02

Singapore 486443

Dear Sir/Madam,

Enquiry Date 24/09/2019

Enquiry By VINCENT CHUA WEE AN

TP Vehicle No. SLT5425C

Accident Date 20/09/2019

| 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