# 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: SHD1682J/SR

### **WITHOUT PREJUDICE**

19 March 2020

(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 SHD1682J AND GBD3069M ALONG TAMPINES AVE 5 // TAMPINES AVE 1 ON 15.01.2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1682J**, 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: GBD3069M at the material time of the accident with the driver of our client's vehicle, Mr. Su Thian Chuan.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBD3069M**, our client's vehicle was damaged and we have been put to loss and damage as follows:

| (1) Cost of repair (Incl. GST)                | \$<br>2,033.00 |
|---|----------------|
| (2) Loss of Rental – 3 Days @\$90.76 per day  | \$<br>272.28   |
| (3) Loss of Income – 3 Days @\$100.00 per day | \$<br>300.00   |
| (4) GIA Search fee                            | \$<br>2.00     |
|   | \$<br>2,607.28 |

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

- (1) GIA report & sketch plan of SHD1682J
- (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

# 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: SHD1682J/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@premierauto.com.sg

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

This is a computer-generated letter. No signature is required.

#### 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 witholding 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

|  | STA |  |
|--|-----|--|
|  |     |  |
|  |     |  |
|  |     |  |

 Date Of Report
 15/01/2020 10:25

 Date Of Accident
 15/01/2020 07:40

Exact Location Of Accident TAMPINES AVE 5 // TAMPINES AVE 1

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SHD1682J

Insured/Policyholder

Name Of Registered Owner PREMIER TAXIS PTE LTD

Co Reg No 2XXXX975H Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-62148880

Vehicle Particulars

Manufacturer HYUNDAI

Model 130 (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 SU THIAN CHUAN

NRIC No SXXXX453G
Date Of Birth 05/04/1953
Occupation OUTDOOR
Date Of Driving Pass 15/06/1973

Driving Experience 46 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91693001

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 69 #08-1389 Address TOA PAYOH LOR 4

Postcode 310069

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

NO

Was any injured conveyed to hospital by ambulance?

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 VEH. - 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 GBD3069M

Vehicle Make/Model/Colour VAN **Details Of Properties** VEH. B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver FAUZI

NRIC/Passport Number

Contact Number 88156079

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
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- 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.
- 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:
  - 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:
  - 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.

Driver's Sign:

15 JAN 2020

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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.:

0

### Sketch Plan Pg. 2

Tampines De 1. SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. 15 JAN 2020 Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

Date & Time:

Page 4 of 11

#### Sketch Plan Pg. 3

# Describe Circumstance of the Accident.

ON 15/01/2020 @ 0740HRS, I WAS DRIVING MY TAXI ( SHD 1682 J ) – TRAVELLING ALONG THE TRAFFIC LIGHT JUNCTION OF TAMPINES AVE 5 & TAMPINES AVE 1 – ON THE LEFT LANE.

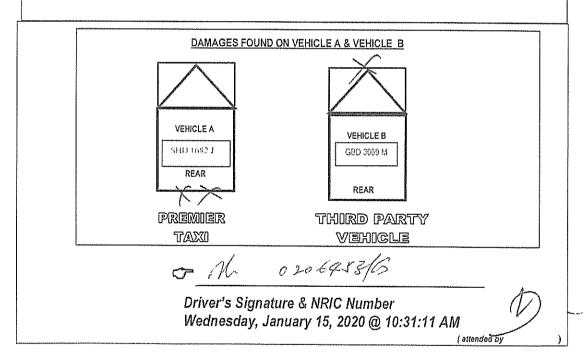
I STOPPED MY TAXI AS ANOTHER VEHICLE AHEAD OF ME STOPPED – DUE TO RED TRAFFIC LIGHT.

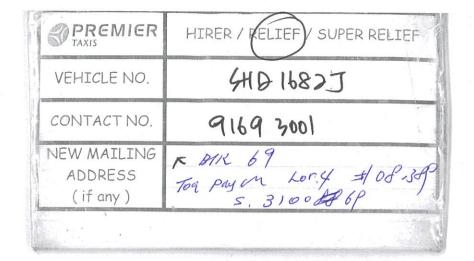
WHILE STATIONARY - SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( GBD 3069 M – VAN ) WHICH WAS BEHIND ME – HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

NO INJURY INVOLVED. NO AMBULANCE. NO PASSENGERS ONBOARD BOTH VEHICLES.









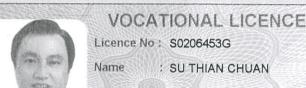
Licence Number: S 0 2 0 6 4 5 3 G

SU THIAN CHUAN

Birth Date: 05 Apr 1953 Issue Date: 04 Apr 2003







Licence No: S0206453G

: SU THIAN CHUAN

Issue Date: 5/1/2008

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 2B Motorcycles not exceeding 200 cc Class 2A Motorcycles between 201 cc and 400 cc

Class 2 Motorcycles exceeding 400 cc

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms PASS DATE

17 Jun 1977 17 Jun 1977

17 Jun 1977 18 Jun 1973 please return to LTA, 10 Sin Ming Drive, Singapore 575701. Type Description Issue Date

This card is not transferable and is the property of the Land Transpor Authority (LTA). It must be surrendered to the LTA on request. If found

02 TAXI VL 05/01/2008

NP 428A







#### PREMIER AUTOMOTIVE SERVICES PTE LTD

OFFICE: 23 Changi South Avenue 2 #01-02 S(486443) TEL: 65436676 / 65436689 FAX: 62141511 CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

## TAX INVOICE

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

SINGAPORE 486443

DATE

14-Mar-2020

**PAGE** 

1 OF 1

| ITEM | Description                        | QTY    | U.PRICE     | AMOUNT      |
|------|------------------------------------|--------|-------------|-------------|
|      | FINAL REPAIR BILL FOR HYUNDAI 130  | 2      |             | \$ 1,900.00 |
| =    | REGN NO: SHD 1682 J                |        | -           |             |
|      |                                    | *      |             | =           |
|      |                                    | 2      |             |             |
|      |                                    |        |             |             |
|      |                                    |        | -           |             |
|      |                                    |        | -2          | ű.          |
|      | e e e                              |        |             |             |
|      | TOTAL LUMPSUM REPAIR COSTS AS RECO | MENDED | BY SURVEYOR | \$ 1,900.00 |
|      |                                    |        | GST @ 7%    |             |
|      |                                    |        | GRAND TOTAL | \$ 2,033.00 |

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.:

SHD1682J

Previous Vehicle No.:

Effective Date of Ownership:

08 Nov 2017

Original Regn Date:

08 Nov 2017

Registration Date:

08 Nov 2017

Year of Manufacture:

2017

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:

130 GDH 1.6 TCI 5DR DCT

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

Chassis No.:

TMAD281UVHJ142102

Engine No.:

D4FBHZ173624

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:

\$20,236.00



### **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: 5107202885-001830

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SHD1682J

Chassis Number

: TMAD281UVHJ142102

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)** 

: \$\$3,500

INSURE WITH COE

: N/A

HIRE PURCHASE COMPANY

: DBS BANK LTD

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



22 January 2020

To Whom It May Concern

Dear Sir/Madam

## **CERTIFICATION LETTER**

This letter serves to inform that Mohamed Salim Bin Jupri of NRIC Number \$1323840E is a registered driver of SHD1682J. Mohamed Salim Bin Jupri is paying daily rental rate of \$90.76 (Inclusive of GST).

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

Thank you.

Yours sincerely

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

CPF
BATTERY

| <br>   | <br>    |  |
|--------|---------|--|
| VEH NO |         |  |
|        | JOB NO. |  |

# CHECK IN / OUT VOUCHER

|                                      | 1   |  | *************************************** |      |  |                                      |
|--------------------------------------|---|--|---|------|--|--------------------------------------|
| DRIVER'S NAME                        | Su thiqu  | CNNAN                                    |   |      | INDICATE AREA  | OF DAMAGE HERE:                      |
|                                      | 6HZ3G   | HANDPHONE (                              | 1693001                                 |      | R  | EAR                                  |
| TAXI REGN NO. S                      | HD1887Z   | MAKE / MODEL                             | KAR 13                                  | P40  |  |                                      |
| DATE IN 15025                        | フェルクプル<br>VIME IN   | DATE OUT                                 | V HSE                                   | 1    |  |                                      |
| KILOMETRES IN                        | FUEL IN  E 1/4 1/2 3/4/ F   | KILOMETRES OUT                           | FUEL OUT<br>E 1/4 1/2 3/4               |      |  |                                      |
| TAXI METER DOWNL                     | OADED   |  |   |      | ()   |                                      |
| YES                                  | NO  | O O M-M Y Y                              | HE HE ALL ALL RIVER FOR VEHICLE COLLECT |      |  |                                      |
| THAT THE SAME IS IT TOGETHER WITH TH | D CONFIRM THAT I HAVE<br>N GOOD CONDITION ANI<br>IE ACCESSORIES / ITEN<br>THE TERM RENTAL AGR | D TO MY SATISFACT<br>IS LIST ABOVE, THIS | ION IN EVERY RESE                       | PECT |  |                                      |
| CHI                                  | ECK IN  | CH                                       | ECK OUT                                 |      |  |                                      |
|                                      |   | and-Sali                                 | in Jupo                                 |      |  |                                      |
| DRIVER'S NAME                        |   | DRIVER'S NAME,                           | *************************************** |      |  |                                      |
| de                                   |   | Cefile                                   | _                                       |      |  |                                      |
| DRIVER'S SIGNATURI                   | E / DATE / TIME   | DRIVER'S SIGNAT                          | JRE/DATE/TIME                           |      |  |                                      |
|                                      |   |  | / $/$                                   |      |  | ONT                                  |
|                                      | //  | l/                                       | ′ //\                                   | ļ    | BODY MARKINGS<br>1 – Light Dent                              | 5 – Damaged                          |
| CHECKED IN BY<br>(PREMIER'S AUTHOR   | ISED WORKSHOP)  | CHECKED OUT BY<br>(PREMIER'S AUTH        | ORISED WORKSHOI                         | P)   | 2 – Serious Dent<br>3 – Light Scratch<br>4 – Serious Scratch | 6 – Chip<br>7 – Crack<br>8 – Peeling |
| SERVICE / REPAIRS                    | DONE  |  | DRIVER'S REMAR                          | KS   | ***************************************                      |                                      |
| O SERVICING                          | O OTHERS:   |  | -                                       |      |  |                                      |
| ☐ T/BELT ☐ AIRCON SYSTEM             | D 40000ENT 24TE /3  | TARE - CACOUNTER                         |   |      |  |                                      |
| U TURBO                              | O ACCIDENT: DATE / T  | 4.4                                      |   |      |  |                                      |
| Q BRAKE SYSTEM                       | the the type that it is   |  |   |      |  |                                      |
| © CLUTCH SYSTEM                      | 101   |  |   |      |  |                                      |
| UNDER CARRIAGI                       | <sub>ε</sub> (γ)  | LV.                                      |   |      |  |                                      |

1/15/2020 Invoice



# 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-20-008655

Date of Request:

15/01/2020

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd

23 Changi South Ave 2

#01-02

Singapore 486443

Dear Sir/Madam,

**Enquiry Date** 

15/01/2020

Enquiry By

**GOH WEE DEK** 

P Vehicle No.

GBD3069M

**Accident Date** 

15/01/2020

#### **Enquiry Result**

| TP Vehicle No. | Insurer                                       | Period of Insurance   | Insurer Tel. No. |
|----------------|---|-----------------------|------------------|
| GBD3069M       | China Taiping Insurance (Singapore) Pte. Ltd. | 07/01/2020-06/01/2021 | 6389 6111        |

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.

1/15/2020 Invoice



# 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-20-008655

Date of Request:

15/01/2020

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd

23 Changi South Ave 2

#01-02

Singapore 486443

Dear Sir/Madam,

**Enquiry Date** 

15/01/2020

**Enquiry By** 

GOH WEE DEK

P Vehicle No. Accident Date

GBD3069M 15/01/2020

| 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:

[X] GIRO [] Cash [] Cheque