

# 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: **SHC6994G/SR**

**WITHOUT PREJUDICE**

6 August 2020

**(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 SHC6994G AND SJK6190T ALONG SLIP ROAD OF BUYONG ROAD INTO CTE/ANG MO KIO ON 03.07.2020**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6994G**, 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: **SJK6190T** at the material time of the accident with the driver of our client's vehicle, **Mr. Koh Chin Soon**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SJK6190T**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (including GST)	\$ 5,082.50
(2) Loss of Rental – 11 Days @\$44.94 per day	\$ 494.34
(3) Loss of Income – 11 Days @\$100.00 per day	\$ 1,100.00
(4) GIA Search	\$ 2.00
	<b><u>\$ 6,678.84</u></b>

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

- (1) GIA report / Police report & sketch plan of **SHC6994G**
- (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

# **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: **SHC6994G/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](mailto: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 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	06/07/2020 10:33
Date Of Accident	03/07/2020 21:10
Exact Location Of Accident	SLIP ROAD OF BUYONG ROAD INTO CTE/ANG MO KIO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6994G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
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	5107202885-01
Cover Note Number	

### Driver

Name of Driver	KOH CHIN SOON
NRIC No	SXXXX674D
Date Of Birth	23/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1974
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93699706
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 284 #11-157 TAMPINES ST 22
Postcode	520284
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?	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)	5
Passenger 1	NAME: : PAX IN THE FRONT SEAT - CHINESE GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE
Passenger 4	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 4 PAX VEH. B - 1 PAX \*VIDEO FOOTAGE CAPTURED \*REFER TO ATTACH POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK6190T
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	DARYL XIE KAI XUN
NRIC/Passport Number	SXXXX307I
Contact Number	82991940
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### DETAILS OF INJURED PERSON 1

Name	KOH CHIN SOON - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT TO CLINIC FOR MEDICAL TREATMENT & HAD
Injured person in which vehicle?	SHC6994G
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.



06 JUL 2020

Policyholder's Signature  
Date & Time:

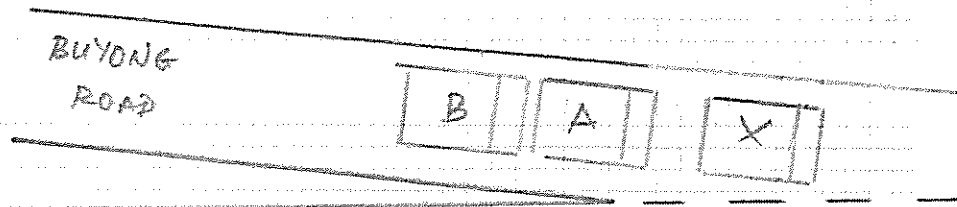
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

α S0081674D  
α SHC 6999G

## Sketch Plan Pg. 2

### SKETCH PLAN



Get / Mark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6994G

D: STK 61907.

- \* Video footage captured.
- \* Refer to atech police report.

## DECLARATION

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

06 JUL 2020

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.:

2500816740



**SINGAPORE  
POLICE FORCE**



T/20200704/2034

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20200704/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2020 12:16		Vide Report No.:		Station Diary No.: 29
<b>Informant's Particulars</b>				
Name of Informant: KOH CHIN SOON		Address: APT BLK 284 TAMPINES STREET 22 #11-157 SINGAPORE 520284		
ID Type / ID No.: NRIC NO / S0081674D		Contact No.: Home/Office: Mobile: 93699706		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 23/12/1952	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2020 21:15	Type of Location: Straight Road
Location: Along Road 1 BUYONG ROAD				
Slip Road of Buyong Rd going towards direction of CTE/AMK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6994G	Car				Slightly Damaged	4
SJK6190T	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200704/2034

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20200704/2034

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KOH CHIN SOON	ID No.	S0081674D
Related Vehicle	SHC6994G (Car)	Contact No.	93699706
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	04/07/2020	Date Discharge	04/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	DARYL XIE KAIXUN	ID No.	S9246307I
Related Vehicle	NIL	Contact No.	82991940
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 03/07/2020 at around 2115hrs, I was driving my vehicle SHC6994G (V2) along Buyong Slip Road merging towards CTE AMK. There is this vehicle SLV163E (V1) that was driving in front of me that suddenly came to a stop. I then jam brake my vehicle so as to not collide into the vehicle in front. A few seconds later, another vehicle SJK6190T (V3) that was behind my vehicle then collided onto the rear of my vehicle, causing the rear area to be dented and the boot cover is not able to close.

V1 then left the location and I did not hit onto V1. V3 then exchanged particulars with me and I took a photo of the scene. Both of us then left the location. I then proceed home. While I was at home, I start to feel pain on my neck area, back area and numbness on the right hand and aching on the left hand. On the next day 04/07/2020, I then decided to seek medical treatment at Sunshine Clinic Family Practice & Surgery and was given 5 days of medical leave from 04/07/2020 to 08/07/2020.

There is also an in-car camera facing the front that only managed to capture the time when V2 stopped in front of me.



**SINGAPORE  
POLICE FORCE**



T/20200704/2034

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20200704/2034

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 2 LAM XUE TING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2020 12:16
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZLY BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	

<b>PREMIER TAXIS</b>	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC 6994 G
CONTACT NO.	9369 9706
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0081674D**  
Name: **KOH CHIN SOON**

Birth Date: 23 Dec 1952  
Issue Date: 26 Feb 2004

001134148G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S0081674D**



Name

**KOH CHIN SOON**

许振春

Race

**CHINESE**

Date of birth

**23-12-1952**

Country/Place of birth

**SINGAPORE**

Sex

**M**

S0081674D

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No : **S0081674D**

Name : **KOH CHIN SOON**

Issue Date : **7/3/2008**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Apr 1975
Class 2A	Motorcycles between 201 cc and 400 cc	14 Apr 1975
Class 2	Motorcycles exceeding 400 cc	14 Apr 1975
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Jun 1974



NRIC No **S0081674D**

6322521

Date of issue

**04-11-2019**

Address

**APT BLK 284 TAMPINES STREET 22  
#11-157  
SINGAPORE 520284**



Licence No: S0081674D

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	25/04/1989





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

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

DATE 6-Aug-2020  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6994 G			\$ 4,750.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 4,750.00
GST @ 7%				\$ 332.50
GRAND TOTAL				\$ 5,082.50



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:	04 Dec 2015 / 08:51:05	Receipt No.:	AACCK001-AX239-151204-000003
Asset Type:	Vehicle	Transaction Amount:	\$68,285.00
Asset ID:	SHC6994G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01 02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151204085105433622		

Vehicle No.:	SHC6994G
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:	04 Dec 2015
Original Registration Date:	04 Dec 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5657646
Engine No.:	D4FDFH314490
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:	\$21,913.00
Minimum PARF Benefit:	\$13,607.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	04 Dec 2015 08:51:05
COE No.:	2015120401003349E
COE Expiry Date:	03 Dec 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,466.00
Lifespan Expiry Date:	03 Dec 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5107202885-01-001000

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6994G**  
Chassis Number : KNAGM414MF5657646
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Apr 2020
4. Expiry Date of Insurance : 31 Mar 2021
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 : 02 Apr 2020 14:55 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



28 July 2020

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Png Tiong Soon of NRIC Number S1541014J is a registered driver of SHC6994G. Png Tiong Soon is paying a discounted daily rental rate of \$44.94 (Inclusive of GST) on 03 Jul 2020.

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](http://www.premiertaxi.com.sg)  
Co. Reg. No. 200304975H

**CHECK IN / OUT VOUCHER**

--	--	--	--	--	--	--	--	--	--

DRIVER'S NAME <u>KOH CHIN SOON</u>											
NRIC S <u>50081674D</u>	HANDPHONE <u>93699706</u>										
TAXI REGN NO. S <u>HC6994G</u>	MAKE / MODEL <u>K02</u>										
DATE IN <u>040720</u> TIME IN <u>0900</u>	DATE OUT <u>140720</u> TIME OUT <u>0900</u>										
KILOMETRES IN <u>607505</u> FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT <u> </u> FUEL OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
E	1/4	1/2	3/4	F							

TAXI METER DOWNLOADED

**YES**
**NO**

DATE / TIME TOWED IN TO WORKSHOP

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

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**
KOH CHIN SOON

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

**CHECK OUT**
PNG TIONG SOON

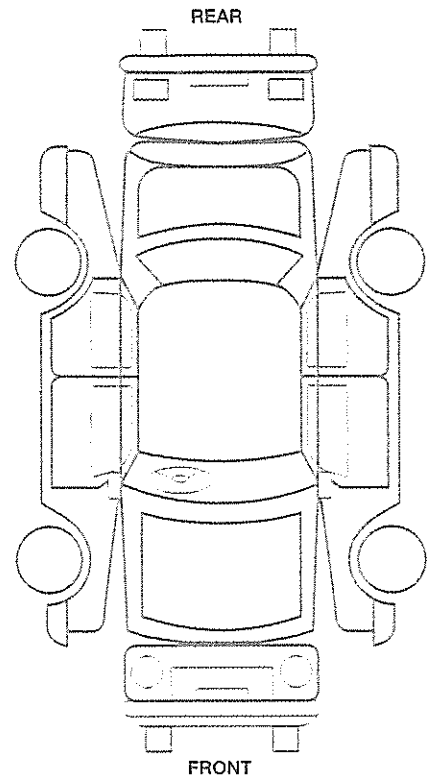
DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

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 Scratch

- 5 - Damaged
- 6 - Chip
- 7 - Crack
- 8 - Peeling

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 <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	



**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-20-078745

Date of Request: 06/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/07/2020

Enquiry By GOH WEE DEK

TP Vehicle No. SJK6190T


Accident Date 03/07/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJK6190T	QBE Insurance (Singapore) Pte Ltd	29/04/2020-28/04/2021	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.

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Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## TAX INVOICE

Our Ref No: GR-20-078745

Date of Request: 06/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/07/2020

Enquiry By GOH WEE DEK

TP Vehicle No. SJK6190T

Accident Date 03/07/2020

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

