

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: **SHD1076J/VC**
Your Ref: **SDK8363U**

WITHOUT PREJUDICE

4 September 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 SHD1076J AND SDK8363U ALONG SIMS AVENUE EAST ON 28.07.2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1076J**, 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: **SDK8363U** at the material time of the accident with the driver of our client's vehicle, **Ms. ONG LOY YONG**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SDK8363U**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 214.00
(2) Loss of Rental – 1 Day @ \$50.29 per day	\$ 50.29
(3) Loss of Income – 1 Days @ \$100.00 per day	\$ 100.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 366.29</u>

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

- (1) GIA report, police report & sketch plan of **SHD1076J**
- (2) Driver's I/C and Driving License
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) Check In/Out Voucher
- (5) 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: SHD1076J/VC

Your Ref: SDK8363U

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 – Vincent Chua

Email: vincent.chua@premierauto.com.sg

DID: 65446689

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.



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 4-Sep-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA SHD 1076 J			\$ 200.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 200.00
GST @ 7%				\$ 14.00
GRAND TOTAL				\$ 214.00



for Premier Automotive Services Pte Ltd

This is a computer generated invoice. No signature is required.

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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	28/07/2020 14:14
Date Of Accident	28/07/2020 13:50
Exact Location Of Accident	SIMS AVE EAST - JUST AFTER JALAN SAYANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1076J
Insured/Policyholder	
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	ONG LOY YONG
NRIC No	SXXXX532H
Date Of Birth	14/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1998
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98231831
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 207C #02-962
PUNGGOL PLACE

Postcode 823207

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 SIDE SWIPE

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) 2

Passenger 1
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 CHANGKAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

VEH. A - 1 PAX VEH. B - NO PAX . . . 1/ ADDENDUM (29/07/2020) : 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 SDK8363U

Vehicle Make/Model/Colour M/BENZ

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) 1

SKETCH PLAN

IMPORTANT NOTICE

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

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

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

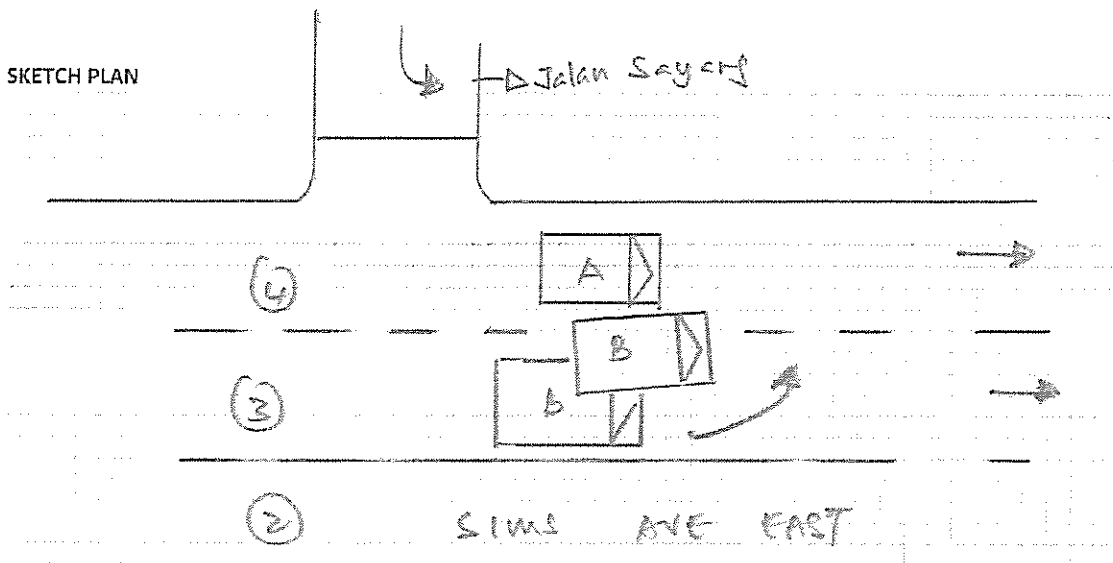
20 JUL 2020

S-6831532-H

SMD-1076J

Sketch Plan Pg. 2

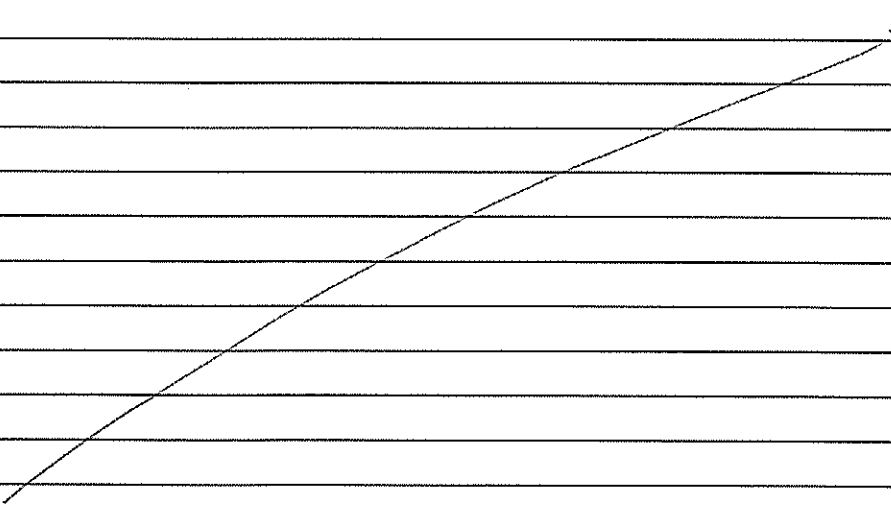
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1076J .

B: SDK 8363U



The graph shows a linear relationship between Time and Distance. The line starts at the origin (0,0) and extends upwards and to the right, indicating a constant positive slope.

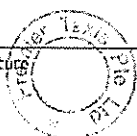
DECLARATION

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

20 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.:

Describe Circumstance of the Accident.

ON 28/07/2020 @ 1350HRS, I WAS DRIVING MY TAXI (SHD 1076 J) TRAVELLING ALONG SIMS AVE EAST WITH A PASSENGER ONBOARD - ON LANE 4.

WHILE I WAS MOVING STRAIGHT AHEAD - WITHIN MY LANE, SUDDENLY VEHICLE B (SDK 8363 U - M/BENZ) WHICH WAS ON LANE 3 - HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

AS SUCH, THE LEFT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT WING MIRROR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT WING MIRROR & I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

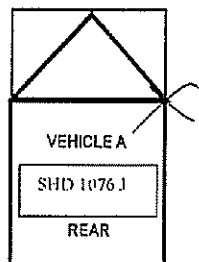
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD VEHICLE B.

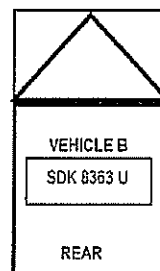
*DRIVER OF VEHICLE B FAILED TO STOP AFTER THE ACCIDENT & DROVE OFF AWAY.

*VIDEO FOOTAGE CAPTURED.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 5-6831532-4

Driver's Signature & NRIC Number
Tuesday, July 28, 2020 @ 2:23:53 PM

(attended by )



SINGAPORE POLICE FORCE



T/20200728/2089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20200728/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2020 15:39		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: ONG LOY YONG			Address: APT BLK 207C PUNGGOL PLACE #02-962 SINGAPORE 823207		
ID Type / ID No.: NRIC NO / S6831532H			Contact No.: Home/Office: Mobile: 98231831		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 14/09/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/07/2020 13:50	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDK8363U	Car	MERCEDES BENZ				0
SHD1076J	TAXI	KIA	OPTIMA	Silver	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHD1076J	NTUC Income Insurance Co-Operative Limited	5107202885-01		



**SINGAPORE
POLICE FORCE**



T/20200728/2089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20200728/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG LOY YONG	ID No.	S6831532H
Related Vehicle	SHD1076J (TAXI)	Contact No.	98231831
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/07/2020 at 1350hrs, I was driving my silver color Premier Taxi bearing the registration plate number SHD1076J along Sims Avenue East with one female passenger on board and seated at the rear seat, travelling along lane 4. While I was travelling straight ahead within my lane, one Mercedes Benz car bearing registration plate number SDK8363U that was travelling along lane 3, encroached onto my path on the right abruptly. As such the left portion of the car had collided onto the right wing mirror of my taxi.

Due to the impact, my taxi suffered damages on the right mirror. After my passenger alighted at Bedok Mall, I then drove straight to my office located at Changi South Street 2 to report about the damages. I wish to state that the car failed to stop after the accident and drove away, there is an in car camera footage that have captured what happened.

There is no injury involved in this accident.



**SINGAPORE
POLICE FORCE**



T/20200728/2089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20200728/2089

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 ALVIN TAY MING WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

28/07/2020 15:39

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

PREMIER TAXIS	HIRER / RELIEF / <u>SUPER RELIEF</u>
VEHICLE NO.	SHD 1076J
CONTACT NO.	9823 1831
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6831532H**
Name: **ONG LOY YONG**

Birth Date: **14 Sep 1968**
Issue Date: **21 Mar 2003**

000299827G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6831532H**

Name: **ONG LOY YONG**
王锐勇

Race: **CHINESE**
Date of Birth: **14-09-1968** Sex: **M**
Country of Birth: **SINGAPORE**

S6831532H

Land Transport Authority

VOCATIONAL LICENCE
Licence No: **S6831532H**
Name: **ONG LOY YONG**
Issue Date: **24/10/2011**

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Apr 1998

1052433

0121

Barcode: 1052433

NRIC No. **S6831532H**

Blood Group: **A+** Date of issue: **10-07-1994**

APT BLK 207C PUNGGOL PLACE #02-962
SINGAPORE 823207

S6831532H 20/08/2013

NP 428A

Barcode: Licence No: **S6831532H**

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
03	BUS VL	24/10/2011
02	TAXI VL	29/09/2011
04	BUS ATTENDANT	24/10/2011



Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	29 Jan 2016 / 09:39:46	Receipt No.:	AACCK001-AX239-160129-000007
Asset Type:	Vehicle	Transaction Amount:	\$68,670.00
Asset ID:	SHD1076J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160129093946961248		

Vehicle No.:	SHD1076J
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:	29 Jan 2016
Original Registration Date:	29 Jan 2016
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5659205
Engine No.:	D4FDFH314437
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:	\$22,302.00
Minimum PARF Benefit:	\$13,933.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	29 Jan 2016 09:39:46
COE No.:	2016012901003602K
COE Expiry Date:	28 Jan 2024
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,307.00
Lifespan Expiry Date:	28 Jan 2024

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 : 5107202885-01-001081

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1076J**
Chassis Number : KNAGM414MF5659205
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



26 August 2020

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Ong Loy Yong of NRIC Number S6831532H is a registered driver of SHD1076J. Ong Loy Yong is paying a discounted daily rental rate of \$50.29 (Inclusive of GST) on 28 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
Co. Reg. No. 200304975H

**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-20-087641
Date of Request: 28/07/2020

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 28/07/2020
Enquiry By GOH WEE DEK
TP Vehicle No. SDK8363U
Accident Date 28/07/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDK8363U	China Taiping Insurance (Singapore) Pte. Ltd.	19/09/2019-18/09/2020	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.

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-20-087641

Date of Request: 28/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 28/07/2020
Enquiry By GOH WEE DEK
TP Vehicle No. SDK8363U
Accident Date 28/07/2020

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:

☒ GIRO ☐ Cash ☐ Cheque

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME <u>ONG LOY YONG</u>													
NRIC S <u>6837535H</u>		HANDPHONE <u>98231831</u>											
TAXI REGN NO. S H <u>P1076J</u>		MAKE / MODEL <u>KO2</u>											
DATE IN <u>29/07/20</u>	TIME IN <u>1330</u>	DATE OUT <u>29/07/20</u>	TIME OUT <u>1500</u>										
KILOMETRES IN		KILOMETRES 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	<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

D M Y Y. D M Y Y.

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D M Y Y. D M Y Y.

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
CHECK OUT

DRIVER'S NAME

DRIVER'S NAME

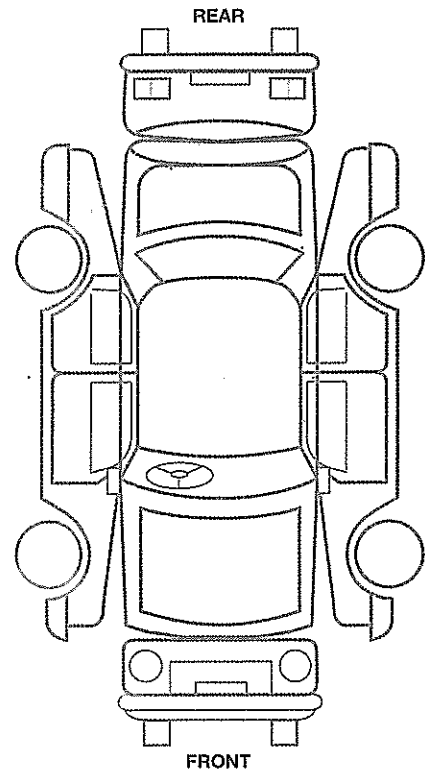
DRIVER'S SIGNATURE / DATE / TIME

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 | <u>29/07/20 1350</u> |
| <input type="checkbox"/> BRAKE SYSTEM | |
| <input type="checkbox"/> CLUTCH SYSTEM | |
| <input type="checkbox"/> BULB | <u>TP/L</u> |
| <input type="checkbox"/> UNDER CARRIAGE | |
| <input type="checkbox"/> CPF | |
| <input type="checkbox"/> BATTERY | |