

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL:64100946 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1163R/SR

**WITHOUT PREJUDICE**

11.November 2020

**(By Email Only)**

**Attn: The Motor Claims Department**

Lonpac Insurance Bhd

300 Beach Road #17-04/07

The Concourse

Singapore 199555

Dear Sir/Madam

**ACCIDENT INVOLVING SHD1163R AND SLA6191U ALONG MSCP @  
TAMPINES ST 43 (BLK 475) ON 25/10/2020**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1163R**, 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: **SLA6191U** at the material time of the accident with the driver of our client's vehicle, **Mr. Fong Kum Thong**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SLA6191U**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (include GST)	\$ 2,996.00
2. Loss of Rental (4 days x \$67.41 per day)	\$ 269.64
3. Loss of Income (4 days x \$100.00 per day)	\$ 400.00
4. GIA Search Fee	\$ 2.00
	<u>\$ 3,667.64</u>

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

- 1) GIA report & sketch plan of **SHD1163R**
- 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:65446671 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: SHD1163R/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	26/10/2020 09:50
Date Of Accident	25/10/2020 11:20
Exact Location Of Accident	MSCP @ TAMPINES ST 43 (BLK 475)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1163R
<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	HYUNDAI
Model	I30-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

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	FONG KUM THONG
----------------	----------------

NRIC No	SXXXX848I
---------	-----------

Date Of Birth	06/06/1949
---------------	------------

Occupation	OUTDOOR
------------	---------

Date Of Driving Pass	28/02/1978
----------------------	------------

Driving Experience	42 YEARS AND 7 MONTHS
--------------------	-----------------------

Gender	MALE
--------	------

Mobile Number	(LOCAL) +65-96370354
---------------	----------------------

Fax Number

Contact Number

Email Address	NOEMAIL
---------------	---------

Address	APT BLK 201E TAMPINES STREET 23 #04-128 SINGAPORE
Postcode	1852
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### 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	SLA6191U
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	VEH.B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

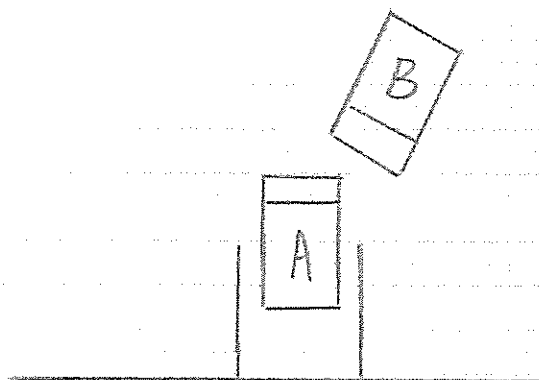
Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN

MSCP @  
Tampines St 43  
(BLK 475)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A = SHD 1163R

B = SLA 6191U

## DECLARATION

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

Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_



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

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

Describe Circumstance of the Accident.

ON 25/10/2020 @ 1116 HRS, I WAS PARKED MY TAXI (SHD 1163 R), ALONG THE MSCP @ TAMPINES STREET 43 (BLK 475).

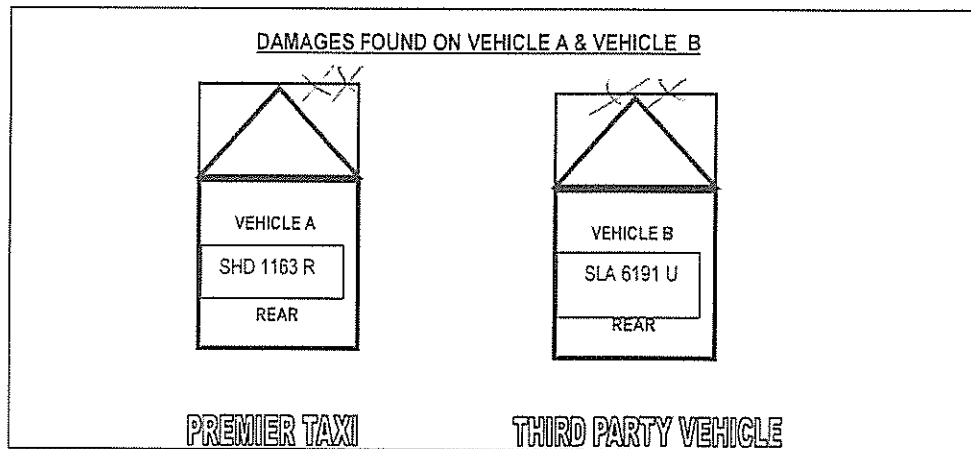
WHILE I WAS MOVING OFF AHEAD FROM VERTICAL PARKING LOT, I NOTICED THAT VEHICLE B (SLA 6191 U – MERCEDES BENZ) CAME FROM OPPOSITE DIRECTION, I IMMEDIATELY STOPPED MY TAXI TO GIVE WAY, BUT THE FRONT PORTION OF VEHICLE B STILL COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI.


DUE TO THE IMPACT, MY TAXI WAS DAMAGES ON FRONT RIGHT PORTION, VEHICLE B WAS DAMAGES ON THE FRONT PORTION.

NO INJURIES INVOLVED.

NO AMBULANCE AT SCENE.

MY TAXI & VEHICLE B NO PASSENGERS ONBOARD.



 0922848-Z

Driver's Signature  
Monday, October 26, 2020 @ 10:17:23 AM

( attended by )

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S09228481

Name  
FONG KUM THONG

馮錦堂

Race  
CHINESE

Date of Birth  
06-06-1949

Sex  
M

Country of Birth  
SINGAPORE

CHIRER/  
SHD 1168 R

9637 0354

HYUNDAI I30(A).

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S09228481

Name  
FONG KUM THONG

Birth Date: 06 Jun 1949

Issue Date: 19 Aug 2003

000756477F

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S09228481

Name: FONG KUM THONG

Issue Date: 19/6/2017

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

1569470

NRIC No S09228481

Blood Group: A+ Date of issue: 06-01-1994

Address  
APT BLK 201E TAMPINES STREET 23  
#04-128  
SINGAPORE 1852

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	14 Oct 1977
Class 2A Motorcycles between 201 cc and 400 cc	14 Oct 1977
Class 2 Motorcycles exceeding 400 cc	14 Oct 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Feb 1978

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	22/08/1988







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 Ave 2  
Singapore 486443

## TAX INVOICE

DATE 3-Nov-2020  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD 1163 R			\$ 2,800.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,800.00
GST @ 7%				\$ 196.00
GRAND TOTAL				\$ 2,996.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

**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.: SHD1163R  
Previous Vehicle No.: -  
Effective Date of Ownership: 25 Jan 2017  
Original Regn Date: 25 Jan 2017  
Registration Date: 25 Jan 2017  
Year of Manufacture: 2016  
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: I30 GDH 1.6 TCI 5DR DCT  
Primary Colour: Silver  
Secondary Colour: -  
Passenger Capacity: 4  
Chassis No.: TMAD281UVHJ119079  
Engine No.: D4FBGZ096073  
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: \$20,065.00  
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 24 Jan 2025  
Minimum PARF Benefit: \$7,554.00  
No. of Transfers: 0  
IU Label No.: 1050703032  
COE No.: 2017012501003874K  
COE Expiry Date: 24 Jan 2025  
COE Category: A - Car (up to 1600cc & 97kW (130bhp))  
COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))

## 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** : 5107202885-01-001168

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1163R**  
Chassis Number : TMAD281UVHJ119079
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**



03 November 2020

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Fong Kum Thong of NRIC Number S0922848I is a registered driver of SHD1163R. Fong Kum Thong is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 25 Oct 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. 200304975II

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Fong Kum Thong</u>			
NRIC S _____		HANDPHONE <u>96370354</u>	
TAXI REGN NO. S H <u>D1163 R</u>		MAKE / MODEL <u>ISA</u>	
DATE IN <u>26/10/20</u>	TIME IN <u>1030</u>	DATE OUT <u>29/10/20</u>	TIME OUT <u>1300</u>
KILOMETRES IN _____	FUEL IN _____	KILOMETRES OUT _____	FUEL OUT _____
<div style="border: 1px solid black; padding: 2px;"> E   1/4   1/2   3/4   F </div>		<div style="border: 1px solid black; padding: 2px;"> E   1/4   1/2   3/4   F </div>	

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.

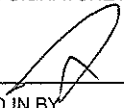
### CHECK IN

Fong Kum Thong

DRIVER'S NAME



DRIVER'S SIGNATURE / DATE / TIME



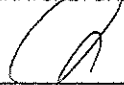
CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

### CHECK OUT

DRIVER'S NAME

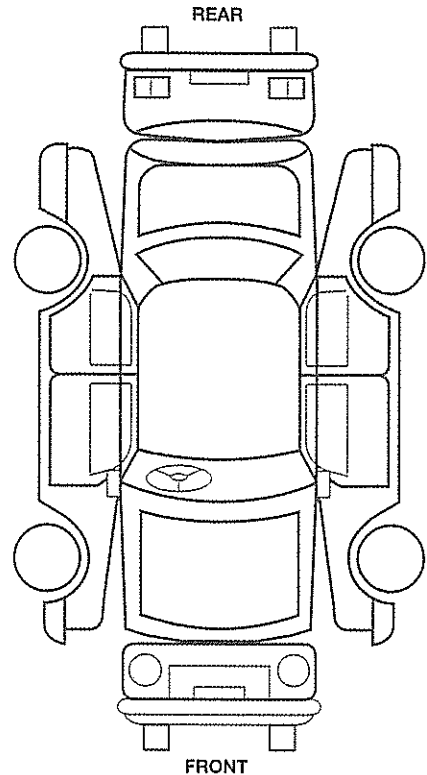


DRIVER'S SIGNATURE / DATE / TIME



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 Scratch

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

<b>SERVICE / REPAIRS DONE</b> <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 <u>25/10/20 11:16</u> <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <u>TP/L</u> <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	<b>DRIVER'S REMARKS</b> <u>Camera on - /</u>
--	---

**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-20-130112

Date of Request: 26/10/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 26/10/2020  
Enquiry By LIEW HAI LEONG  
TP Vehicle No. SLA6191U  
Incident Date 25/10/2020

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

**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-20-130112

Date of Request: 26/10/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 26/10/2020

Enquiry By LIEW HAI LEONG

TP Vehicle No. SLA6191U

Accident Date 25/10/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLA6191U	Lonpac Insurance Bhd	29/01/2020-28/01/2021	+65 62507388

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.

