

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: **SHB8073G/SR**

WITHOUT PREJUDICE

2 December 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 SHB8073G AND GBG2819G ALONG JALAN EUNOS BEF SIMS AVE ON 24/11/2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHB8073G**, 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: **GBG2819G** at the material time of the accident with the driver of our client's vehicle, **Mr. Chiam Tat Liang**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBG2819G**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 727.60
(2) Loss of Rental – 3 Days @\$70.62 per day	\$ 211.86
(3) Loss of Income – 3 Days @\$100.00 per day	\$ 300.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 1,241.46</u>

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

- (1) GIA report & sketch plan of **SHB8073G**
- (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

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Our Ref: SHB8073G/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 withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	24/11/2020 10:32
Date Of Accident	24/11/2020 08:35
Exact Location Of Accident	JALAN EUNOS BEF SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8073G
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
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	CHIAM TAT LIANG
NRIC No	SXXXX148A
Date Of Birth	30/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1996
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91055032
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16E LORONG G TELOK KURAU
Postcode	426185
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 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
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

VEH. A - NO PAX VEH. B - 1 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	GBG2819G
Vehicle Make/Model/Colour	PEUGEOT VAN
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	R KABILAN NAIDU
NRIC/Passport Number	SXXXX796A
Contact Number	81810858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 0191148A 24 NOV 2020
(If driver is not the policyholder)
Date & Time: _____

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

B	A	X
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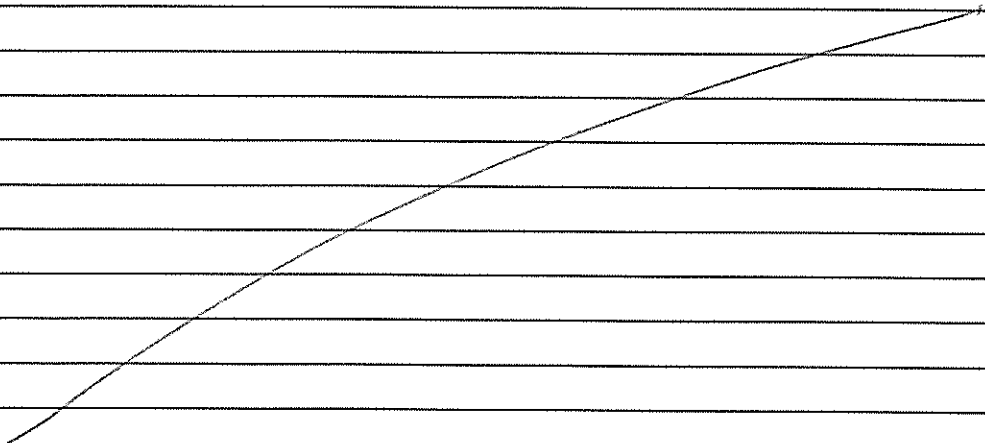
Jalan Eunos.

5/25/92

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AISHIB80736

b: 9BG 2819G



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

Date & Time:

Date & Time:

24 NOV 2020

~~01911487A~~

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 24/11/2020 @ 08:35HRS, I WAS DRIVING MY TAXI (SHB 8073 G) TRAVELLING ALONG JALAN EUNOS TOWARDS THE JUNCTION OF SIMS AVE – ON THE EXTREME LEFT LANE.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED – BEFORE THE SAID JUNCTION.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBG 2819 G – PEUGEOT 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.

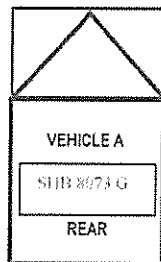
NO INJURY INVOLVED.

NO AMBULANCE AT SCENE.

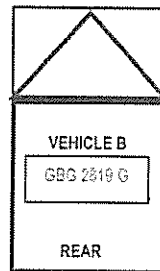
NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD A PASSENGER ONBOARD.

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE


50191148/A

Driver's Signature & NRIC Number
Tuesday, November 24, 2020 @ 10:45:06 AM

(attended by)

PREMIER
TAXIS

HIRER / RELIEF / SUPER RELIEF

VEHICLE NO.

SFB80736

CONTACT NO.

9105 5032

NEW MAILING
ADDRESS
(if any)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Chiam Tat Liang

Licence Number: **S0191148A**
Name: **CHIAM TAT LIANG**
Birth Date: **30 May 1954**
Issue Date: **05 Mar 2003**

Barcode: 000261558E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0191148A**



Name

CHIAM TAT LIANG

詹達良

Race

CHINESE

Date of birth

30-05-1954

Sex

M

S0191148A

Country of birth

SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Portrait photo of Chiam Tat Liang

Licence No: **S0191148A**
Name: **CHIAM TAT LIANG**
Issue Date: **14/6/2005**

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)

PASS DATE

Class 3

Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg

30 May 1996

3 6 3 3 5 8 6



NRIC No. **S0191148A**



Date of issue

21-10-2004

Address

**16E LORONG G TELOK KURAU
SINGAPORE 426185**

S0191148A

S / No. 9000297243



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
03	BUS VL	26/06/2000
02	TAXI VL	10/07/2000
04	BUS ATTENDANT	26/06/2000





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

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road # 16-00 Springleaf Tower
SINGAPORE 079909

DATE 2-Dec-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8073 G			\$ 680.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 680.00
GST @ 7%				\$ 47.60
GRAND TOTAL				\$ 727.60



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:	03 Feb 2016 / 09:34:27	Receipt No.:	AACCK001-AX239-160203-000023
Asset Type:	Vehicle	Transaction Amount:	\$66,720.00
Asset ID:	SHB8073G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160203093427633714		
Vehicle No.:	SHB8073G		
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:	03 Feb 2016		
Original Registration Date:	03 Feb 2016		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5658334		
Engine No.:	D4FDFH314488		
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:	\$22,528.00		
Minimum PARF Benefit:	\$14,124.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	03 Feb 2016 09:34:27		
COE No.:	2016020301003309G		
COE Expiry Date:	02 Feb 2024		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$43,040.00		
Lifespan Expiry Date:	02 Feb 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 : 5107202885-01-000070

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHB8073G**
Chassis Number : KNAGM414MF5658334
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



01 December 2020

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Chiam Tat Liang of NRIC Number S0191148A is a registered driver of SHB8073G. Chiam Tat Liang is paying a discounted daily rental rate of \$70.62 (Inclusive of GST) on 24 Nov 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 "L." with a vertical line extending upwards.



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

CHECK IN / OUT VOUCHER

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

DRIVER'S NAME <u>chiam tat tang</u>			
NRIC S _____		HANDPHONE <u>91055032</u>	
TAXI REGN NO. S H <u>B8073G</u>		MAKE / MODEL <u>402</u>	
DATE IN <u>24/11/20</u>	TIME IN <u>1205</u>	DATE OUT <u>26/11/2020</u>	TIME OUT <u>1930</u>
KILOMETRES IN _____		KILOMETRES OUT _____	
FUEL IN E 1/4 1/2 3/4 F		FUEL OUT E 1/4 1/2 3/4 F	

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

D D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D D M M Y Y H H M M

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

CHECK IN

CHECK OUT

DRIVER'S NAME

DRIVER'S NAME

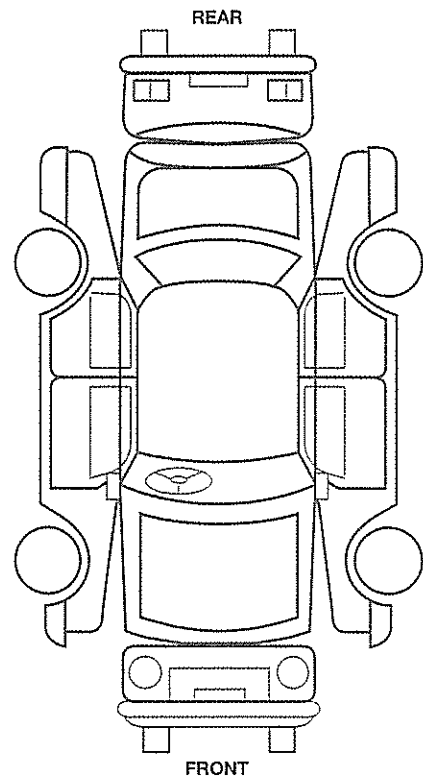
DRIVER'S SIGNATURE / DATE / TIME

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 | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO <u>24/11/20 0835</u></p> <p><input type="checkbox"/> BRAKE SYSTEM <u>TP/L</u></p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p>	<p>DRIVER'S REMARKS</p> <p><u>Camera on.</u></p>
--	--

**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-20-146178
Date of Request: 24/11/2020

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/11/2020
Enquiry By LIEW HAI LEONG
TP Vehicle No. GBG2819G
Accident Date 24/11/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBG2819G	China Taiping Insurance (Singapore) Pte. Ltd.	04/07/2020-03/07/2021	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.



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-20-146178
Date of Request: 24/11/2020

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/11/2020
Enquiry By LIEW HAI LEONG
TP Vehicle No. GBG2819G
Accident Date 24/11/2020

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