

# 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: **SHD1514L/SR**

**WITHOUT PREJUDICE**

6 February 2021

**(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 SHD1514L AND GBJ9383J ALONG SIMS AVE ON 08/12/2020**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1514L**, 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: **GBJ9383J** at the material time of the accident with the driver of our client's vehicle, **Mr. Suppiah Veeragoo Naidu S/O Veeragoo Suppiah**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBJ9383J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 3,156.50
(2) Loss of Rental – 8 Days @\$67.41 per day	\$ 539.28
(3) Loss of Income – 8 Days @\$100.00 per day	\$ 800.00
(4) GIA Search fee	\$ 2.00
	<b><u>\$ 4,497.78</u></b>

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

- (1) GIA report & sketch plan of **SHD1514L**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) GIA search

## **PREMIER AUTOMOTIVE SERVICES PTE LTD**

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446671 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHD1514L/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 Submission	08/12/2020 14:10 (SGT)
Date of Accident	08/12/2020 10:10 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1514L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202855-01
Cover Note Number	-

#### DRIVER

Name of Driver	SUPPIAH VEERAGOO NAIDU S/O VEERAGOO SUPPIAH
NRIC No	SXXXX470C
Date Of Birth	15/12/1958
Occupation	Outdoor

Date Of Driving Pass .....	18/01/1978
Driving experience .....	42 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97494084
Alt. Phone Number .....	-
Email Address .....	CLAIMS@PREMIERTAXI.COM
Address .....	BLK 38 #01-01
Address complement .....	LORONG ONG LYE
Postcode .....	536407
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH

#### 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 .....	GBJ9383J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	NG LEONG MIN
Contact Number .....	(Phone) +65-86503911
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
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.
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 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.
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.



x *[Signature]* S1338470C 08 DEC 2020

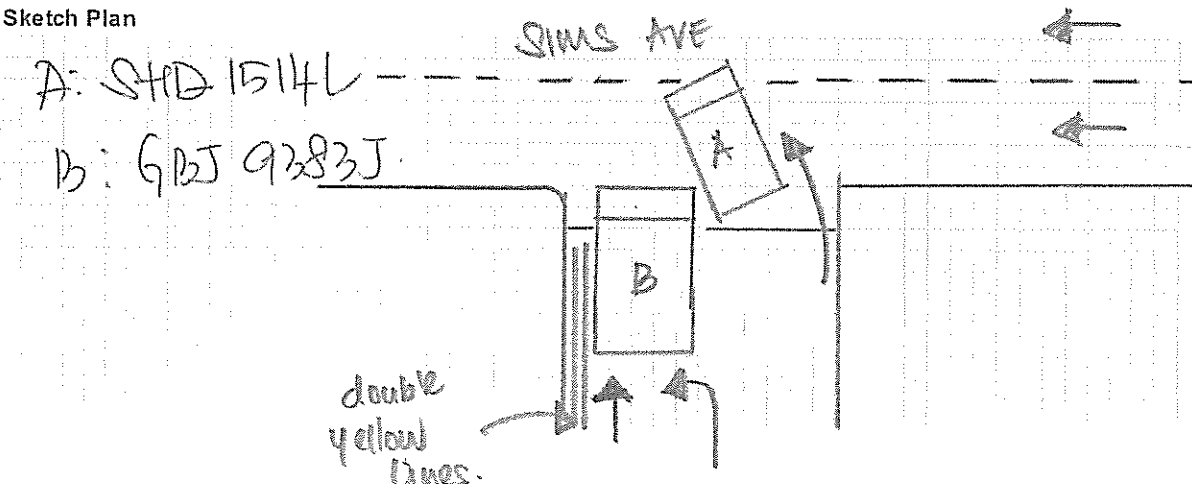
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Refer to attach Statement

Declaration

We declare the foregoing particulars are true in every respect.



08 DEC 2020

\* *[Signature]* S1338470C *[Signature]*

Describe Circumstance of the Accident.

ON 08/12/2020 @ 10:10HRS, I WAS DRIVING MY TAXI ( SHD 1514 L ) TRAVELLING ALONG SIMS AVE.

I STOPPED MY TAXI – GIVING WAY TO ONCOMING VEHICLES FROM THE RIGHT AND PROCEED AHEAD – TURNING LEFT INTO THE MAIN ROAD BUT SUDDENLY I FELT AN IMPACT FROM THE LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( **GBJ 9383 J – LORRY** ) – WHICH WAS INITIALLY STATIONARY/PARKED ON MY LEFT – HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI WHILE MOVING OFF AHEAD.

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

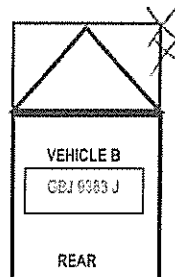
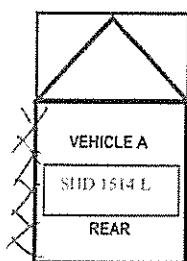
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION & VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

NO INJURY INVOLVED.

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

\* VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI

THIRD PARTY  
VEHICLE

*[Signature]* 51338470C

Driver's Signature & NRIC Number  
Tuesday, December 08, 2020 @ 11:52:00 AM

(attended by *[Signature]*)



<b>PREMIER TAXIS</b>	<b>HIRER / <del>RELIEF</del> / SUPER RELIEF</b>
VEHICLE NO.	SHD 1514L
CONTACT NO.	97494084
NEW MAILING ADDRESS (if any)	

Ministry of Transport

Portrait photo of Suppiah Veeragoo Naidu

Licence Number: **S1338470C**  
Name: **SUPPIAH VEERAGOO NAIDU**  
S/O VEERAGOO SUPPIAH

Birth Date: 15 Dec 1958  
Issue Date: 24 Jan 2003

Barcode: 1000143258K

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1338470C**

Name: **SUPPIAH VEERAGOO NAIDU**  
S/O VEERAGOO SUPPIAH

Race: **INDIAN**  
Date of Birth: 15-12-1958 Sex: M  
Country of Birth: **SINGAPORE**

Portrait photo of Suppiah Veeragoo Naidu

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S1338470C**  
Name: **SUPPIAH VEERAGOO NAIDU**

Issue Date: 20/9/2011

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

Portrait photo of Suppiah Veeragoo Naidu

0420718

Barcode

NRIC No. **S1338470C**

Fingerprint

Blood Group: **B+** Date of issue: **03-07-1992**

ELJ 36 LORONG ONG LYE #01-01  
SINGAPORE 533407

NRIC / S1338470C Date: 21-06-1999 No: 2927753

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E**

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jan 1978

NP 428A

Licence No: **S1338470C**

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	20/09/2011

PDVL/TDVL  
33 888 8888  
278015





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 28-Jan-2021  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30A REGN NO: SHD 1514 L			\$ 2,950.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,950.00
GST @ 7%				\$ 206.50
GRAND TOTAL				\$ 3,156.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: 200304975H  
Owner ID Type: Company  
Owner Name: PREMIER TAXIS PTE. LTD.  
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443  
Mailing Address: -  
Birth Date: -

### Vehicle Particulars

Vehicle No.: SHD1514L  
Previous Vehicle No.: -  
Effective Date of Ownership: 17 Oct 2017  
Original Regn Date: 17 Oct 2017  
Registration Date: 17 Oct 2017  
Year of Manufacture: 2017  
Vehicle Type: Public Transport Taxi (Motor Car)  
Vehicle Scheme: Taxi (Company)  
Vehicle Attachment 1: Air-Con (Taxi)  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: HYUNDAI  
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT  
Primary Colour: Silver  
Secondary Colour: -  
Passenger Capacity: 4  
Chassis No.: TMAD281UVHJ142104  
Engine No.: D4FBHZ173610  
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: \$20,019.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Oct 2025
Minimum PARF Benefit:	\$7,516.00
No. of Transfers:	0
IU Label No.:	1050710201
COE No.:	2017101701003869W
COE Expiry Date:	16 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category:	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	- / \$42,564.00
PQP Paid:	\$34,052.00
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$0.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$19.00 (140%)
Actual ARF Paid:	\$12,527.00
Vehicle Lifespan Expiry Date:	16 Oct 2025
CO2 Emission:	127.00 (g/km)
CEVS Rebate Utilised Amount:	\$7,500.00
Message:	The vehicle will be de-registered upon expiry of its 8-year COE on 16 Oct 2025. No further renewal will be allowed. This is a public service vehicle.

Print    OK    Save as PDF

## 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 :** 5107202885-01-001366

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHD1514L**  
Chassis Number : TMAD281UVHJ142104
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	: DBS BANK LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)  
Date of Issue : 02 Apr 2020 14:55 hrs

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



**Chief Executive**



28 January 2021

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Suppiah Veeragoo Naidu S/O Veeragoo Suppiah of NRIC Number S1338470C is a registered driver of SHD1514L. Suppiah Veeragoo Naidu S/O Veeragoo Suppiah is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 08 Dec 2020.

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to read "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



REPLACEMENT VEH GIVEN YES / NO

VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

## CHECK IN / OUT VOUCHER

DRIVER'S NAME SUPPIAH VEERAGOO NAIDU (CHIRER)

NRIC S HANDPHONE 97494084

TAXI REGN NO. SHD1514L MAKE / MODEL I30(A)

DATE IN 08/12/20 TIME IN 1130 DATE OUT 15/12/20 TIME OUT 1000

KILOMETRES IN 290481 FUEL IN E 1/4 1/2 3/4 F KILOMETRES OUT 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

S.V. Naidu x

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

## CHECK OUT

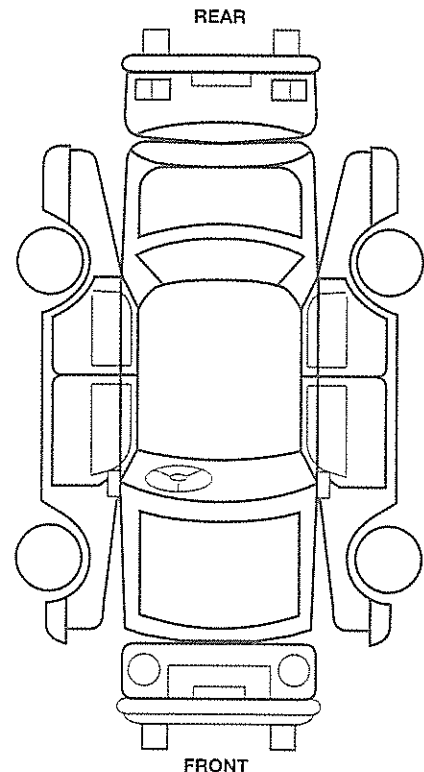
S.V. Naidu +

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

## SERVICE / REPAIRS DONE

- |                                         |                                                                        |
|-----------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> SERVICING      | <input type="checkbox"/> OTHERS:                                       |
| <input type="checkbox"/> T / BELT       |                                                                        |
| <input type="checkbox"/> AIRCON SYSTEM  | <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: |
| <input type="checkbox"/> TURBO          | 08/12/20 1010                                                          |
| <input type="checkbox"/> BRAKE SYSTEM   |                                                                        |
| <input type="checkbox"/> CLUTCH SYSTEM  |                                                                        |
| <input type="checkbox"/> BULB           |                                                                        |
| <input type="checkbox"/> UNDER CARRIAGE | TP/V                                                                   |
| <input type="checkbox"/> CPF            |                                                                        |
| <input type="checkbox"/> BATTERY        |                                                                        |

## DRIVER'S REMARKS


## INSURER ENQUIRY

### Find insurer

Vehicle reg. no.

GBJ9383J

Date of Accident

08/12/2020 

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... **China Taiping Insurance**

Period of Insurance ..... **16/10/2020 - 15/10/2021**

Requested By ..... **VINCENT CHUA WEE AN (PREM...**

Requested Date ..... **08/12/2020 12:28**

#### Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST  
Inclusive): **S\$2**

#### General Insurance Association

Records Management Centre

GST Registration No: **M400017735**