

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: **SHD1052C/VC/bk**

WITHOUT PREJUDICE

12 February 2022

(By Email)

Attn: The Motor Claims Department

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

Dear Sir/Madam

**ACCIDENT INVOLVING SHD1052C AND EH1218G ALONG MARINA
PARADE RD, PARKWAY PARADE (MSCP) ON 15/11/2021**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1052C**, 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: **EH1218G** at the material time of the accident with the driver of our client's vehicle, **Mr. Rajesh S/O Mukund Bhai Kripashanker Pandya**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **EH1218G**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 436.56
(2) Loss of Rental – 2 Days @\$67.41 per day	\$ 134.82
(3) Loss of Income – 2 Days @\$100.00 per day	\$ 200.00
(4) GIA Search	\$ 2.00
	<u>\$ 773.38</u>

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

- (1) GIA report & sketch plan of **SHD1052C**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) GIA search

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Our Ref: **SHD1052C/VC/bk**

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 – Boon Kai

Email: boonkai.ng@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.

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	16/11/2021 15:36 (SGT)
Date of Accident	15/11/2021 19:17 (SGT)
Exact Location of Accident	Marine Parade Rd, Parkway Parade, Singapore 449269
Additional Location Information	MSCP @ PARKWAY PARADE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1052C
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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	Kia
Model	Optima
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
Transmission	Auto
CC	1700

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-02
Cover Note Number	-

DRIVER

Name of Driver	RAJESH S/O MUKUND BHAI KRIPASHANKER PANDYA
NRIC No	SXXXX336G

Date Of Birth	06/12/1969
Occupation	Outdoor
Date Of Driving Pass	18/12/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96698384
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 16 310-66
Address complement	MARINE TERRACE
Postcode	440016
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	EH1218G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	MR MARTIN - ANOTHER ROAD USER
Phone	-
Email	-

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.



Policyholder's Signature / Date & Time

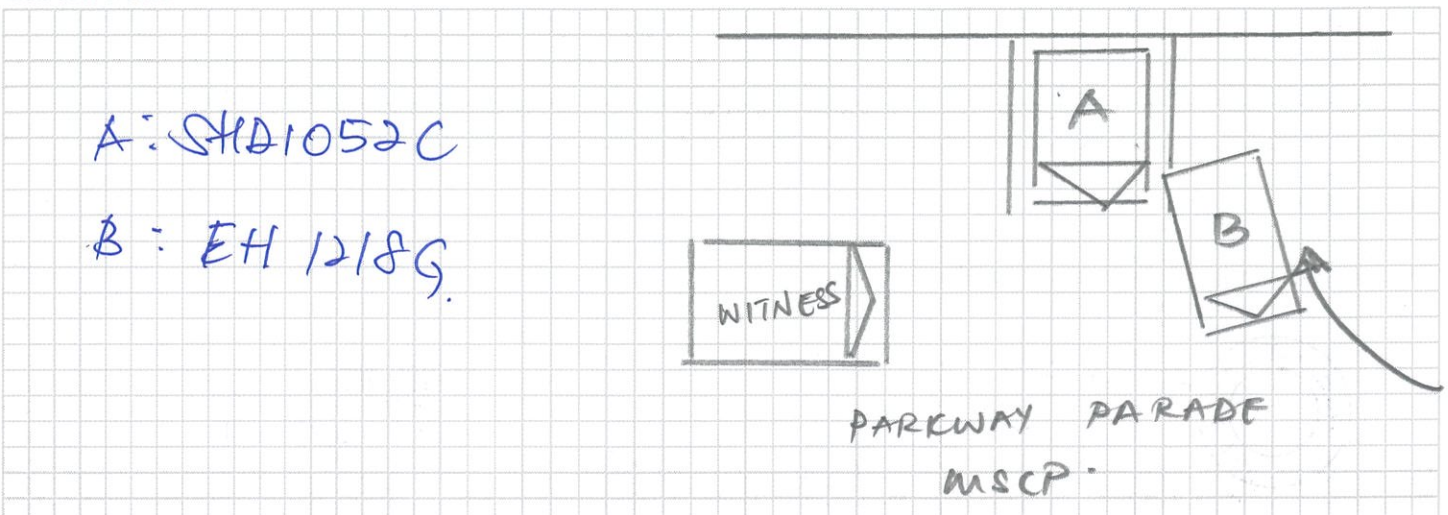
Tay

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

16 NOV 2021

Witnessed by Reporting Centre Personnel

Sketch Plan

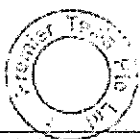


Describe Circumstances of the Accident

Ref to attach statement

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

x

7/4

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

16 NOV 2021

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

WHEN I RETURNED TO RETRIVE MY TAXI (SHD 1052 C) ON 15/11/2021 @ 20:45HRS, I SAW A NOTE ON THE FRONT WINDSCREEN MENTIONED THAT VEHICLE B (EH 1218 G) – HAD COLLIDED ONTO MY TAXI.

BASED ON THE VIDEO SHARED BY THE WITNESS (MR MARTIN), I VIEWED THE FOLLOWING INCIDENT-

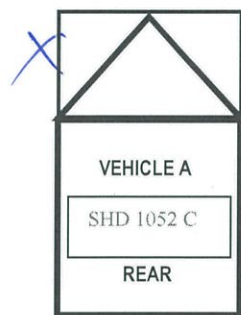
ON 15/11/2021 @19:17HRS, VEHICLE B (EH 1218 G) HAD COLLIDED ONTO THE FRONT LEFT OF MY TAXI WHILE REVERSING TO PARK INTO A VACANT LOT (ON MY LEFT) MSCP - PARKWAY PARADE.

DRIVER OF VEHICLE B FAILED TO STOP & DROVE OFF AWAY.

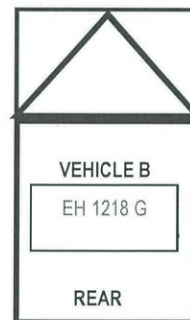
WHEN INSPECTED, I DISCOVERED THAT THE FRONT LEFT OF MY TAXI DAMAGED.

*VIDEO FOOTAGE CAPTURED ON FRONT VIEW CAMERA OF MR MARTIN (WITNESS)

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



Tay

S6943336 G .

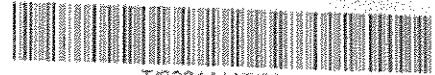
Driver's Signature & NRIC Number

Tuesday, November 16, 2021 @ 3:21:36 PM

(attended by )



**SINGAPORE
POLICE FORCE**



T/20211117/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20211117/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2021 15:05		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: RAJESH S/O MUKUND BHAI KRIPASHANKER PANDYA			Address: APT BLK 16 MARINE TERRACE #10-66 SINGAPORE 440016		
ID Type / ID No.: NRIC NO / S6943336G			Contact No.: Home/Office: Mobile: 96698384		
Nationality: SINGAPORE CITIZEN			Email: raj69dil@gmail.com		
Sex: Male	Age: 51	Date of Birth: 06/12/1969	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2021 20:45	Type of Location: Car Park
Location: MARINE PARADE ROAD				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
EH1218G	Car					0
SHD1052C	TAXI				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211117/2049

2 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20211117/2049

CONTINUATION OF REPORT

Driver			
Name	RAJESH S/O MUKUND BHAI KRIPASHANKER PANDYA		ID No. S6943336G
Related Vehicle	SHD1052C (TAXI)		Contact No. 96698384
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/11/2021 at about 1830hrs to 1900hrs, I had parked my taxi at the second highest level of the multi storey carpark of Parkway Parade Shopping Centre. Subsequently, at about 2045hrs, I returned to the lot and discovered there was a note on the front windscreen of my taxi, mentioning that another party had hit onto my taxi. The witness also informed that he was able to provide a footage of the incident.

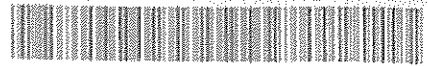
Based on the footage, the other party had collided onto the front left portion of my taxi while reversing to parking into the vacant lot, to the left of my taxi. However, the other party failed to stop and drove away.

There are damages to the front left portion of my taxi.

I have lodged a report with my company, and was advised to lodge a police report.



SINGAPORE
POLICE FORCE



T/20211117/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No 1800-4428999

3 of 3

Report No. T/20211117/2049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

G/

Sgt 2 KHAIRUL HANIS BINTE
RUSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/11/2021 15:05

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE



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

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #08-16
Singapore 079120

TAX INVOICE

DATE 12-Feb-2022
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1052 C			\$ 408.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 408.00
GST @ 7%				\$ 28.56
GRAND TOTAL				\$ 436.56



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:	21 Jan 2016 / 09:10:04	Receipt No.:	AACCK001-AX239-160121-000020
Asset Type:	Vehicle	Transaction Amount:	\$68,642.00
Asset ID:	SHD1052C	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160121091004256947		

Vehicle No.:	SHD1052C
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:	21 Jan 2016
Original Registration Date:	21 Jan 2016
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5656868
Engine No.:	D4FDFH314451
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:	\$22,282.00
Minimum PARF Benefit:	\$13,917.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	21 Jan 2016 09:10:04
COE No.:	2016012101003568M
COE Expiry Date:	20 Jan 2024
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,307.00
Lifespan Expiry Date:	20 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 : 5107202885-02-000835

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1052C**
 Chassis Number : KNAGM414MF5658868
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Apr 2021
4. Expiry Date of Insurance : 31 Mar 2022
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 : 01 Apr 2021 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



09 February 2022

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

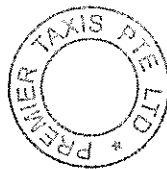
This letter serves to inform that Rajesh S/o Mukund Bhai Kripashanker Pandya of NRIC Number S6943336G is a registered driver of SHD1052C. Rajesh S/o Mukund Bhai Kripashanker Pandya is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 15 Nov 2021.

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: LL

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. 20030497511



CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

| | | | | | | |

DRIVER'S NAME RAJESH S/O MUKUND (HIRER)

NRIC S

HANDPHONE 96698384

TAXI REGN NO. SHD1052C

MAKE / MODEL K02

DATE IN 22/12/21 TIME IN 1700

DATE OUT 24/12/21 TIME OUT 1255

KILOMETRES IN 699404 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

PAUTO → CSA

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

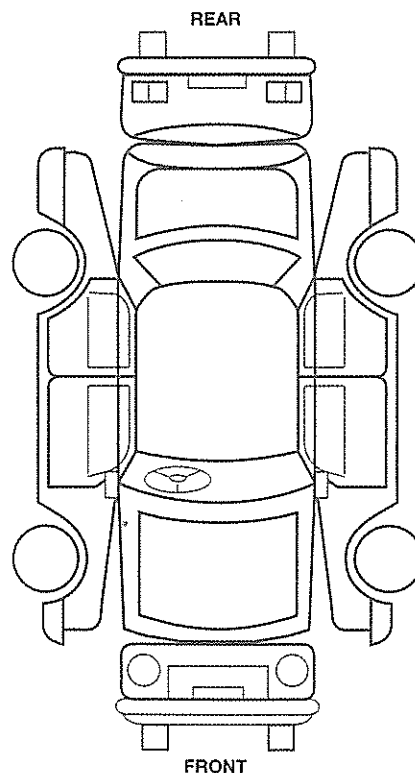
CSA → PAUTO

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 Scratch5 - Damaged
6 - Chip
7 - Crack
8 - Peeling

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> TURBO <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	<input type="checkbox"/> OTHERS: <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: 15/12/21 1917 Tp/BK


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

EH1218G

Date of Accident

15/11/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **02/01/2021 - 01/01/2022**Requested By **NG BOON KAI (PREMIER AUTO...**Requested Date **16/11/2021 15:50****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**