

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: **SHD1176D/VC/bk**

WITHOUT PREJUDICE

15 December 2021

(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 SHD1176D AND SKR132C ALONG CTE-AYE (BEF
BT MERAH EXIT) ON 28/11/2021**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1176D**, 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: **SKR132C** at the material time of the accident with the driver of our client's vehicle, **Mr. Choi Tuck Hon(Cai Dihong)**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHD1176D**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 6580.50
(2) Loss of Rental – 5 Days @\$67.41 per day	\$ 337.05
(3) Loss of Rental – 5 Days @\$100.00 per day	\$ 500.00
(4) GIA Search	\$ 2.00
	<u>\$7,419.55</u>

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

- (1) GIA report & sketch plan of **SHD1176D**
- (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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SINGAPORE 486443

TEL:65446671 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: **SHD1176D /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	29/11/2021 13:42 (SGT)
Date of Accident	28/11/2021 14:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE - AYE (BEF JLN BT MERAH EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1176D
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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	-
Object 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	CHOI TUCK HON (CAI DIHONG)
NRIC No	SXXXX890J

Date Of Birth	27/09/1979
Occupation	Outdoor
Date Of Driving Pass	31/10/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97402481
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 414 #10-319 TAMPINES ST 41
Address complement	-
Postcode	52414
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Chain 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE FRONT SEAT (MALAY - GRAB BOOKING)
Gender	Male

PASSENGER 2

Name	PAX IN THE REAR SEAT (MALAY - GRAB BOOKING)
Gender	Female

PASSENGER 3

Name	PAX IN THE REAR SEAT (MALAY/CHILD - GRAB BOOKING)
Gender	Male

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 ATACH SKETCH PLAN & STATEMENT

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	SKR132C
Vehicle Manufacturer	Audi
Vehicle Model	A1
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MS OW WING CHING, JERMAINE
NRIC No	SXXXX116B
Contact Number	(Phone) +65-91806660
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH. B
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	-
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT2894P
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	(Phone) +65-96874484
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOI TUCK HON (CAI DIHONG) - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHD1176D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	MR RIZEN - PAX IN VEH. A
Phone	-

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.



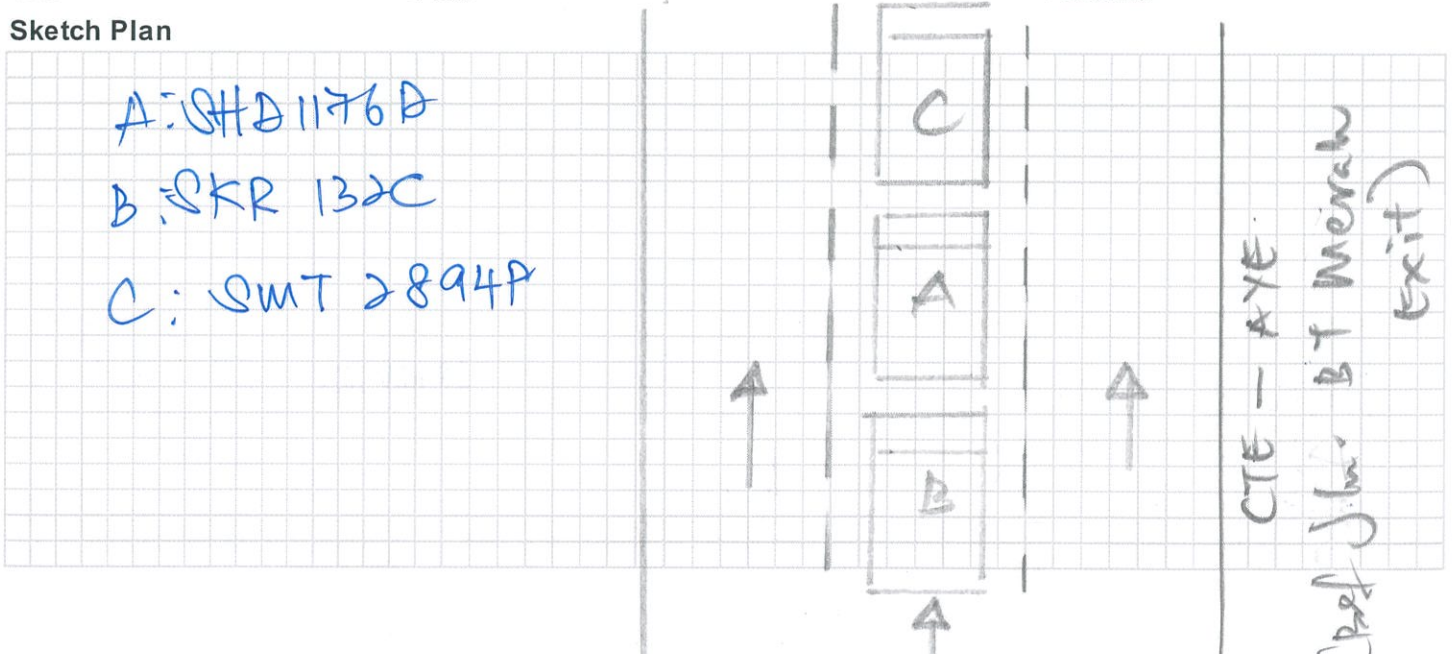
29 NOV 2021

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 attached statement

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

di

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

Amc

29 NOV 2021

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

* CHAIN COLLISION *

ON **28/11/2021 @14:55HRS**, I WAS DRIVING MY TAXI (**SHD 1176 D**), TRAVELLING ALONG CTE – AYE (BEFORE JALAN BUKIT MERAH EXIT) WITH 3 PASSENGERS ONBOARD (2 ADULTS & A CHILD – GRAB BOOKINGS) ON THE MIDDLE LANE.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP AS VEHICLE C (SMT 2894 P – HONDA/WHITE) WHICH WAS IN FRONT OF ME, STOPPED – DUE TO SOME ROAD WORKS AHEAD.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE GREAT IMPACT, IT FORCED MY TAXI TO SURGE FORWARD & THE FRONT PORTION OF MY TAXI COLLIDED ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (**SKR 132 C - AUDI**) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

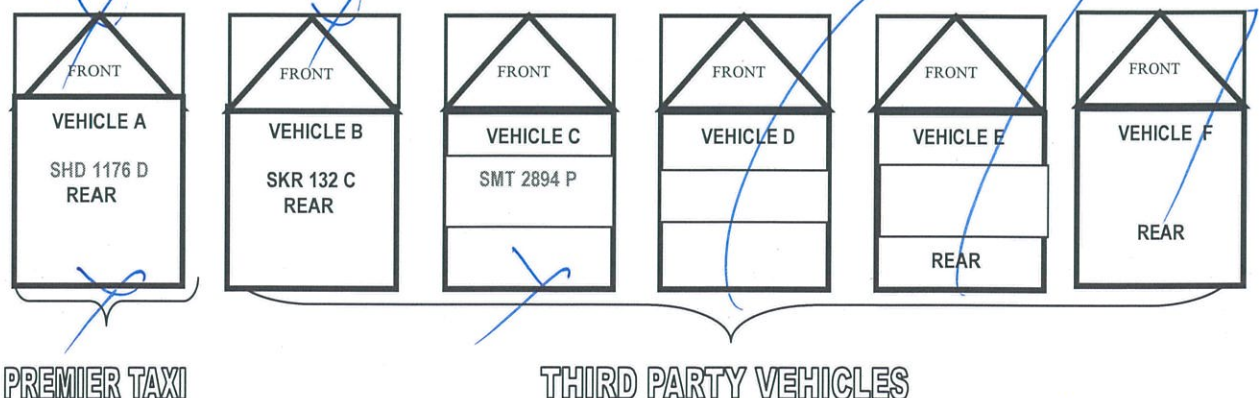
AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

VEHICLE B HAD A PASSENGER ONBOARD.
NO PASSENGERS ONBOARD VEHICLE C.

*SCENE PHOTOS

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E, F



Driver's Signature & NRIC Number
Monday, November 29, 2021 @ 10:28:38 AM



**SINGAPORE
POLICE FORCE**



A/20211129/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211129/7017

1. SMT2894P
2. SHD1176D
3. SKR132C

After a while I felt pain on my neck, shoulders and back.

The next morning the pain on my body worsen. I quickly proceeded to sunshine clinic family practice and surgery to seek treatment and I was given 5 days MC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
29/11/2021 14:10

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20211129/7018

1 of 1

POLICE REPORT (NP299)

Report No. A/20211129/7018

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 29/11/2021 14:24	Vide Report No.	Station Diary No.
Name Of Informant CHOI TUCK HON	Address 414 TAMPINES STREET 41 #10-319 SINGAPORE 520414	
ID Type / ID No. NRIC NO / S7930890J	Contact No. Home/Office: Mobile: 97402481	
Nationality SINGAPORE CITIZEN	Email Address ANRIC79@YAHOO.COM.SG	
Occupation Taxi driver	Sex Male	Age 42
Institution/School Name	Date of Birth 27/09/1979	Race Chinese
Date/Time Of Incident 28/11/2021 14:55	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

This is to provide additional information to my previous report. Report No. A/20211129/7017

I vehicle SHD1176D was stationary when SKR132C hit onto my vehicle's rear portion.
The impact propelled my vehicle forward and hit onto vehicle SMT2894P.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2021 14:24
Officer In-Charge Of Case:	Classification Of Case:



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 15-Dec-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1176 D			\$ 6,150.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 6,150.00
GST @ 7%				\$ 430.50
GRAND TOTAL				\$ 6,580.50



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:	18 May 2015 / 09:11:45	Receipt No.:	AACCK001-AX239-150518-000002
Asset Type:	Vehicle	Transaction Amount:	\$65,428.00
Asset ID:	SHD1176D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150518091145106044		

Vehicle No.:	SHD1176D
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:	18 May 2015
Original Registration Date:	18 May 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5593517
Engine No.:	D4FDEH313360
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:	2014
Open Market Value:	\$21,451.00
Minimum PARF Benefit:	\$8,719.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	18 May 2015 09:11:45
COE No.:	2015051801002260Z
COE Expiry Date:	17 May 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,756.00
Lifespan Expiry Date:	17 May 2023

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 : 5107202885-02-000955

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1176D**
 Chassis Number : KNAGM414MF5593517
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	: N/A
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



14 December 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Roslan Bin Abdullah of NRIC Number S6809021J is a registered driver of SHD1176D. Roslan Bin Abdullah is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 28 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

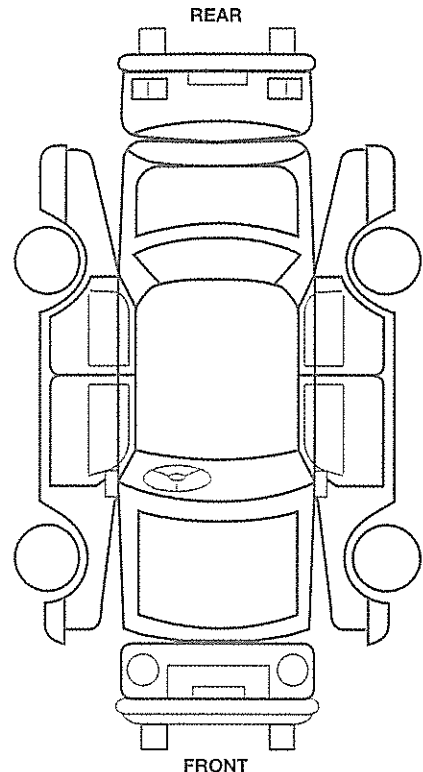
Prepared by: Hasnah

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>Choi Tuck Hon (Rafef)</u>		HANDPHONE <u>9740 2481</u>						
NRIC S _____	TAXI REGN NO. S H D <u>1176 D</u>							
MAKE / MODEL <u>K02</u>		DATE IN <u>29/11/21</u> TIME IN <u>1023</u>						
DATE OUT <u>03/12/21</u> TIME OUT <u>1500</u>		KILOMETRES IN _____ FUEL IN _____						
KILOMETRES OUT _____ FUEL 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
E	1/4	1/2	3/4	F				

INDICATE AREA OF DAMAGE HERE:



FRONT

BODY MARKINGS

- | | |
|---------------------|-------------|
| 1 - Light Dent | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

TAXI METER DOWNLOADED	DATE / TIME TOWED IN TO WORKSHOP D D M A Y Y H H M M
YES _____ NO _____	DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION D D M A 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
CHOI Tuck Hon X
 DRIVER'S NAME

Rafef
 DRIVER'S NAME

Am X
 DRIVER'S SIGNATURE / DATE / TIME

[Signature]
 DRIVER'S SIGNATURE / DATE / TIME

[Signature]
 CHECKED IN BY
 (PREMIER'S AUTHORISED WORKSHOP)

[Signature]
 CHECKED OUT BY
 (PREMIER'S AUTHORISED WORKSHOP)

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: ACCIDENT: DATE / TIME of ACCIDENT: <u>28/11/21 1455</u> <u>7pk</u>	<u>Rafef - 9880 3317 (Hire)</u>


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SKR132C

Date of Accident

28/11/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **10/02/2021 - 20/05/2022**Requested By **NG BOON KAI (PREMIER AUTO...**Requested Date **29/11/2021 11:13****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**