

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: SHC6940L/GS

WITHOUT PREJUDICE

8th January 2018

(By Email Only)

Attn: The Motor Claims Department

AXA Insurance Singapore Pte Ltd

No.8 Shenton Way

#27-01

Singapore 068811

Dear Sir/Madam

ACCIDENT INVOLVING SHC6940L & PA5204B ALONG HUNDRED TREE CONDOMINIUM – DRIVEWAY @ 91 WEST COAST ON 21.12.17

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6940L, 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: PA5204B at the material time of the accident with the driver of our client's vehicle, Mr Lim Teong Beng

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: PA5204B, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	970.92 (Incl. GST)
(2) Loss of Rental - 6Days @\$103.60per day	\$	621.60
(3) Loss of Income – 6Days @\$100.00per day	\$	600.00
(4) LTA Search fee	\$	7.45
(5) GIA Search fee	\$	2.00
	\$	<u>2201.97</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6940L
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, LTA search & GIA search
- (5) Scene video

PREMIER AUTOMOTIVE SERVICES PTE LTD

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SINGAPORE 486443

TEL:65446671 FAX:62141511

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Our Ref: SHC6940L/GS

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,



The signature is a fluid, handwritten name in blue ink, written over a circular blue stamp. The stamp contains the text "PREMIER AUTOMOTIVE SERVICES" around the perimeter and "ARC" in the center.

Claims Department – Gary Shi

Email: gary.shi@premiertaxi.com

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



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 AVENUE 2 #03-02
SINGAPORE 486443

TAX INVOICE

DATE 8-Jan-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6940 L			\$ 907.40
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 907.40
GST @ 7%				\$ 63.52
GRAND TOTAL				\$ 970.92



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



29 December 2017

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Loh Nyuk Moey of NRIC Number S1605166G is a registered driver of SHC6940L. Loh Nyuk Moey is paying daily rental rate of \$103.6 (Inclusive of GST).

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chir Bee Lian", written over a horizontal line.

Chir Bee Lian (Ms)
Assistant Vice President
Taxis Administration

Prepared By: SY

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com
Co. Reg. No. 200304975H

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 ability.
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 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	22/12/2017 12:07
Date Of Accident	21/12/2017 18:00
Exact Location Of Accident	HUNDRED TREE CONDOMINIUM - DRIVEWAY @91 WEST COAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6940L
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
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	5095103893
Cover Note Number	

Driver

Name of Driver	LIM TEONG BENG
NRIC No	S7117760B
Date Of Birth	19/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1991
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96852557
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 623C #14-376 PUNGGOL CENTRAL
Postcode	823623
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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 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 - SOME PAX *STATEMENT AS 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	PA5204B
Vehicle Make/Model/Colour	MINI BUS
Details Of Properties	VEH. B
Vehicle Category	BUS
Name of Driver	GENG HONGAN
NRIC/Passport Number	G8469880L
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.
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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.

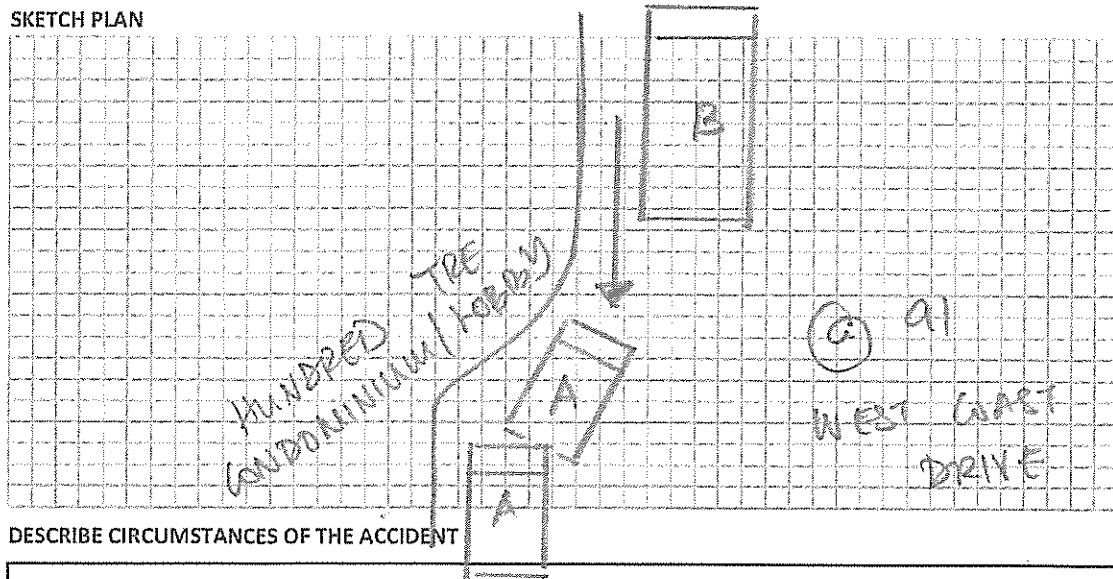


Policyholder's Signature
Date & Time:

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

22 DEC 2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHIC 6940L

b. PA 5204B

DECLARATION

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

22 DEC 2017

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 21/12/2017 @ 1800 HRS, I WAS IN MY TAXI (SHC 6940 L) STATIONARY ALONG THE DRIVEWAY @ HUNDRED TREES CONDOMINIUM - 91 WEST COAST DRIVE, ALIGHTING MY PASSENGER.

WHEN MY PASSENGERS HAD SAFELY ALIGHTED & LEFT, I PROCEED AHEAD - MOVING OFF (TO EXIT) BUT THEN I NOTICED VEHICLE B (PA 5204 B - MINI BUS) WHICH WAS INITIALLY STATIONARY/STOPPED AHEAD OF ME - BEGAN TO REVERSE.

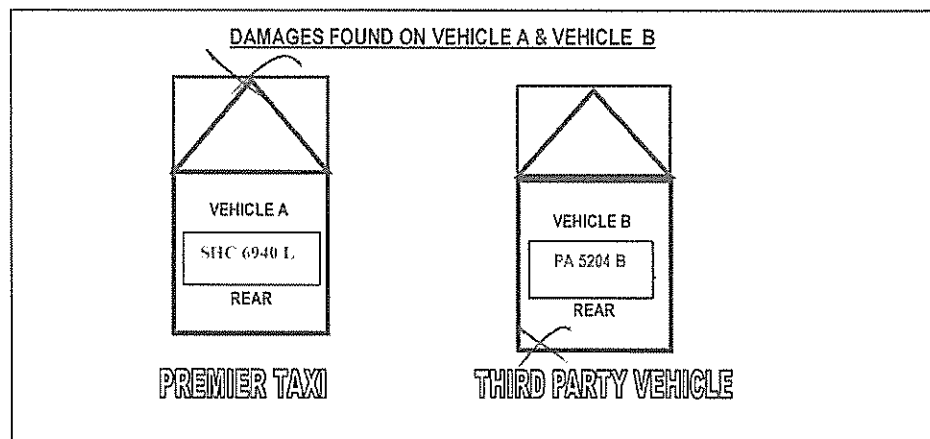
UPON SEEING IT, I STOPPED MY TAXI AND GAVE A LONG HORKED BUT THE NEXT MOMENT, VEHICLE B CONTINUED TO REVERSE - CAUSING THE REAR LEFT OF VEHICLE B TO COLLIDE ONTO THE FRONT PORTION OF MY TAXI.


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


NO INJURY INVOLVED.


NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD SOME PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED.



 87177618
 Driver's Signature & NRIC Number
 Friday, December 22, 2017 @ 12:16:33 PM


 (attached by)

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6940L
CONTACT NO.	9685 2557
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7117760B**



Name

**LIM TEONG BENG
(LIN CHANGMING)**

林長明

Race

CHINESE

Date of Birth

19-05-1971

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7117760B**

Name

**LIM TEONG BENG
(LIN CHANGMING)**

Birth Date **19 May 1971**

Issue Date **05 Jun 2003**



1206534



NRIC No **S7117760B**



Blood Group

AB+

Date of issue

20-08-1993

**APT BLK 623C PUNGGOL CENTRAL #14-376
SINGAPORE 823623**

NRIC No: **S7117760B**

Date: **23/04/2014 (R)**

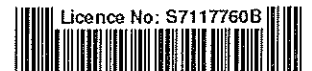
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

14 Aug 1991

NP 428A



Land Transport Authority



VOCATIONAL LICENCE

Licence No: **S7117760B**

Name: **LIM TEONG BENG**

Issue Date: **13/10/2011**

Please visit www.lta.gov.sg to check the status of this vocational licence



Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	30 Oct 2015 / 08:37:02	Receipt No.:	AACCK001-AX239-151030-000010
Asset Type:	Vehicle	Transaction Amount:	\$69,044.00
Asset ID:	SHC6940L	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151030083702009509		

Vehicle No.:	SHC6940L
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:	30 Oct 2015
Original Registration Date:	30 Oct 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5639552
Engine No.:	D4FDEH313460
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:	\$22,475.00
Minimum PARF Benefit:	\$14,079.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Oct 2015 08:37:02
COE No.:	2015103001003846K
COE Expiry Date:	29 Oct 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,439.00
Lifespan Expiry Date:	29 Oct 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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5095103893

Cover : Third Party

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SHC6940L |
| Chassis Number | : KNAGM414MF5639552 |
| 2. Name of Policyholder | : PREMIER TAXIS PTE. LTD. |
| 3. Effective Date of Insurance | : 20 Oct 2017 |
| 4. Expiry Date of Insurance | : 19 Oct 2018 |

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 : 16 Oct 2017 17:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

**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-17-193377
Date of Request: 22/12/2017

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 22/12/2017
Enquiry By GOH WEE DEK
TP Vehicle No. PA5204B
Accident Date 21/12/2017

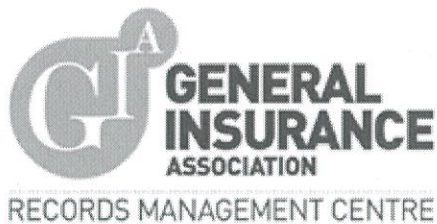
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PA5204B	AXA Insurance Pte Ltd	23/02/2017-22/02/2018	6338 7288

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.

**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-17-193377
Date of Request: 22/12/2017

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 22/12/2017
Enquiry By GOH WEE DEK
TP Vehicle No. PA5204B
Accident Date 21/12/2017

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



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Dec 2017 / 15:46:45

Receipt Date/Time : 22 Dec 2017 / 15:46:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171222-001562

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
	Result of Insurance Enquiry - PA5204B			
	As at 21 Dec 2017/18:00:00			
	Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - PA5204B			
	Enquiry Fee	7.00	0.49	7.49
	20171222154608604783			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx0416			
	Credit Card:			
	Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME LIM TEONG BENG (Relief)

INDICATE AREA OF DAMAGE HERE:

NRIC S 7117760B HANDPHONE 96852557

TAXI REGN NO. SHC 6940L MAKE / MODEL K02

DATE IN 22/12/17 TIME IN 1230 DATE OUT 27/12/17 TIME OUT 1530

KILOMETRES IN 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

CHECK OUT

LIM TEONG BENG X

DRIVER'S NAME

LIM TEONG BENG

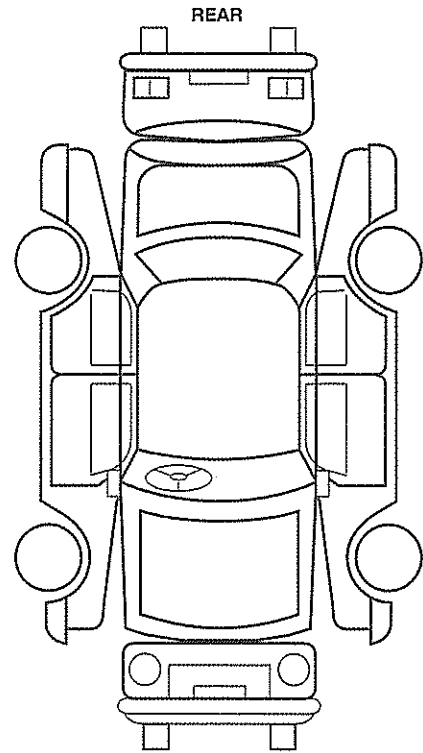
DRIVER'S NAME

X

DRIVER'S SIGNATURE / DATE / TIME

X

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

FRONT

BODY MARKINGS

- 1 - Light Dent
- 2 - Serious Dent
- 3 - Light Scratch
- 4 - Serious Scratch

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

SERVICE / REPAIRS DONE

☐ SERVICING ☐ OTHERS:☐ T / BELT☐ AIRCON SYSTEM ☒ ACCIDENT: DATE / TIME of ACCIDENT:☐ TURBO

21/12/17 1800

☐ BRAKE SYSTEM☐ CLUTCH SYSTEM☐ BULB☐ UNDER CARRIAGE☐ CPF☐ BATTERY

TP/V

DRIVER'S REMARKS

Hirer - LOH Nyuk Moey - 9857 1070