

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: SHC6716T/GS

WITHOUT PREJUDICE

18th January 2018

(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 SHC6716T & SGL4447Y ALONG WOODLANDS AVE 12 / WOODLANDS AVE 1 ON 23.12.17

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6716T, 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: SGL4447Y at the material time of the accident with the driver of our client's vehicle, Mr Seah Ching Kiong

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SGL4447Y, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	2441.31 (Incl. GST)
(2) Loss of Rental - 3Days @\$107.88per day	\$	323.64
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
(4) GIA Search fee	\$	2.00
	\$	<u>3066.95</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6716T
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, 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: SHC6716T/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,



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 6716 T			\$ 2,281.60
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,281.60
GST @ 7%				\$ 159.71
GRAND TOTAL				\$ 2,441.31



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 Koh Tat Sim Stephen of NRIC Number S0158833H is a registered driver of SHC6716T. Koh Tat Sim Stephen is paying daily rental rate of \$107.88 (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 "Chin Bee Lian", written in a cursive style.

Chin 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	26/12/2017 15:29
Date Of Accident	23/12/2017 16:00
Exact Location Of Accident	WOODLANDS AVE 12 & WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6716T
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	SEAH CHING KIONG
NRIC No	S1363613C
Date Of Birth	02/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1978
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82806367
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 10 #09-82 JALAN BT HO SWEE
Postcode	161010
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : MALE CHINESE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX (MALE CHINESE) VEH. B - NO 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	SGL4447Y
Vehicle Make/Model/Colour	TOYOTA VIOS/WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	PANNEER SELVAM S/O RAMASAMY
NRIC/Passport Number	S6933694I
Contact Number	91458638
Address	

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SEAH CHING KIONG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT UNWELL, WENT TO MT ALVERNIA HSPTL & HAD 6 DAYS MC

Injured person in which vehicle?

SHC6716T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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:

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

[Handwritten signature]

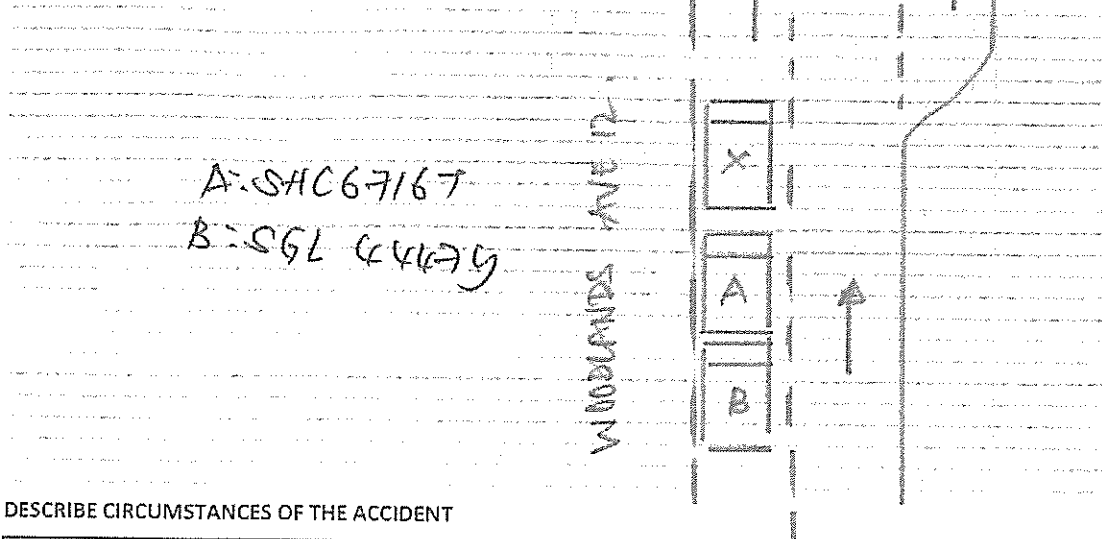
26 DEC 2017

81363613C

[Handwritten signature]

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police report, dated 23/12/17, police report number. 7120171223/2162.

at Toa Payoh NPC.

Brief Details.
 On 23/12/2017 at about 1600hrs, I was driving my Silver Kia Taxi Reg no (SHC6716T) with a passenger along Woodlands Avenue 12 toward Woodlands Avenue 1. The traffic was heavy at that point of time. I was not moving my vehicle as the traffic light was red. Suddenly, I felt a huge impact from the rear. I checked my mirror and noticed that a White Toyota Vios Reg no (SGL4447Y) was at the rear.

I alighted my vehicle and check if there is any damages to my vehicle. The driver of the White Toyota Vios initiated to exchange particulars. I did managed to take down his particulars and also took some photos of the damages done to my vehicle and the White Toyota Vios. After taking photos, I drove my passenger to his destination. I asked my passenger before he alight if he is feeling hurt however he told me he is alright.

Subsequently after alighting my passenger, I drove to Mount Alvernia Hospital to consult a doctor as I felt pain on my neck, shoulder and left knee. I was given 6 days of medical leave from 23/12/2017 to 28/12/2017 by Dr Lim Jin Foo (M056181). The medical leave no is M17019527.

I also have a in build camera in my vehicle however it was recording the front. The in build camera belongs to my company Premier Taxi as such I do not know how to operate it. I did save the images of the damage done to my vehicle as well as the White Toyota Vios. I did not call my company Premier Taxi to inform them about this incident as they do not operate on weekend.

DAMAGES FOUND ON VEHICLE A & VEHICLE B

VEH. A

VEH. B

DECLARATION

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

26 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.:



**SINGAPORE
POLICE FORCE**



T/20171223/2162

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 4

Report No. T/20171223/2162



**SINGAPORE
POLICE FORCE**



T/20171223/2162

4 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20171223/2162

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:

E /

Sgt 1 DARREN TAN YUANJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/12/2017 21:34

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt LEE SOON LYE

Contact No.: 65476239

Classification Of Case:

Authentication Stamp
NP168



Signature

Singapore Police Force

PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC 6716T
CONTACT NO.	8280 6367.
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1363613C**



Name

SEAH CHING KIONG

Race

CHINESE

Date of birth
02-10-1959

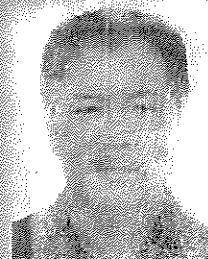
Sex

M

Country of birth
SINGAPORE

S1363613C

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S1363613C**

Name

SEAH CHING KIONG

Birth Date: **02 Oct 1959**

Issue Date: **10 Feb 2003**



4067660



NRIC No. **S1363613C**

Date of issue

05-07-2007

APT BLK 10 JALAN BUKIT HO SWEE #09-82
SINGAPORE 161010

NRIC No: **S1363613C**

Date: **28/10/2010**

No: **6637839**

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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

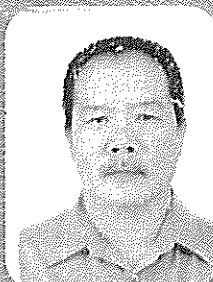
23 Aug 1980
15 Nov 1978



Licence No: **S1363613C**

428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No: **S1363613C**

Name: **SEAH CHING KIONG**

Issue Date: **7/6/2011**

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:	19 Mar 2015 / 10:19:23	Receipt No.:	AACCK001-AX239-150319-000023
Asset Type:	Vehicle	Transaction Amount:	\$65,578.00
Asset ID:	SHC6716T	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150319101923951692		

Vehicle No.:	SHC6716T
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:	19 Mar 2015
Original Registration Date:	19 Mar 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5593369
Engine No.:	D4FDEH313357
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:	\$21,318.00
Minimum PARF Benefit:	\$8,607.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	19 Mar 2015 10:19:23
COE No.:	2015031901002283C
COE Expiry Date:	18 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	18 Mar 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

: **SHC6716T**

Chassis Number

: KNAGM414MF5593369

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-17-194460
Date of Request: 26/12/2017

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 26/12/2017
Enquiry By GOH WEE DEK
TP Vehicle No. SGL4447Y
Accident Date 23/12/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGL4447Y	China Taiping Insurance (Singapore) Pte. Ltd.	17/08/2017-16/08/2018	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.

**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-17-194460
Date of Request: 26/12/2017

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 26/12/2017
Enquiry By GOH WEE DEK
TP Vehicle No. SGL4447Y
Accident Date 23/12/2017

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:

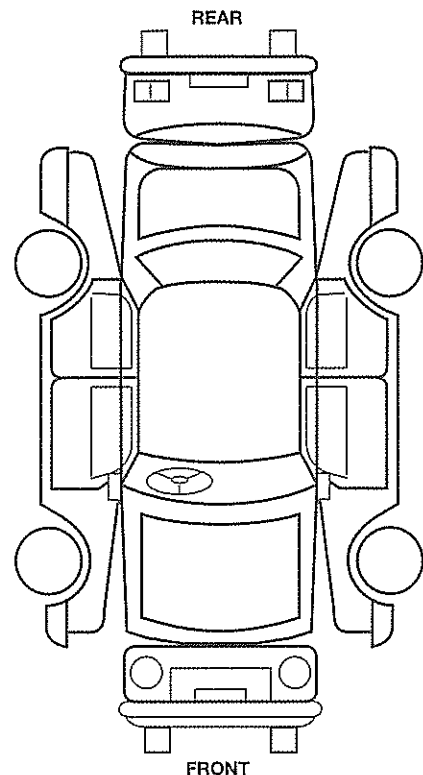
☒ GIRO ☐ Cash ☐ Cheque

CHECK IN / OUT VOUCHER

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

DRIVER'S NAME <u>Seah Ching Kong</u>	
NRIC <u>S 13636130</u>	HANDPHONE <u>82806367</u>
TAXI REGN NO. <u>S H C6716T</u>	MAKE / MODEL <u>KIA OPTIMA</u>
DATE IN <u>26</u> <u>12</u> <u>17</u> TIME IN <u>15</u> <u>15</u>	DATE OUT <u>28</u> <u>12</u> <u>17</u> TIME OUT <u>15</u> <u>47</u>
KILOMETRES IN <u> </u> FUEL IN <u>E</u> <u>1/4</u> <u>1/2</u> <u>3/4</u> <u>F</u>	KILOMETRES OUT <u> </u> FUEL OUT <u>E</u> <u>1/4</u> <u>1/2</u> <u>3/4</u> <u>F</u>

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 M Y Y H H M M
YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <u>Seah Ching Kong</u>	DRIVER'S NAME <u>Koh Tat Sim</u>
DRIVER'S SIGNATURE / DATE / TIME <u> </u>	DRIVER'S SIGNATURE / DATE / TIME <u> </u>
CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)	CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO D D M M Y Y H H M M <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	<u>TP/G</u>