# 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: SHC6017C/GS

#### WITHOUT PREJUDICE

9th March 2018

(By Email Only)

Attn: The Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #04/#05
IOB Building
Singapore 049711

Dear Sir/Madam

# ACCIDENT INVOLVING SHC6017C & SHC8315D ALONG ORCHARD ROAD ON 26.02.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6017C, 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: SHC8315D at the material time of the accident with the driver of our client's vehicle, Mr Koh Chin Soon

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHC8315D, our client's vehicle was damaged and we have been put to loss and damage as follows:

	<u>\$</u>	954.27
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
(2) Loss of Rental - 3Days @\$100.39per day	\$	301.17
(1) Cost of repair	25	353.10 (Incl. GS1)

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6017C
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher

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Our Ref: SHC6017C/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

# **TAX INVOICE**

PREMIER TAXIS PTE LTD 23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443

DATE

9-Mar-2018

**PAGE** 

1 OF 1

ITEM	Description	QTY	U.PRICE		AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA			\$	330.00
	REGN NO: SHC 6017 C		95.		
,			i i		
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR					330.00
	GST @ 7%				
			GRAND TOTAL	\$	353.10

for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



01 March 2018

To Whom It May Concern

Dear Sir/Madam

## **CERTIFICATION LETTER**

This letter serves to inform that Png Tiong Soon of NRIC Number S1541014J is a registered driver of SHC6017C. Png Tiong Soon is paying daily rental rate of \$100.39 (Inclusive of GST).

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

Thank you.

Yours sincerely

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
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 witholding 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 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.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/02/2018 13:34
Date Of Accident	26/02/2018 23:00
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC6017C
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)

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 KOH CHIN SOON

NRIC No S0081674D Date Of Birth 23/12/1952 Occupation **OUTDOOR** Date Of Driving Pass 12/06/1974

**Driving Experience** 43 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93699706

Fax Number

Contact Number

EMail Address **NOEMAIL** 

BLK 284 #11-157 Address **TAMPINES ST 22** 

Postcode 520284

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

CHANGKAT NEIGHBOURHOOD POLICE POST

NO

YES

NO

YES

NO

NO

1

ROAD: BLK 109 TAMPINES STREET 11 #01-261, POSTCODE: 521109, Police Station Address

**COUNTRY: SINGAPORE** 

OTHER - RELIEF DRIVER

Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

VEH. A - NO PAX VEH. B - 1 PAX

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC8315D Vehicle Make/Model/Colour COMFORT TAXI

**Details Of Properties** VEH B Vehicle Category TAXI

Name of Driver MALE CHINESE

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

ivo. Of a doscriger (including Driver)	2
	DETAILS OF INJURED PERSON 1
Name	KOH CHIN SOON - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	SEEK MEDICAL TREATMENT @ CLINIC & HAD 3 DAYS MC
Injured person in which vehicle?	SHC6017C
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.
- 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.
- 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:

- 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")
- 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
- 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.
- 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:

And Will Exercision community

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

50081674D

27 FEB 2018

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

SHC 6017C

				1111	111
SKETCH PLAN					
					77 - 77 to 10 to 1
			6017-C×	A A B	ORCHARD POND.
				1	· TII
DESCRIBE CIRCUMSTANCES			į	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
As stated in police re	,	2/18, police repo		20180227/2	07.6'
Ine. Suddenly I felt in taxi vehicle and caused dented on management of the taxing taxing the taxing taxing the taxing taxing the taxing	an impact from my ra- another, taxi vehicle y taxi vehicle's rear med to lodge a poli managed to excha elt numbness on m han Clinic & Surge erty was damaged	ear which caused the (SHC8315D) collided bumper, ce report and left the	taxi vehicle to shi d with my taxi vehica accident scene as a. I went for doctor ays of MC, eyed by ambulance	he have one passenge consultation on ee.	om ""
	DAMAGES F	OUND ON VEHICL	E A & VEHICLE	B	
	<u> DAMAGEO I</u>	OCIVE OIL AFFICE	L A & VENIOLE		-
VEH. A				VEH, B	
DECLARATION					
I/We declare the foregoing particu	llars are true in evo	97respect. N S008167	4 D	4	7
Policyholder's Signature Date & Time:	Driver's Signa (If driver is no Date & Time:	ture it the policyholder)	Nam	rting Centre Personnel's e: /FIN No.;	Signature





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel Nove 1800-7819999 1 of 3 · Report No. T/20180227/2056

#### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.: Station Diary No.: 27/02/2018 12:27 10 Informant's Particulars Name of Informant: Address: KOH CHIN SOON APT BLK 284 TAMPINES STREET 22 #11-157 SINGAPORE 520284 ID Type / ID No.: Contact No.: NRIC NO / S0081674D Home/Office: Mobile: 93699706 Nationality: Email: SINGAPÖRE CITIZEN Sex: Age: Date of Birth: Type of Informant: 65 Male 23/12/1952 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: Taxi driver Class: 2B,2A,2,3 Date of Expiry:

General Informa	tion of the Acciden	t a same to the same of	•	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2018 23:00	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROA	D			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Worki	. 1	Traffic.Volume: Moderate
Type of Collision STATIONARY V	: EHICLE AGAINST N	OVING VEHICLE		Anyone conveyed by ambulance; No

Details of Vi	ehicle Involved	1				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC6017C	TAXI	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	0
SHC8315D	TAXI	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1





2 of 3 Report No. T/20180227/2056

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No::1800-7819999

CONTINUATION OF REPORT

Details of Perso	n involved			6.7658		
Any Pedestrian Ir	nvolvéd: No					
No. of Pedestrians Injured: NIL Use of Pe			Use of Peo	estriar	Cross	ing: NA
Driver						等对象 化层槽 使性 医内耳氏征
Name	KOH CHIN SOON	,		ID'No	•	S0081674D
Related Vehicle	SHC6017C (TAXI)			Conta	ct No.	93699706
Hospital/Clinic	Y M CHAN CLINIC & SURGERY			Class Drivin Licend Expiry	g ce & ·	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/02/2018		Date Disch		27/02	/2018
No. of Days grant	ted Medical Leave	03	Degree of	Injury	Slight	

#### Brief Details.

On 26/02/2018 at about 2300hrs, I was driving taxi vehicle (SHC6017C) along Orchard Road at Iane 3. While driving, I saw the traffic light was turning to red so I slowed down and stopped behind the stopping line. Suddenly I felt an impact from my rear which caused the taxi vehicle to shift forward. I came out from the taxi vehicle and another taxi vehicle (SHC8315D) collided with my taxi vehicle rear bumper and caused dented on my taxi vehicle's rear bumper.

After which, we informed to lodge a police report and left the accident scene as he have one passenger with him. We did not managed to exchange particulars.

After the accident, I felt numbness on my hands and my back. I went for doctor consultation on 27/02/2018 at Y M Chan Clinic & Surgery and was given 3 days of MC.

No government property was damaged and no one was conveyed by ambulance.





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No. 1800-7819999

Informant is not able to provide sketch plan

Sketch Plan

. 3 of 3 Report No. T/20180227/2056

CONTINUATION OF REPORT

# 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: Signature Of Informant: Sat 2 CHEE KIT YING Signature Of Interpreter: Date/Time: Not applicable 27/02/2018 12:27 Officer In Charge Of Case: Classification Of Case: TP / AEIT / SINGAPORE POLICE FORCE SSI KASMAWATI BTÉ SAMIAI Contact No.: 65476179. Authentication Stamp NP168 SIGNATURE

REMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	9tic 6017C
CONTACT NO.	93699706.
NEW MAILING	
ADDRESS	
(if any)	

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0081674D



Name

#### KOH CHIN SOON



许振春

Mace

CHINESE

Date of Birth 23-12-1952

23-12-1952

Country of Birth
SINGAPORE



# Licence Number: S 0 0 8 1 6 7 4 D Name KOH CHIN SOON Birth Date: 23 Dec 1952 issue Date: 26 Feb 2004





NRIC No. S0081674D

Blood Group Date o

O+

20-12-1993

APT BLK 284 TAMPINES STREET 22 #11-157

SINGAPORE 520284

NRIC No: 50081674D

Date: 30-03-1998

No:

2531209

1525596

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE 14 Apr 1975

1.00

lass 2B Motorcycles not exceeding 200 cc

Class 2A Motorcycles between 201 cc and 400 cc

Class 2 Motorcycles exceeding 400 cc Class 3 Motor Cars and Motor Tractors the we

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

14 Apr 1975 14 Apr 1975 12 Jun 1974

NP 428A







**VOCATIONAL LICENCE** 

Licence No.: S0081674D

Mana

KOH CHIN SOON

Issue Date : 7/3/2008

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:

13 Jun 2014 / 09:22:14

Receipt No.:

AACCK001-AX239-140613-000012

Asset Type:

Vehicle

Transaction Amount:

\$70.018.00

Asset ID:

SHC6017C

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

**Business Transaction** 

01.02 Register New Vehicle (AA)

Reference No.:

20140613092214904080

Vehicle No.:

SHC6017C

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: 13 Jun 2014

Original Registration

13 Jun 2014

Date:

Vehicle Make:

KΙΑ

Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414ME5463555

Engine No.:

D4FDDH307977

Motor No.:

Trailer Chassis No.:

Diesel

Propellant: Passenger Capacity:

4

Engine Capacity:

1685

Power Rating: Unladen Weight:

Maximum Laden

1584

Weight:

2050

Primary Color:

Silver

Secondary Color:

Manufacturing Year:

2013

Open Market Value:

\$20,028.00

Minimum PARF

\$7,524.00

Benefit: PARF Eligibility:

No. of Transfer:

Effective Ownership

Date/Time:

13 Jun 2014 09:22:14

COE No.:

2014061301001208M

COE Expiry Date:

12 Jun 2022

COE Bid Category:

Actual QP/PQP Paid

Amount:

\$57,338.00

Lifespan Expiry Date: Owner ID Type:

12 Jun 2022 Company



### **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

: SHC6017C

Chassis Number

: KNAGM414ME5463555

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)

: 16 Oct 2017 17:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 





REPL	ACEMEN	IT VFH	GIVEN	YES	/NO

<b>MPREMIER</b>		VEH NO.
TAXIS	CHECK IN / OUT VOUCH	JOB NO.
DRIVER'S NAME Koh (him Soc	$\wedge$	INDICATE AREA OF DAMAGE HERE:
NRIC \$ 00 8 (674D	HANDPHONE \$ 3699706	REAR
TAXI REGN NO. 8 H ( 6 0 17 C	MAKE/MODEL KOZ	
DATE IN TIME IN 1340	DATE OUT TIME OUT	
KILOMETRES IN FUEL IN E 1/4 1/2 3/4 F	KILOMETRES OUT	
TAXI METER DOWNLOADED	DATE (TIME TOWED BLTO MODIFEROD	
YES NO	DATE / TIME TOWED IN TO WORKSHOP  DOM MAYY HHHMM M  DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION  DOD MAYYY HHMM M	
I ACKNOWELDGE AND CONFIRM THAT I HAVI THAT THE SAME IS IN GOOD CONDITION AN TOGETHER WITH THE ACCESSORIES / ITEM CONJUNCTION WITH THE TERM RENTAL AGE	D TO MY SATISFACTION IN EVERY RESPECT IS LIST ABOVE. THIS VOUCHER IS USED IN	
CHECKIN KOH CHINSOON	CHECK OUT KOH CHIM SOON	
DRIVER'S NAME	DRIVERS VANE	
DRIVER'S SIGNATURE / DATE / TIME	DRIVER'S SIGNATURE DATE TIME	FRONT
		BODY MARKINGS 1 - Light Dent 5 - Damaged
CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)	CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)	2 - Serious Dent       6 - Chip         3 - Light Scratch       7 - Crack         4 - Serious Scratch       8 - Peeling
SÉRVICE / REPAIRS DONE	DRIVER'S REMARKS	
U SERVICING U OTHERS: U T / BELT U AIRCON SYSTEM U ACCIDENT: DATE / OTHERS: U TURBO U D M M / OT Y U BULB U UNDER CARRIAGE U CPF U BATTERY	the process of the contract of	