

# 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: SHC6350P/GS

**WITHOUT PREJUDICE**

15<sup>th</sup> 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 SHC6350P & PC5625J ALONG TG KATONG ROAD / SIMS AVE ON 02.03.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6350P, 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: PC5625J at the material time of the accident with the driver of our client's vehicle, Mr Tan Soon Tee

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: PC5625J, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	2300.50 (Incl. GST)
(2) Loss of Rental - 3Days @\$101.46per day	\$	304.38
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
(4) LTA Search fee	\$	7.45
	\$	<b><u>2912.33</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6350P
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, LTA search
- (5) Scene video

## **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: SHC6350P/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](mailto: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 15-Mar-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6350 P			\$ 2,150.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,150.00
GST @ 7%				\$ 150.50
GRAND TOTAL				\$ 2,300.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



08 March 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Tan Soon Tee of NRIC Number S1062476B is a registered driver of SHC6350P. Tan Soon Tee is paying daily rental rate of \$101.46 (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: 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](http://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 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	02/03/2018 09:45
Date Of Accident	02/03/2018 08:30
Exact Location Of Accident	TG KATONG ROAD // SIMS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6350P
<b>Insured/Policyholder</b>	
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	TAN SOON TEE
NRIC No	S1062476B
Date Of Birth	14/07/1947
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81800653
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 373 #05-430 JURONG EAST ST 32
Postcode	600373
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : PAX IN VEH. A - CHINESE GENDER: : FEMALE

#### 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 - 1 PAX VEH. B - SOME 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	PC5625J
Vehicle Make/Model/Colour	BUS
Details Of Properties	VEH. B
Vehicle Category	BUS
Name of Driver	KAMI BIN AJMAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT PORTION
No. Of Passenger (Including Driver)	

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.



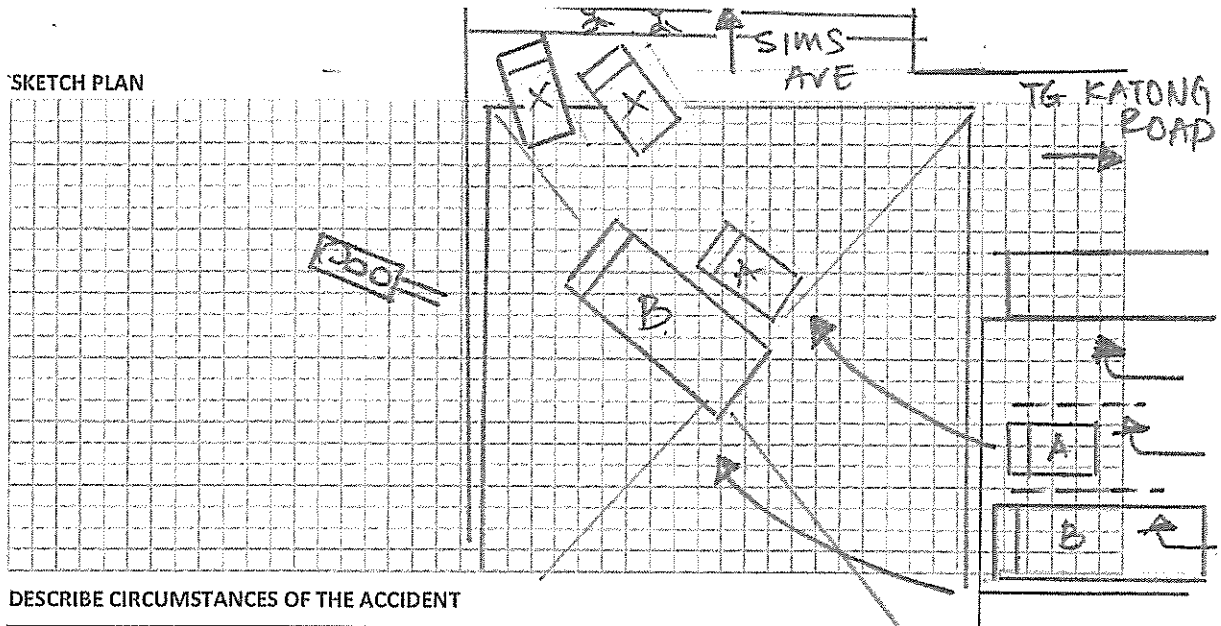
Policyholder's Signature  
Date & Time:

X *[Signature]* 51062476/B  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

- 2 MAR 2018

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6350P

B: PC 5625J.

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

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 02/03/2018 @ 0830HRS, I WAS DRIVING MY TAXI ( SHC 6350 P )  
TRAVELLING ALONG TANJONG KATONG ROAD AT THE TRAFFIC LIGHT JUNCTION  
OF SIMS AVE, IN THE MIDDLE LANE WITH A PASSENGER ONBOARD.

TRAFFIC LIGHT TURNED GREEN ON MY ROUTE FAVOUR & I PROCEED AHEAD –  
ACCORDING TO THE FLOW OF TRAFFIC.

I STOPPED MY TAXI AS ANOTHER VEHICLE AHEAD OF ME STOPPED – GIVING WAY  
TO SOME PEDESTRIANS CROSSING THE JUNCTION.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

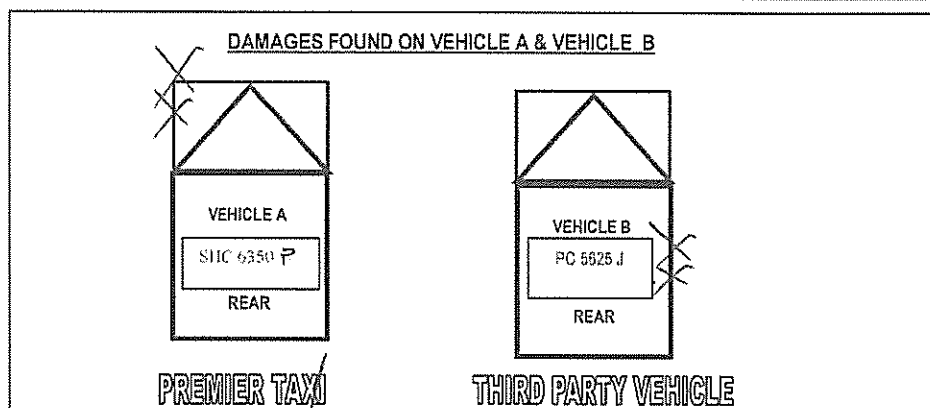
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( PC 5625 J – BUS ) WHICH  
WAS FROM THE LEFT LANE, FAILED TO KEEP FOR PROPER LOOK OUT &  
ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

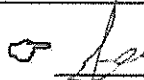
AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO FRONT LEFT  
PORTION OF MY TAXI – WHILE HE WAS TURNING RIGHT INTO SIMS AVE.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT LEFT PORTION AND  
VEHICLE B HAD DAMAGES ON THE RIGHT PORTION.


NO INJURY INVOLVED.  
VEHICLE B HAD PASSENGERS ONBOARD.

\*VIDEO FOOTAGE CAPTURED.



 81062476/B  
Driver's Signature & NRIC Number  
@ 9:59:06 AM

( attended by  )

 <b>PREMIER TAXIS</b>	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	<b>SHC6350BP</b>
CONTACT NO.	<b>8180 0653</b>
NEW MAILING ADDRESS (if any)	

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1062476B**




Name  
**TAN SOON TEE**  
**陈 顺 池**  
Race  
**CHINESE**  
Date of Birth  
**14-07-1947**  
Country of Birth  
**SINGAPORE**

Sex  
**M**




**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S1062476B**  
Name:  
**TAN SOON TEE**  
Birth Date: **14 Jul 1947**  
Issue Date: **05 Jun 2003**



1277480




NRIC No. **S1062476B**


Blood Group **O+** Date of issue **14-09-1993**

APT 6LK 373 JURONG EAST STREET 32 #05-430  
SINGAPORE 600373  
NRIC No: **S1062476B** Date: **21/04/2017**


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E**

	PASS DATE
<b>Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</b>	<b>31 Jul 1978</b>

NP 428A



**Land Transport Authority**



**VOCATIONAL LICENCE**  
Licence No : **S1062476B**  
Name : **TAN SOON TEE**  
Issue Date : **6/12/2005**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

Text size + -

**Enquire Transaction History****Transaction History Details**

<b>Log Date/Time:</b>	20 Jan 2015 / 09:01:45	<b>Receipt No.:</b>	AACCK001-AX239-150120-000007
<b>Asset Type:</b>	Vehicle	<b>Transaction Amount:</b>	\$66,097.00
<b>Asset ID:</b>	SHC6350P	<b>Channel:</b>	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
<b>Transaction Type:</b>	01.02 Register New Vehicle (AA)		
<b>Business Transaction Reference No.:</b>	20150120090145305132		
<b>Vehicle No.:</b>	SHC6350P		
<b>Vehicle Type:</b>	H10 - Public Transport Taxi (Motor Car)		
<b>Vehicle Attachment 1:</b>	Air-Con (Taxi)		
<b>Vehicle Attachment 2:</b>	-		
<b>Vehicle Attachment 3:</b>	-		
<b>Vehicle Scheme:</b>	Taxi (Company)		
<b>First Registration Date:</b>	20 Jan 2015		
<b>Original Registration Date:</b>	20 Jan 2015		
<b>Vehicle Make:</b>	KIA		
<b>Vehicle Model:</b>	OPTIMA 1.7(A) DIESEL		
<b>Chassis No.:</b>	KNAGM414MF5575307		
<b>Engine No.:</b>	D4FDEH313251		
<b>Motor No.:</b>	-		
<b>Trailer Chassis No.:</b>	-		
<b>Propellant:</b>	Diesel		
<b>Passenger Capacity:</b>	4		
<b>Engine Capacity:</b>	1685		
<b>Power Rating:</b>	-		
<b>Unladen Weight:</b>	1584		
<b>Maximum Laden Weight:</b>	2050		
<b>Primary Color:</b>	Silver		
<b>Secondary Color:</b>	-		
<b>Manufacturing Year:</b>	2014		
<b>Open Market Value:</b>	\$20,693.00		
<b>Minimum PARF Benefit:</b>	\$8,082.00		
<b>PARF Eligibility:</b>	Y		
<b>No. of Transfer:</b>	0		
<b>Effective Ownership Date/Time:</b>	20 Jan 2015 09:01:45		
<b>COE No.:</b>	2015012001001506D		
<b>COE Expiry Date:</b>	19 Jan 2023		
<b>COE Bid Category:</b>	-		
<b>Actual QP/PQP Paid Amount:</b>	\$52,486.00		
<b>Lifespan Expiry Date:</b>	19 Jan 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 : **SHC6350P**  
Chassis Number : KNAGM414MF5575307
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**



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

Print Date/Time : 02 Mar 2018 / 13:30:23

Receipt Date/Time : 02 Mar 2018 / 13:30:23

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-180302-001128

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - PC5625J As at 02 Mar 2018/08:30:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - PC5625J Enquiry Fee 20180302132938195774	7.00	0.49	7.49
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				
	xxxxxxxxxxx0416	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 TAN SOON TEE

NRIC S1062476B

HANDPHONE 81800653

TAXI REGN NO SHC6350P

MAKE / MODEL K02

DATE IN 070318 TIME IN 0900

DATE OUT 090318 TIME OUT 1155

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

Tan Soon Tee X

DRIVER'S NAME

Tan X

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

to SA

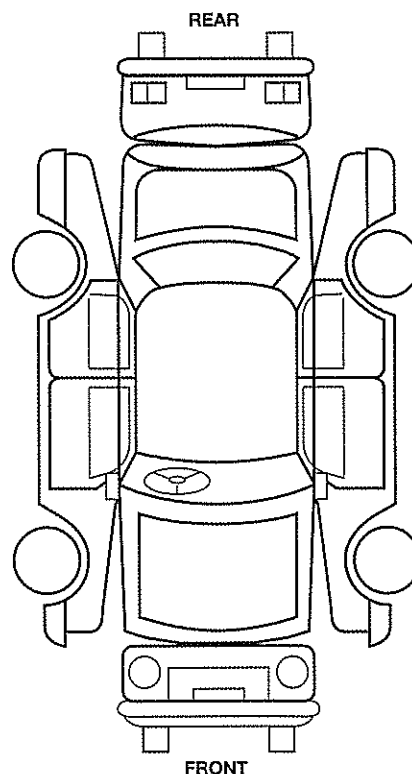
DRIVER'S NAME

[Signature]

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

- |                     |             |
|---------------------|-------------|
| 1 - Light Dent      | 5 - Damaged |
| 2 - Serious Dent    | 6 - Chip    |
| 3 - Light Scratch   | 7 - Crack   |
| 4 - Serious Scratch | 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: 020318 0830 TP/V	