

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: SHB8838S/GS

WITHOUT PREJUDICE

21st April 2018

(By Email Only)

Attn: The Motor Claims Department

AXA Insurance Pte Ltd
No.8 Shenton Way
#27-01
Singapore 068811

Dear Sir/Madam

ACCIDENT INVOLVING SHB8838S & SGW4107X ALONG BUKIT BATOK ROAD / PAVILION CIRCLE ON 31.03.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8838S, 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: SGW4107X at the material time of the accident with the driver of our client's vehicle, Mr Perakasam S/o Ramalingam Samy

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SGW4107X, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	1070.00 (Incl. GST)
(2) Loss of Rental - 5Days @\$89.69per day	\$	448.45
(3) GIA Search fee	\$	<u>2.00</u>
	\$	<u>1520.45</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8838S
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search, Scene video

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Our Ref: SHB8838S/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 21-Apr-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8838 S			\$ 1,000.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,000.00
GST @ 7%				\$ 70.00
GRAND TOTAL				\$ 1,070.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



04 April 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Perakasam S/O Ramalingam Samy of NRIC Number S1274993G is a registered driver of SHB8838S. Perakasam S/O Ramalingam Samy is paying daily rental rate of \$89.69 (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 read "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
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	02/04/2018 12:26
Date Of Accident	31/03/2018 13:40
Exact Location Of Accident	BT BATOK ROAD // PAVILION CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8838S
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	PERAKASAM S/O RAMALINGAM SAMY
NRIC No	S1274993G
Date Of Birth	14/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81682547
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 18 #03-87 TECK WHYE LANE
Postcode	680018
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	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	
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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - MALAY GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - MALAY 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 - 2 PAX 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	SGW4107X
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	KOH YING LING FELICIA
NRIC/Passport Number	S9804700Z
Contact Number	93823929
Address	
Postcode	

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

PERAKASAM S/O RAMALINGAM SAMY - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

WILL SEEK FOR MEDICAL TREATMENT

Injured person in which vehicle?

SHB8838S

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.



02 APR 2018

[Handwritten signature]

[Handwritten signature]

Policyholder's Signature
Date & Time:

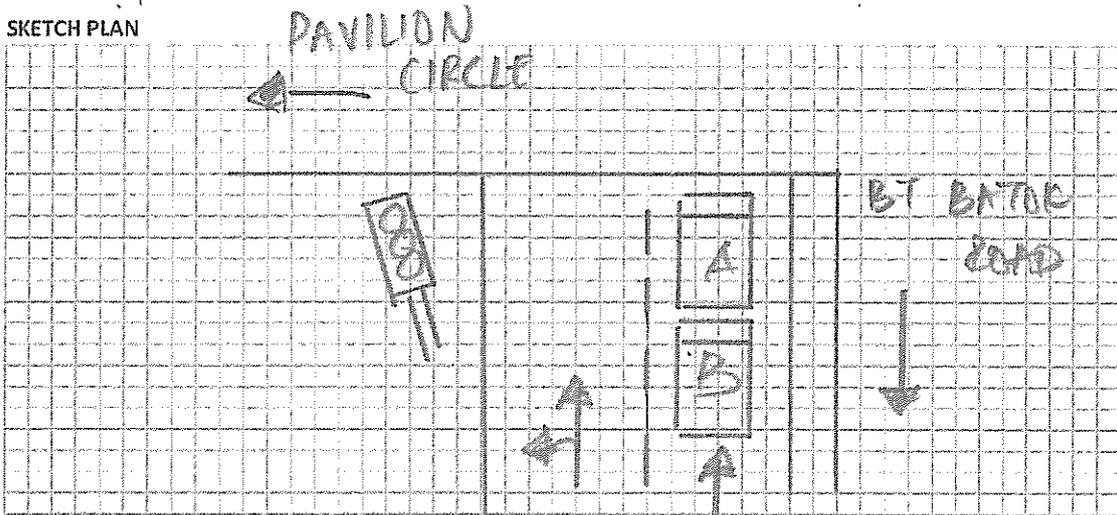
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

512749936.
SHB 88385

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 88385

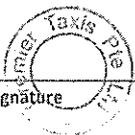
B: SGW 4107X

DECLARATION

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

02 APR 2018

Policyholder's Signature
Date & Time:



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

FHL

512749936

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

[Signature]

Describe Circumstance of the Accident.

ON 31/03/2018 @ 1340 HRS, I WAS DRIVING MY TAXI (SHB 8838 S) TRAVELLING ALONG BT BATOK ROAD AT THE TRAFFIC LIGHT JUNCTION OF PAVILION CIRCLE, IN THE RIGHT LANE WITH 2 PASSENGERS ONBOARD.

I STOPPED MY TAXI AS TRAFFIC LIGHT WAS RED AT THE POINT OF TIME.

WHILE STATIONARY FOR MORE THAN 5 SECONDS, SUDDENLY I FELT AN IMPACT FROM THE REAR.

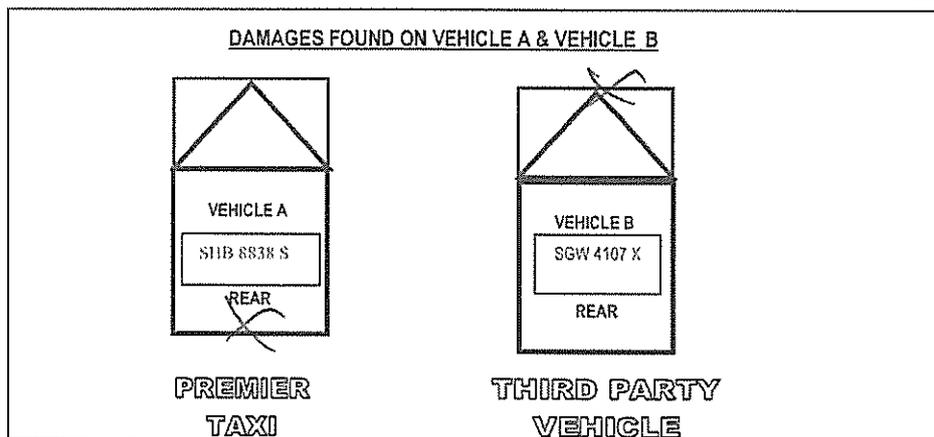
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SGW 4107 X – HONDA CIVIC) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

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

NO PASSENGERS ONBOARD VEHICLE B & SCENE PHOTOS TAKEN.

*VIDEO FOOTAGE CAPTURED.



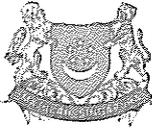
 512749936.

Driver's Signature & NRIC Number
Monday, April 02, 2018 @ 12:38:24 PM

(attended by )

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 88385
CONTACT NO.	8168 2547
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1274993G



Name
PERAKASAM S/O RAMALINGAM SAMY
பிரகாசம்
Race
INDIAN
Date of Birth Sex
14-12-1957 M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1274993G**
Name
PERAKASAM S/O RAMALINGAM SAMY
Birth Date: **14 Dec 1957**
Issue Date: **07 Sep 2009**



NRIC No **S1274993G**

Blood Group Date of issue
AB+ 08-08-1994

Address
**PT BUKIT TECK WAVE LANE #01-07
SINGAPORE 68018**

NRIC No: S1274993G Date: 08-08-1994 No: 2523977

2255903

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 cc	23 Feb 1984
Class 2A Motorcycles between 201 cc and 400 cc	15 Mar 1996
Class 2 Motorcycles > 400 cc	19 Mar 2002
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	24 Apr 1985
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	26 Sep 1985
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	19 Nov 1985



NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No : S1274993G

Name : PERAKASAM S/O R SAMY

Issue Date : 19/10/2005

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



Enquire Transaction History

Transaction History Details

Log Date/Time:	18 Nov 2013 / 10:20:03	Receipt No.:	AACCK001-AX239-131118-000008
Asset Type:	Vehicle	Transaction Amount:	\$75,658.00
Asset ID:	SHB8838S	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131118102003337231		

Vehicle No.:	SHB8838S
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 Nov 2013
Original Registration Date:	18 Nov 2013
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5451831
Engine No.:	D4FDDH308756
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:	2013
Open Market Value:	\$19,721.00
Minimum PARF Benefit:	\$7,332.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	18 Nov 2013 10:20:03
COE No.:	2013111801000832E
COE Expiry Date:	17 Nov 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$63,297.00
Lifespan Expiry Date:	17 Nov 2021
Owner ID Type:	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 : **SHB8838S**
Chassis Number : KNAGM414ME5451831
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-18-048590
Date of Request: 02/04/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/04/2018
Enquiry By GOH WEE DEK
Vehicle No. SGW4107X
Accident Date 31/03/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGW4107X	AXA Insurance Pte Ltd	17/07/2017-16/07/2018	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.





RECORDS MANAGEMENT CENTRE

**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-18-048590
 Date of Request: 02/04/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

 Enquiry Date 02/04/2018
 Enquiry By GOH WEE DEK
 Vehicle No. SGW4107X
 Accident Date 31/03/2018

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




REPLACEMENT VEH GIVEN YES / NO

VEH NO. SHB 88385

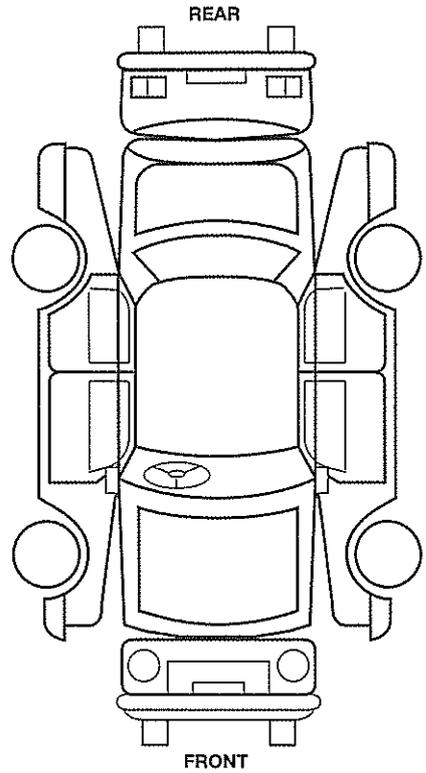
JOB NO.

CHECK IN / OUT VOUCHER

|||||

DRIVER'S NAME <u>PERMASAM R.S.</u>	
NRIC <u>S 12749936</u>	HANDPHONE <u>81682547</u>
TAXI REGN NO. <u>S H 88385</u>	MAKE / MODEL <u>W2</u>
DATE IN <u>020418</u> TIME IN <u>1100</u>	DATE OUT <u>060418</u> TIME OUT <u>1000</u>
KILOMETRES IN	FUEL IN
	E 1/4 1/2 3/4 F
KILOMETRES OUT	FUEL OUT
	E 1/4 1/2 3/4 F

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 |

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.

<p>CHECK IN</p> <p><u>PERMASAM R.S.</u></p> <p>DRIVER'S NAME</p> <p><u>FL. 02/04/18</u></p> <p>DRIVER'S SIGNATURE / DATE / TIME</p> <p>CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP)</p>	<p>CHECK OUT</p> <p><u>PERMASAM R.S.</u></p> <p>DRIVER'S NAME</p> <p><u>FL.</u></p> <p>DRIVER'S SIGNATURE / DATE / TIME</p> <p>CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP)</p>
---	--

<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO <u>310308 1340</u></p> <p><input type="checkbox"/> BRAKE SYSTEM</p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE <u>TP/W</u></p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p>	<p>DRIVER'S REMARKS</p>
--	-------------------------