



04 May 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Chiew Yin Thiang of NRIC Number S0699214E is a registered driver of SHC6401B. Chiew Yin Thiang is paying daily rental rate of \$97.18 (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

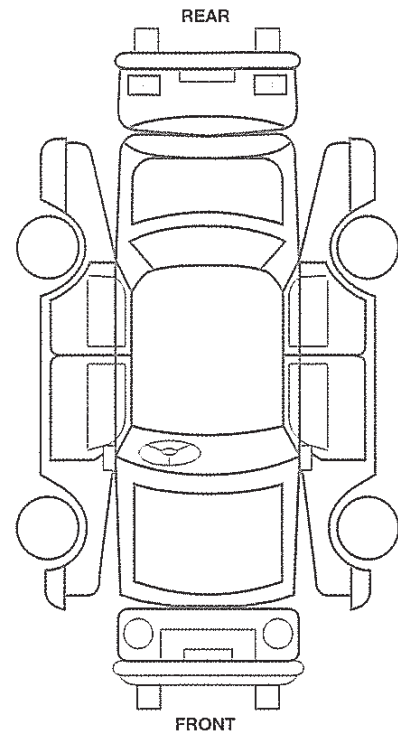
PREMIER TAXIS PTE LTD  
23 Changi South Avenue 2  
#03-02  
Singapore 486443  
Telephone: +65 6214 8880 Fax: +65 6214 0330  
[www.premiertaxi.com](http://www.premiertaxi.com)  
Co. Reg. No. 200304975H



**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <b>CHIEW YIN THIANG</b>											
NRIC <b>S 0699214E</b>	HANDPHONE <b>96259214</b>										
TAXI REGN NO. <b>SHC6401B</b>	MAKE / MODEL <b>KO2</b>										
DATE IN <b>250418</b> TIME IN <b>1840</b>	DATE OUT <b>280418</b> TIME OUT <b>1030</b>										
KILOMETRES IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
E	1/4	1/2	3/4	F							

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
YES	DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION
NO	

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.

<b>CHECK IN</b>	<b>CHECK OUT</b>
DRIVER'S NAME <b>Chiew Yin Thiang</b>	DRIVER'S NAME <b>Chiew Yin Thiang</b>
DRIVER'S SIGNATURE / DATE / TIME <b>[Signature]</b>	DRIVER'S SIGNATURE / DATE / TIME <b>[Signature]</b>
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"/> 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: <b>250418 1715</b> <b>TP/V</b>