

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: SHC6287P/GS

WITHOUT PREJUDICE

14th August 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 SHC6287P, SHC5444J & SKC7992U ALONG PIE –
TUAS ON 02.06.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6287P, 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: SHC5444J at the material time of the accident with the driver of our client's vehicle, Mr Ong Teow Guan

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SHC5444J, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	2889.00 (Incl. GST)
(2) Loss of Rental - 4Days @\$101.44per day	\$	405.76
(3) Loss of Income – 4Days @\$100.00per day	\$	400.00
	\$	<u>3694.76</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6287P
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher

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: SHC6287P/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 14-Aug-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6287 P			\$ 2,700.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,700.00
GST @ 7%				\$ 189.00
GRAND TOTAL				\$ 2,889.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



07 June 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lim Hern Kheng @Low Hern Kheng of NRIC Number S1367519H is a registered driver of SHC6287P. Lim Hern Kheng @Low Hern Kheng is paying daily rental rate of \$101.44 (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	04/06/2018 09:58
Date Of Accident	02/06/2018 16:20
Exact Location Of Accident	PIE - TUAS (BEFORE KALLANG BAHRU)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6287P
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	ONG TEOW GUAN
NRIC No	S1197758H
Date Of Birth	20/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1977
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96792633
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 318B #07-255 ANCHORVALE LINK
Postcode	542318
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : PAX IN THE REAR SEAT - 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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A & VEH. B - 1 PAX VEH. C - 2 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 Witness 1

Name	MR NAM-JOON CHO - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5444J
Vehicle Make/Model/Colour	TRANSCAB TAXI/RENAULT
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	DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC7992U
Vehicle Make/Model/Colour	VOLKS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	FEMALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	ONG TEOW GUAN - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT SOME DISCOMFORT, WENT CLINIC & HAD 4 DAYS MC
Injured person in which vehicle?	SHC6287P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NAM-JOON CHO - PAX IN VEH. A
Approximate Age	
Injuries Sustain	SOME BACK PAIN
Injured person in which vehicle?	SHC6287P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

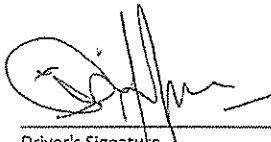
IMPORTANT NOTICE

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.





04 JUN 2018



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.:

S1197758H.
SHC 6287P

Sketch Plan Pg. 2

SKETCH PLAN

DIE TUAS
 (BER) Kalkung
 Bahru.

↑
 ②

A
 B
 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6287 P

B: SHC 544KJ.

B: OKC 79924.

- * Refer to attach police report.
- * Video footage captured.
- * Scene photos taken.

DECLARATION

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

04 JUN 2018

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.:

10/10/2010 10:00:00 AM

ce & Time: 1197758H.



**SINGAPORE
POLICE FORCE**



T/20180603/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20180603/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2018 12:20		Vide Report No.:		Station Diary No.: 61
Informant's Particulars				
Name of Informant: ONG TEOW GUAN		Address: APT BLK 318B ANCHORVALE LINK #07-255 SINGAPORE 542318		
ID Type / ID No.: NRIC NO / S1197758H		Contact No.: Home/Office: Mobile: 96792633		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 20/10/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE driving towards Tuas, before paya lebar between Kallang Bahru (At the 12.5km mark)				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: My rear side of my vehicle was hit			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC5444J	Car	RENAULT		Red	Seriously Damaged	1
SHC6287P	Car	KIA	Kia Optima	Silver	Slightly Damaged	1
SKC7992U	Car	VOLKSWAGO N		White	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180603/2038

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180603/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG TEOW GUAN	ID No.	S1197758H
Related Vehicle	SHC6287P (Car)	Contact No.	96792633
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/06/2018	Date Discharge	03/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	NAM-JOON CHO	ID No.	NIL
Related Vehicle	NIL	Contact No.	98370526
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/06/2018, at about 1620hrs, I was driving my taxi, silver cab (SHC 6287P) along Pan-island Expressway towards Tuas. I was at lane one, on the extreme right lane. The traffic at the point of time was heavy. The vehicle at the front suddenly jam brake and as such, I also jam brake. This resulted in the taxi behind me to knock onto my vehicle, not once but twice. The driver behind me also did not have enough reaction time and knocked onto my vehicle as a result.

There were three vehicles involved in the traffic accident. The second vehicle's car plate number was SHC 5444J, a Trans Cab taxi. The third car was SKC 7992U a private car which knocked onto the second vehicle as a result. I leave my vehicle and make a check on my passenger, Nam-Joon Cho who informed that he feel abit painful on his back. However, he told me that he do not require any medical attention. I make a check with the rest of the parties involved and at that point of time, only vehicle number SKC7992U's passenger was having injury on her shin.

I was injured and I have four days of medical certificate. I have injuries on my shoulder, neck, leg and back. The towing crew told me to leave the scene and as such I did not see any traffic police or ambulance at the scene.



**SINGAPORE
POLICE FORCE**



T/20180603/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20180603/2038

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180603/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

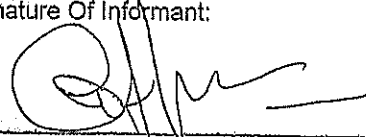


Report No. T/20180603/2038


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: F / Sgt 2 TAN BING REN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2018 12:20
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case: SN 085
Authentication Stamp NP168	 Signature:  Singapore Police Force

 PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC6287P
CONTACT NO.	96792633
NEW MAILING ADDRESS (if any)	—

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1197758H**

Name
ONG TEOW GUAN
王朝源

Race
CHINESE

Date of Birth
20-10-1956

Sex
M

Country of Birth
SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1197758H**
Name: **ONG TEOW GUAN**


Birth Date: **20 Oct 1956**
Issue Date: **14 Feb 2003**




1687377



NRIC No. **S1197758H**



Blood Group **A+** Date of issue **16-02-1994**

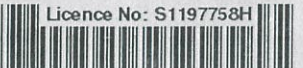
Address
**APT BLK 318B ANCHORVALE LINK #07-255
SINGAPORE 542318**
NRIC No: **S1197758H** Date: **17-10-2001** No: **4039011**

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

PASS DATE **02 Mar 1977**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


Licence No: **S1197758H**



Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1197758H**
Name: **ONG TEOW GUAN**
Issue Date: **3/5/2013**



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:	10 Oct 2014 / 09:52:27	Receipt No.:	AACCK001-AX239-141010-000013
Asset Type:	Vehicle	Transaction Amount:	\$63,308.00
Asset ID:	SHC6287P	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141010095227479408		

Vehicle No.:	SHC6287P
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1:	Air-Con (Taxi)
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Vehicle Attachment 2:	-
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Vehicle Attachment 3:	-
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Vehicle Scheme:	Taxi (Company)
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First Registration Date:	10 Oct 2014
--------------------------	-------------

Original Registration Date:	10 Oct 2014
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Vehicle Make:	KIA
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Vehicle Model:	OPTIMA 1.7(A) DIESEL
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Chassis No.:	KNAGM414MF5541997
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Engine No.:	D4FDEH311488
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Motor No.:	-
------------	---

Trailer Chassis No.:	-
----------------------	---

Propellant:	Diesel
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Passenger Capacity:	4
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Engine Capacity:	1685
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Power Rating:	-
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Unladen Weight:	1584
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Maximum Laden Weight:	2050
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Primary Color:	Silver
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Secondary Color:	-
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Manufacturing Year:	2014
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Open Market Value:	\$19,730.00
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Minimum PARF Benefit:	\$7,338.00
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PARF Eligibility:	Y
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No. of Transfer:	0
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Effective Ownership Date/Time:	10 Oct 2014 09:52:27
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COE No.:	2014101001001207K
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COE Expiry Date:	09 Oct 2022
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COE Bid Category:	-
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Actual QP/PQP Paid Amount:	\$50,938.00
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Lifespan Expiry Date:	09 Oct 2022
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Owner ID Type:	Company
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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 : **SHC6287P**
Chassis Number : KNAGM414MF5541997
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



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME ONG TEOW GUAN (relief)

NRIC S 1197758H

HANDPHONE 96792633

TAXI REGN NO. SHC6287P

MAKE / MODEL KO2

DATE IN 040618 TIME IN 1000

DATE OUT 070618 TIME OUT 1500

KILOMETRES IN FUEL IN
E 1/4 1/2 3/4 FKILOMETRES 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

ONG TEOW GUAN

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECK OUT

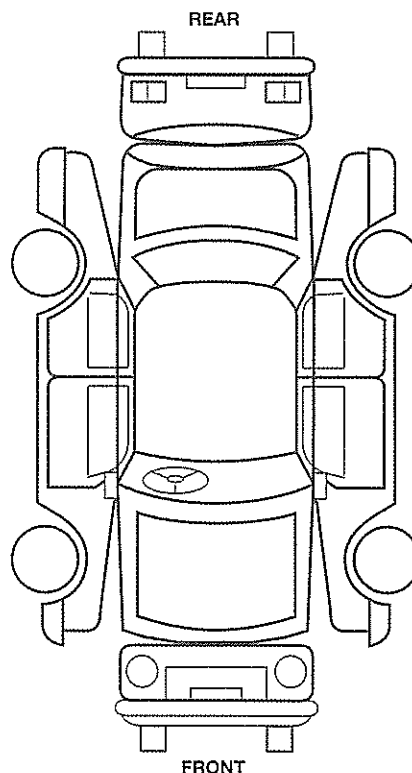
ONG TEOW GUAN

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)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

- | | |
|---|--|
| <input type="checkbox"/> SERVICING | <input type="checkbox"/> OTHERS: |
| <input type="checkbox"/> T / BELT | |
| <input type="checkbox"/> AIRCON SYSTEM | <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: |
| <input type="checkbox"/> TURBO | 020618 2320 |
| <input type="checkbox"/> BRAKE SYSTEM | |
| <input type="checkbox"/> CLUTCH SYSTEM | |
| <input type="checkbox"/> BULB | |
| <input type="checkbox"/> UNDER CARRIAGE | TP / U |
| <input type="checkbox"/> CPF | |
| <input type="checkbox"/> BATTERY | |

DRIVER'S REMARKS

- Hired - Mr Lim Hen Kheng 9640 7577