

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: SHB8029K/GS

WITHOUT PREJUDICE

16th November 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 SHB8029K & FBL2471Z ALONG WOODLANDS TRAIN CHECKPOINT TAXI STAND ON 23.07.18

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8029K, 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: FBL2471Z at the material time of the accident with the driver of our client's vehicle, Mr Shah Rafiq Bin Abdul Rahman

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

(1) Cost of repair	\$	1605.00 (Incl. GST)
(2) Loss of Rental - 4Days @\$102.51per day	\$	410.04
(3) Loss of Income – 4Days @\$100.00per day	\$	400.00
(4) GIA Search Fee	\$	2.00
	\$	<u>2417.04</u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8029K
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search

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: SHB8029K/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 16-Nov-2018
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8029 K			\$ 1,500.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,500.00
GST @ 7%				\$ 105.00
GRAND TOTAL				\$ 1,605.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



02 August 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Shah Rafiq Bin Abdul Rahman of NRIC Number S8231239J is a registered driver of SHB8029K. Shah Rafiq Bin Abdul Rahman is paying daily rental rate of \$102.51 (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 "Kellie Poh", written over a circular stamp.

Kellie Poh

Administration Manager

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 willful 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	24/07/2018 15:23
Date Of Accident	23/07/2018 18:30
Exact Location Of Accident	WOODLANDS TRAIN CHECKPOINT TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8029K
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	SHAH RAFIQ BIN ABDUL RAHMAN
NRIC No	S8231239J
Date Of Birth	19/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81576473
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 17 #09-249 MARSILING LANE
Postcode	730017
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	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	2
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 - INDIAN LADY 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 - 1 PILLION VEH. C - 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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL2471Z
Vehicle Make/Model/Colour	M/CYCLE
Details Of Properties	VEH. B
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AMIRUDDIN BIN ZAILANI
NRIC/Passport Number	S9313522I
Contact Number	91868616
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF2322C
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. C
Vehicle Category	GOODS VEHICLE
Name of Driver	SIM POH HOCK
NRIC/Passport Number	S1193372F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AMIRUDDIN BIN ZAILANI - RIDER OF VEH. B
Approximate Age	
Injuries Sustain	INJURY ON LEGS & FINGERS
Injured person in which vehicle?	FBL2471Z
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.



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.:

X S8231239J
X SHB80291K

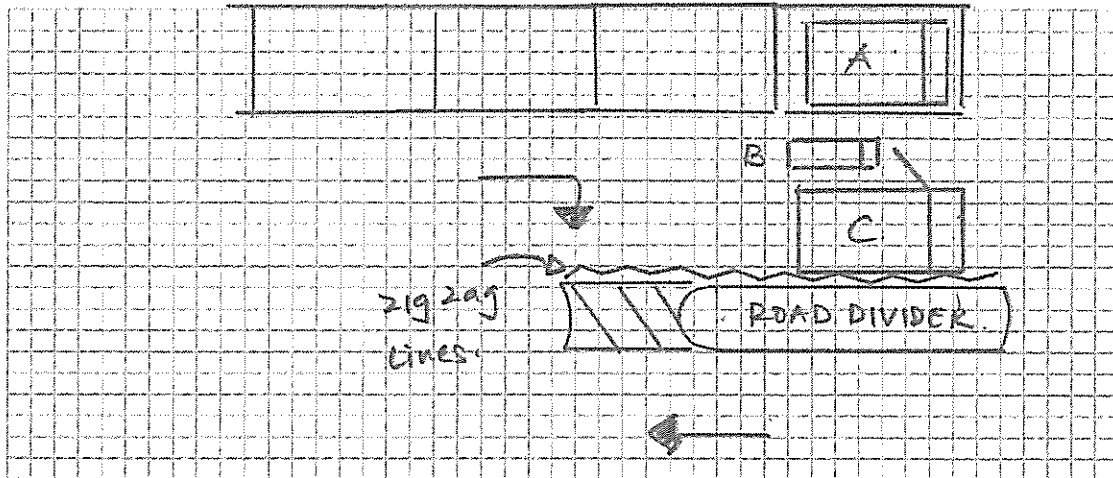
24 JUL 2018

Sketch Plan Pg. 2

WOODLANDS TRAIN CHECKPOINT

TAXI STAND.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8029K.

B: FBL 24712

C: GBF 2322 C.

DECLARATION

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

24 JUL 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.:

Describe Circumstance of the Accident.

ON 23/07/2018 @ 1830HRS, I WAS IN MY TAXI (SHB 8029 K) STATIONARY ALONG THE TAXI STAND @ WOODLANDS TRAIN STATION CHECKPOINT – BOARDING A PASSENGER.

WHILE STATIONARY – WAITING FOR THE SAID PASSENGER TO BOARD INTO MY TAXI SAFELY, SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (FBL 2471 Z – HONDA M/CYCLE) HAD FELL & COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

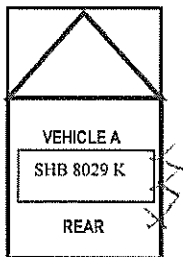
RIDER OF VEHICLE B INFORMED ME THAT A PASSENGER FROM VEHICLE C (GBF 2322 C – LORRY) WHICH WAS STATIONARY ALONG THE RIGHT SIDE OF THE DRIVEWAY (ALONG THE ZIG ZAG LINES) HAD OPENED THE FRONT LEFT DOOR ABRUPTLY & HIT AGAINST VEHICLE B WHICH WAS APPROACHING ON MY RIGHT.

RIDER OF VEHICLE B FELL AND SUFFERED SOME ABRASSIONS ON HIS FINGERS & LEGS. HE REFUSED FOR MEDICAL ATTENTION AND NO AMBULANCE AT SCENE.

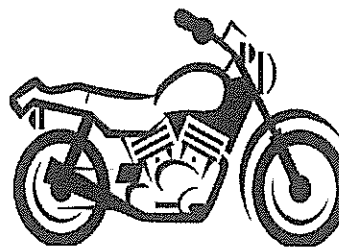
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT PORTION AND I WAS NOT AWARE OF DAMAGES TO OTHER VEHICLES.

ALL VEHICLES HAD A PILLION & PASSENGER ONBOARD.

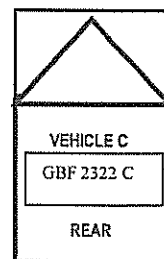
DAMAGES FOUND ON VEHICLE A, B & C



PREMIER
TAXI



FBL 2471 Z



VEHICLE C
GBF 2322 C


REAR

THIRD PARTY
VEHICLES

 582 3123 95

Driver's Signature & NRIC Number
Tuesday, July 24, 2018 @ 3:51:23 PM

(attended by )

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB80291C
CONTACT NO.	81576473
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8231239J**



Name

SHAH RAFIQ BIN ABDUL RAHMAN

شه رافيق بن عبدالرحمن

Race

MALAY

Date of birth

19-09-1982

Sex

M

S8231239J

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8231239J**

Name:

SHAH RAFIQ BIN ABDUL RAHMAN

Birth Date: **19 Sep 1982**

Issue Date: **03 Aug 2009**



001768571C

5056003



NRIC No. **S8231239J**



Date of issue

15-06-2012

APT BLK 17 MARSILING LANE #09-249 SINGAPORE 730017

NRIC No: **S8231239J**

Date: **27/02/2017**

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

PASS DATE

Class 2B Motorcycles =< 200 cc

Class 2A Motorcycles between 201 cc and 400 cc

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg .

14 Jan 2002

17 Aug 2004

03 Aug 2009



Licence No: **S8231239J**

NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No. **S8231239J**

Name **SHAH RAFIQ BIN ABDUL RAHMAN**

Issue Date: **26/7/2014**

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:	30 Oct 2015 / 08:35:46	Receipt No.:	AACCK001-AX239-151030-000009
Asset Type:	Vehicle	Transaction Amount:	\$69,044.00
Asset ID:	SHB8029K	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151030083546113846		
Vehicle No.:	SHB8029K		
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:	30 Oct 2015		
Original Registration Date:	30 Oct 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5639455		
Engine No.:	D4FDEH313504		
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:	2015		
Open Market Value:	\$22,475.00		
Minimum PARF Benefit:	\$14,079.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	30 Oct 2015 08:35:46		
COE No.:	2015103001003845G		
COE Expiry Date:	29 Oct 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,439.00		
Lifespan Expiry Date:	29 Oct 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 : **SHB8029K**
Chassis Number : KNAGM414MF5639455
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-18-113328
Date of Request: 24/07/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/07/2018
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. FBL2471Z
Accident Date 23/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
FBL2471Z	AXA Insurance Pte Ltd	03/08/2017-02/08/2018	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.



**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-18-113328
Date of Request: 24/07/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/07/2018
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. FBL2471Z
Accident Date 23/07/2018

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. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME <u>SHAH RAFIQ</u> (Hirer)											
NRIC <u>S 8231239J</u>	HANDPHONE <u>81576473</u>										
TAXI REGN NO. <u>S H B 8029 K</u>	MAKE / MODEL <u>KO2</u>										
DATE IN <u>240718</u> TIME IN <u>1520</u>	DATE OUT <u>270718</u> TIME OUT <u>1725</u>										
KILOMETRES IN <u>270259</u> FUEL IN <table><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 <u> </u> FUEL OUT <table><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							

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

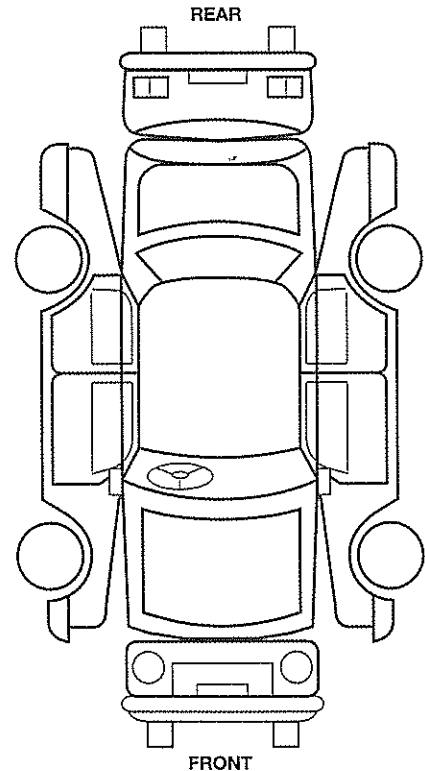
I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

CHECK IN

CHECK OUT

SHAH RAFIQ BIN ABUL RAHMAN X
DRIVER'S NAMESHAH RAFIQ BIN ABUL RAHMAN X
DRIVER'S NAME[Signature] X
DRIVER'S SIGNATURE / DATE / TIME[Signature] X
DRIVER'S SIGNATURE / DATE / TIMECHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

1 - Light Dent
2 - Serious Dent
3 - Light Scratch
4 - Serious Scratch

5 - Damaged
6 - Chip
7 - Crack
8 - Peeling

SERVICE / REPAIRS DONE	DRIVER'S REMARKS																				
<table><tr><td><input type="checkbox"/> SERVICING</td><td><input type="checkbox"/> OTHERS:</td></tr><tr><td><input type="checkbox"/> T / BELT</td><td></td></tr><tr><td><input type="checkbox"/> AIRCON SYSTEM</td><td><input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td><u>230718 18:30</u></td></tr><tr><td><input type="checkbox"/> BRAKE SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> CLUTCH SYSTEM</td><td></td></tr><tr><td><input type="checkbox"/> BULB</td><td></td></tr><tr><td><input type="checkbox"/> UNDER CARRIAGE</td><td></td></tr><tr><td><input type="checkbox"/> CPF</td><td></td></tr><tr><td><input type="checkbox"/> BATTERY</td><td></td></tr></table>	<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	<u>230718 18:30</u>	<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		<u>TP / V</u>
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