

# 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: SHB8472M/GS

**WITHOUT PREJUDICE**

31<sup>st</sup> January 2019

**(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 SHB8472M & EC777S ALONG RITZ CARLTON HOTEL BASEMENT CARPARK ON 13.09.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8472M, 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: EC777S at the material time of the accident with the driver of our client's vehicle, Mr Kannan S/o Marimuthu

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: EC777S, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	299.60 (Incl. GST)
(2) Loss of Rental - 2Days @\$114.06per day	\$	228.12
(3) GIA Search Fee	\$	<u>2.00</u>
	\$	<u><b>529.72</b></u>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8472M
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher, GIA search

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SINGAPORE 486443

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Our Ref: SHB8472M/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 31-Jan-2019  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8472 M			\$ 280.00
<b>TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR</b>				\$ 280.00
GST @ 7%				\$ 19.60
<b>GRAND TOTAL</b>				\$ 299.60



for Premier Automotive Services Pte Ltd

**(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)**



20 September 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Heng Poh Choong of NRIC Number S1511519Z is a registered driver of SHB8472M. Heng Poh Choong is paying daily rental rate of \$114.06 (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 "Kellie Poh".

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](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	14/09/2018 10:35
Date Of Accident	13/09/2018 20:15
Exact Location Of Accident	RITZ CARLTON HOTEL BASEMENT CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8472M
<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	KANNAN S/O MARIMUTHU
NRIC No	S7529462Z
Date Of Birth	01/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93893780
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 613 #06-153 JURONG WEST ST 62
Postcode	640613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUPER RELIEF - CLEMENTI
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 ON 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

BOTH VEHICLES - NO PAX \*REFER TO ATTACH POLICE REPORT

#### 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	EC777S
Vehicle Make/Model/Colour	FERRARI
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PHUI NYEN
NRIC/Passport Number	S0021314D
Contact Number	
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 KANNAN S/O MARIMUTHU - DRIVER OF VEH. A  
Approximate Age  
Injuries Sustain FELT UNWELL, WENT TO CLINIC & HAD 3 DAYS MC  
Injured person in which vehicle? SHB8472M  
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.



14 SEP 2018

*(Handwritten signature)*

Policyholder's Signature  
Date & Time:

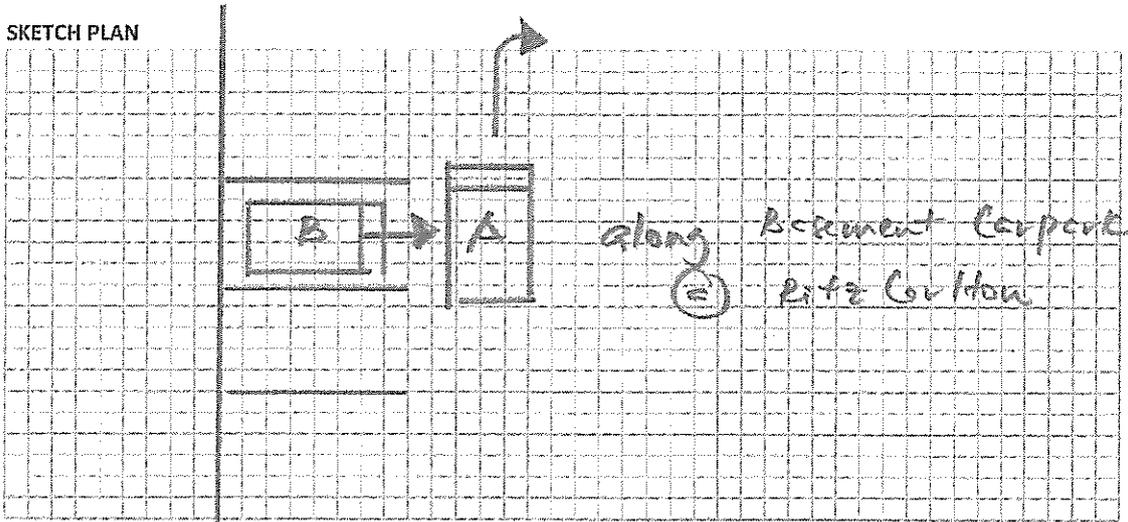
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

X SHB 8472M  
X STS 84612

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8472M

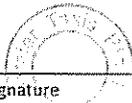
B: EC7775

\* Refer to attach police report

DECLARATION

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

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)

Date & Time: 8/3/2010

14 SEP 2010

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180914/2032

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20180914/2032

Driver			
Name	Lee Phui Nyen	ID No.	S0021314D
Related Vehicle	EC777S (Car)	Contact No.	NIL
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
Driver			
Name	KANNAN S/O MARIMUTHU	ID No.	S7529462Z
Related Vehicle	SHB8472M (Car)	Contact No.	93893780
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	14/09/2018	Date Discharge	14/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, and time, I was travelling inside basement 2 carpark of Ritz Carlton hotel. As my vehicle was on the move, one vehicle bearing the registration number EC777S came out from the parking lot and collided into the left side of my vehicle, my vehicle sustained some minor scratches on the bottom left. When the vehicle collided into mine, my right shoulder hit onto the window and I felt pain on my right shoulder. We exchange particulars and left. I seek medical treatment on 14/09/2018 and was given outpatient treatment with 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20180914/2032

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

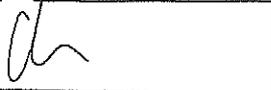
CONTINUATION OF REPORT

3 of 3  
Report No. T/20180914/2032

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: E / Staff Sgt LOCK KANG WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2018 09:50
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:  SN 168
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SN 168 SIGNATURE

 <b>PREMIER TAXIS</b>	HIRER / RELIEF / SUPER RELIEF <i>Clement</i>
VEHICLE NO.	SHB 8472M
CONTACT NO.	93893780
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7529462Z**



Name  
**KANNAN S/O MARIMUTHU**

LDIT கண்ணன்

Race  
**INDIAN**

Date of birth Sex  
**01-10-1975 M**

Country of birth  
**SINGAPORE**

S7529462Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7529462Z**  
Name:

**KANNAN S/O MARIMUTHU**

Birth Date: **01 Oct 1975**

Issue Date: **05 Jan 2004**



NRIC No. **S7529462Z**



Date of issue  
**21-06-2006**

APT BLK 613 JURONG WEST STREET 62 #06-153  
SINGAPORE 640613

NRIC No: **S7529462Z**

Date: **25/05/2009**

No: **6142931**

3895670

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

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles =< 200 CC	15 Nov 2010
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	06 Dec 1996
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 Mar 1998

S / No. 9000137020

S7529462Z

NP 428A



Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S7529462Z**

Name : **KANNAN S/O MARIMUTHU**

Issue Date : **19/8/2011**

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



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

Log Date/Time:	09 Oct 2013 / 08:50:44	Receipt No.:	AACCK001-AX239-131009-000001
Asset Type:	Vehicle	Transaction Amount:	\$73,954.00
Asset ID:	SHB8472M	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131009085044218346		
Vehicle No.:	SHB8472M		
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:	09 Oct 2013		
Original Registration Date:	09 Oct 2013		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5446883		
Engine No.:	D4FDDH308153		
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:	\$19,990.00		
Minimum PARF Benefit:	\$7,494.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	09 Oct 2013 08:50:44		
COE No.:	2013100901000728Z		
COE Expiry Date:	08 Oct 2021		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$61,324.00		
Lifespan Expiry Date:	08 Oct 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 : **SHB8472M**  
Chassis Number : KNAGM414ME5446883
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**

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

### Third Party Insurer Enquiry

Our Ref No: GR-18-142391  
Date of Request: 14/09/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/09/2018  
Enquiry By GARY SHI GUO RONG  
TP Vehicle No. EC777S  
Accident Date 13/09/2018

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
EC777S	AXA Insurance Pte Ltd	02/09/2018-01/09/2019	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-18-142391  
 Date of Request: 14/09/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

 Enquiry Date 14/09/2018  
 Enquiry By GARY SHI GUO RONG  
 TP Vehicle No. EC777S  
 Accident Date 13/09/2018

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

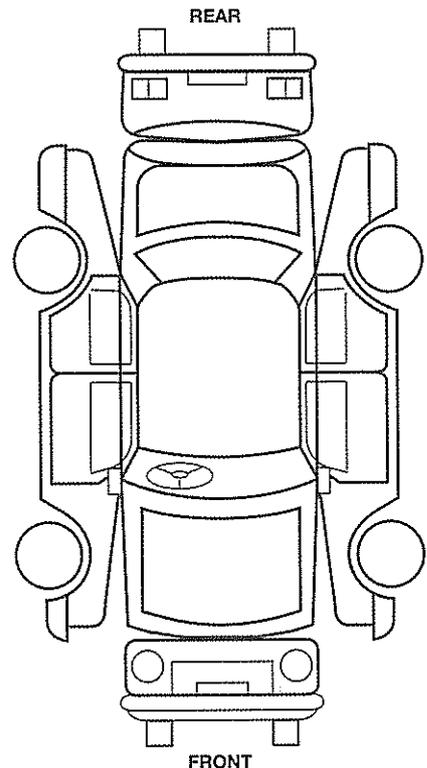
VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

**CHECK IN / OUT VOUCHER**

DRIVER'S NAME <u>Heng Poh Choong</u>		HANDPHONE <u>9 389 3780</u>	
NRIC S <u>75294627</u>	TAXI REGN NO. S H <u>B8472M</u>		
DATE IN <u>18 09 18</u> TIME IN <u>0910</u>		DATE OUT <u>19 09 18</u> TIME OUT <u>1550</u>	
KILOMETRES IN	FUEL IN	KILOMETRES OUT	FUEL OUT
	E 1/4 1/2 3/4 F		E 1/4 1/2 3/4 F

INDICATE AREA OF DAMAGE HERE:



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**

Heng P.C

M. K...

DRIVER'S NAME

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

BODY MARKINGS

- |                     |             |
|---------------------|-------------|
| 1 - Light Dent      | 5 - Damaged |
| 2 - Serious Dent    | 6 - Chip    |
| 3 - Light Scratch   | 7 - Crack   |
| 4 - Serious Scratch | 8 - Peeling |

<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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO      D D M M Y Y H H M M</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</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p> <p style="text-align: right; font-size: 2em;">TP/G</p>	<p>DRIVER'S REMARKS</p> <p><u>NMH - Clementi</u></p>
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