

# 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: SHB8305M/GS

**WITHOUT PREJUDICE**

20<sup>th</sup> 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 SHB8305M & SJT9108R ALONG OPEN CARPARK @  
ANG MO KIO AVE 5 BLK 629 – BLK 630 ON 20.09.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHB8305M, 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: SJT9108R at the material time of the accident with the driver of our client's vehicle, Mr Chim Kok Yong

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: SJT9108R, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$	888.10 (Incl. GST)
(2) Loss of Rental - 3Days @\$109.94per day	\$	329.82
(3) Loss of Income – 3Days @\$100.00per day	\$	300.00
(4) GIA Search Fee	\$	2.00
	<b>\$</b>	<b><u>1519.92</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHB8305M
- (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: SHB8305M/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 20-Nov-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHB 8305 M			\$ 830.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 830.00
GST @ 7%				\$ 58.10
GRAND TOTAL				\$ 888.10



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



27 September 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Ow Hock Tiong of NRIC Number S7032006A is a registered driver of SHB8305M. Ow Hock Tiong is paying daily rental rate of \$109.94 (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](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	21/09/2018 11:35
Date Of Accident	20/09/2018 12:45
Exact Location Of Accident	OPEN CARPARK @ ANG MO KIO AVE 6 (BLK 630-BLK 629)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8305M
<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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	CHIM KOK YONG
NRIC No	S0765666A
Date Of Birth	10/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1972
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97955276
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 645 #10-4971 ANG MO KIO AVE 6
Postcode	560645
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	SIDE SWIPE
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?	NO
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - NO PAX VEH. B - 1 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	SJT9108R
Vehicle Make/Model/Colour	M/BENZ
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TOH MOK
NRIC/Passport Number	
Contact Number	96943417
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT REAR PORTION

No. Of Passenger (Including Driver)

2

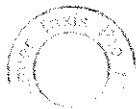
SKETCH PLAN

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.



*[Signature]*

21 SEP 2018

*[Signature]*

Policyholder's Signature  
Date & Time:

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

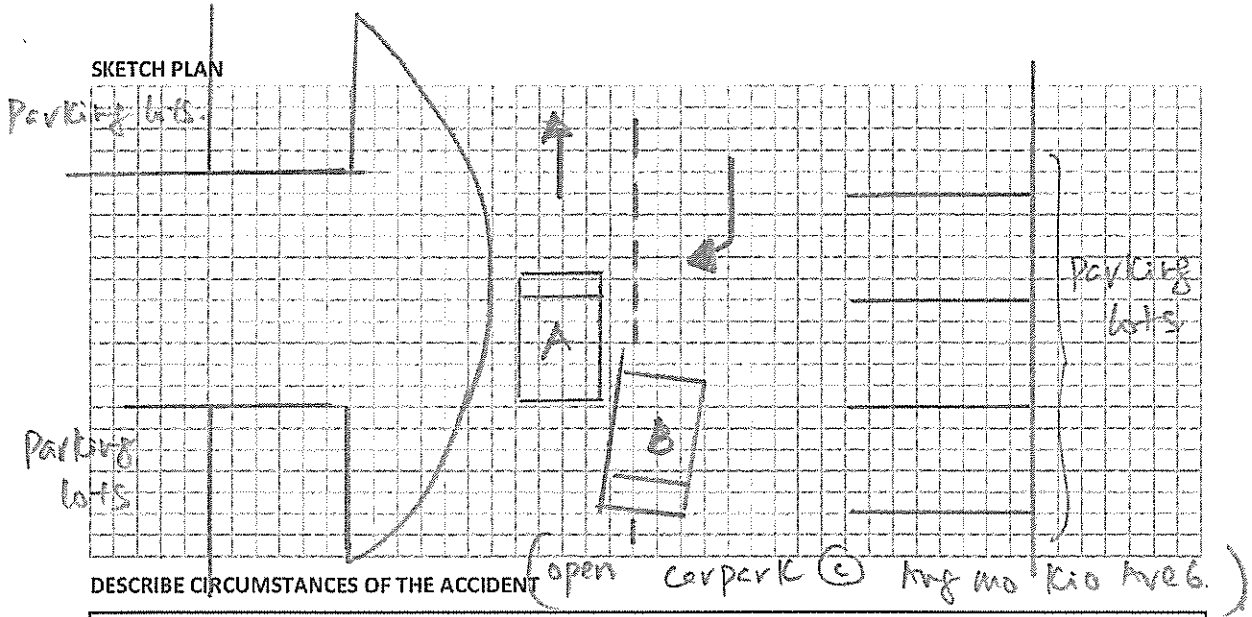
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IC/2018/001/001\_V1

X SHB 8305 M  
X YC50765666A



**Sketch Plan Pg. 2**



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A. SHB8305M

b. ST 9108P.

\* Refer to attached police report

## DECLARATION

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

21 SEP 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.:

[illegible]

1/c 0765667A

[illegible]

1 of 2

Report No. F/20180921/2056

Date/Time Report Made 21/09/2018 10:30	Vide Report No.	Station Diary No. 17		
Name Of Informant CHIM KOK YONG	Address APT BLK 645 ANG MO KIO AVENUE 6 #10-4971 SINGAPORE 560645			
ID Type / ID No. NRIC NO / S0765666A	Contact No. Home/Office                      Mobile ;                                      97955276			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation TAXI DRIVER	Sex Male	Age 70	Date of Birth 10/03/1948	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 20/09/2018 12:45	Location Of Incident 629 ANG MO KIO AVENUE 4 YIO CHU KANG VIEW SINGAPORE 560629 Open carpark between Blk 629 and 630			

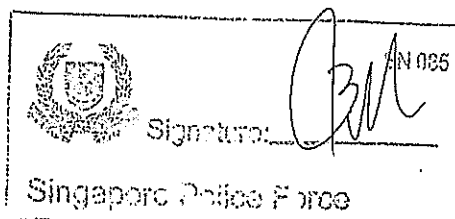
On 20/09/2018 at about 12.45pm at the open carpark between Blk 630 and 629 Ang Mo Kio, I was driving my Premier Tax (SHB8305M). While I stopped before the stop line to give way to the on-coming vehicle, one car (SJT9108R, Mercedes E230, driven by Mr Tan Toh Mok) drove pass my taxi from opposite direction. While it was negotiating right turn, the rear portion of the said car collided onto the rear right side of my taxi. My taxi is damaged with scratches on the rear right body. No one was injured. I am

Signature Of Informant:

Date/Time:  
21/09/2018 10:30

**Classification Of Case:**

## Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20180921/2056

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180921/2056

lodging this report for insurance claim through my taxi company.

<b>Subjects Involved</b>			
<b>Others</b>			
Person Name	Tan Toh Mok		
ID Type	NRIC NO	ID No	S1057949Z
Gender	Male	Nationality	SINGAPORE CITIZEN
Race	Chinese	Address	22 Kalidasa Ave SINGAPORE 789401
Mobile No	96943417		

Signature Of Officer Recording The Report:

F / SI BALA MURUGAN S/O KALIAPPAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Ang Mo Kio North N.P.C /  
SI NG GEOK MENG  
Contact No.: 64849999

Signature Of Informant:

Date/Time:  
21/09/2018 10:30

Classification Of Case:


Authentication Stamp



Signature:

Singapore Police Force

S/035

 <b>PREMIER TAXIS</b>	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	SHB8305M
CONTACT NO.	97955276
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S0765666A**



Name

**CHIM KOK YONG**

詹 国 扬

Race

**CHINESE**

Date of birth

**10-03-1948**

Sex

**M**

Country of birth

**SINGAPORE**

**S0765666A**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S0765666A**

Name:

**CHIM KOK YONG**

Birth Date: **10 Mar 1948**

Issue Date: **21 Jul 2003**



4552070

NRIC No. **S0765666A**



Date of issue

**08-03-2010**

Address

**APT BLK 645 ANG MO KIO AVENUE 6  
#10-4971  
SINGAPORE 560645**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Jan 1978
Class 2A	Motorcycles between 201 cc and 400 cc	09 Jan 1978
Class 2	Motorcycles exceeding 400 cc	09 Jan 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Sep 1972

NP 428A



Land Transport Authority

**VOCATIONAL LICENCE**



Licence No : **S0765666A**

Name : **CHIM KOK YONG**

Issue Date : **8/3/2010**

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

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H  
 Owner ID Type: Company  
 Owner Name: PREMIER TAXIS PTE. LTD.  
 Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443  
 Mailing Address: -  
 Birth Date: -

**Vehicle Particulars**

Vehicle No.: SHB8305M  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 19 Jul 2017  
 Original Regn Date: 19 Jul 2017  
 Registration Date: 19 Jul 2017  
 Year of Manufacture: 2016  
 Vehicle Type: Public Transport Taxi (Motor Car)  
 Vehicle Scheme: Taxi (Company)  
 Vehicle Attachment 1: Air-Con (Taxi)  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: HYUNDAI  
 Vehicle Model: I30 GDH 1.6 TCI 5DR DCT  
 Primary Colour: Silver  
 Secondary Colour: -  
 Passenger Capacity: 4  
 Chassis No.: TMAD281UVHJ128606  
 Engine No.: D4FBGZ125023  
 Engine Capacity/Power Rating: 1582 cc / -  
 Maximum Power Output: 100.0 kW (134 bhp)  
 Propellant: Diesel  
 Max Unladen Weight: 1496 kg  
 Maximum Laden Weight: 1940 kg  
 Open Market Value: \$20,618.00  
 PARF Eligibility: Yes  
 PARF Eligibility Expiry Date: 18 Jul 2025  
 Minimum PARF Benefit: \$8,019.00  
 No. of Transfers: 0  
 IU Label No.: 1050706432  
 COE No.: 2017071901003928H  
 COE Expiry Date: 18 Jul 2025  
 COE Category: A - Car up to 1600cc & 97kW (130bhp)  
 COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)  
 Quota Premium (QP) / Prevailing Quota Premium: - / \$48,200.00  
 PQP Paid: \$38,560.00  
 QP (Regn Cat): -  
 OPC Cash Rebate Eligibility: No

## 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 : **SHB8305M**  
Chassis Number : TMAD281UVHJ128606
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	: DBS BANK LTD
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-18-146091

Date of Request: 21/09/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 21/09/2018  
Enquiry By VINCENT CHUA WEE AN  
TP Vehicle No. SJT9108R  
Accident Date 20/09/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJT9108R	AXA Insurance Pte Ltd	13/02/2018-12/02/2019	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.



**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-18-146091  
Date of Request: 21/09/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 21/09/2018  
Enquiry By VINCENT CHUA WEE AN  
TP Vehicle No. SJT9108R  
Accident Date 20/09/2018

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque





REPLACEMENT VEH GIVEN YES / NO

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

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

## CHECK IN / OUT VOUCHER

DRIVER'S NAME CHIM KOK YONG (RELIEF)

NRIC S 0765666A HANDPHONE 97955276

TAXI REGN NO. SHB 8305M MAKE / MODEL I30CA)

DATE IN 25.09.18 TIME IN 0930 DATE OUT 27.09.18 TIME OUT 1645

KILOMETRES IN 141987 FUEL IN E 1/4 1/2 3/4 F KILOMETRES OUT 141987 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

CHIM KOK YONG X

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

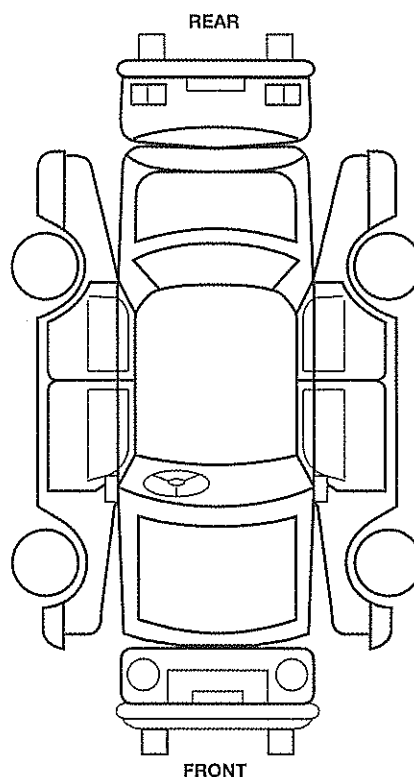
## CHECK OUT

DRIVER'S NAME CHIM KOK YONG

DRIVER'S SIGNATURE / DATE / TIME

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          | 200918 1245  |
| <input type="checkbox"/> BRAKE SYSTEM   |  |
| <input type="checkbox"/> CLUTCH SYSTEM  |  |
| <input type="checkbox"/> BULB           |  |
| <input type="checkbox"/> UNDER CARRIAGE | TP/V   |
| <input type="checkbox"/> CPF            |  |
| <input type="checkbox"/> BATTERY        |  |

## DRIVER'S REMARKS

- Mr ow Hock TIONG - 8723 5528