

# **PREMIER AUTOMOTIVE SERVICES PTE LTD**

23 CHIANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL:65446671 FAX:62141511

CO. REG:200707743D GST REG:200707743D

Our Ref: SHC6842L/GS

**WITHOUT PREJUDICE**

6<sup>th</sup> December 2018

**(By Email Only)**

**Attn: The Motor Claims Department**

India International Insurance Pte Ltd

64 Cecil Street #04/#05

IOB Building

Singapore 049711

Dear Sir/Madam

## **ACCIDENT INVOLVING SHC6842L, SHB4282X & SGM994E ALONG CTE – CITY ON 31.10.18**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: SHC6842L, 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: SHB4282X at the material time of the accident with the driver of our client's vehicle, Mr Elankovan 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: SHB4282X, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair	\$ 1765.50 (Incl. GST)
(2) Loss of Rental - 3Days @\$108.93per day	\$ 326.79
(3) Loss of Income – 3Days @\$100.00per day	\$ 300.00
	<b><u>\$ 2392.29</u></b>

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

- (1) Final Repair Bill, GIA report & sketch plan of SHC6842L
- (2) Driver's I/C and Driving Licence
- (3) Vehicle Registration card, Certificate of Insurance
- (4) Check In/Out Voucher

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Our Ref: SHC6842L/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 6-Dec-2018  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6842 L			\$ 1,650.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,650.00
GST @ 7%				\$ 115.50
GRAND TOTAL				\$ 1,765.50

  
for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



02 November 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Elankovan S/O Marimuthu of NRIC Number S1230979A is a registered driver of SHC6842L. Elankovan S/O Marimuthu is paying daily rental rate of \$108.93 (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 in a cursive style.

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 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. 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	31/10/2018 15:31
Date Of Accident	31/10/2018 13:40
Exact Location Of Accident	CTE - CITY (BEF MOULMEIN / BALESTIER EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6842L
<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	ELANKOVAN S/O MARIMUTHU
NRIC No	S1230979A
Date Of Birth	04/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96530961
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 287C #04-330 JURONG EAST ST 21
Postcode	603287
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	3
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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - MALAYS GENDER: : FEMALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - MALAYS 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 - 2 PAX VEH. B - UNKNOWN PAX ONBOARD VEH. C - NO 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	SHB4282X
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	ROGER TAN KIM HENG
NRIC/Passport Number	S7407755B
Contact Number	91785275
Address	
Postcode	

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT & REAR

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SGM994E

Vehicle Make/Model/Colour

MITSUBISHI / RED

Details Of Properties

VEH. C

Vehicle Category

PRIVATE CAR

Name of Driver

SUMARTI BTE BEDJAHAN

NRIC/Passport Number

Contact Number

81686489

Address

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

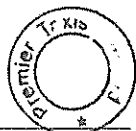
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.:

GIA-ACC Sketch Plan Form V3

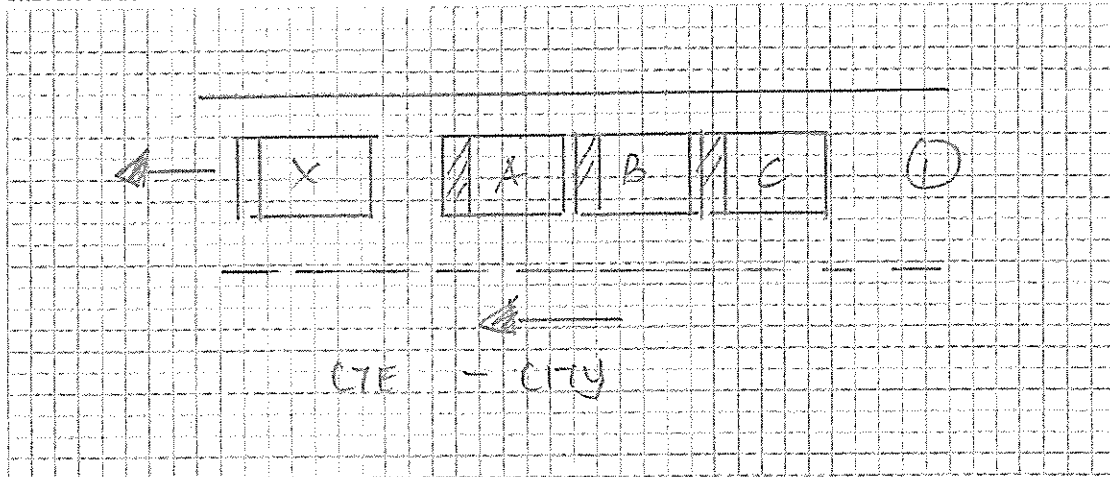
31 OCT 2018

X SHC 6426

X 5123097985



### SKETCH PLAN

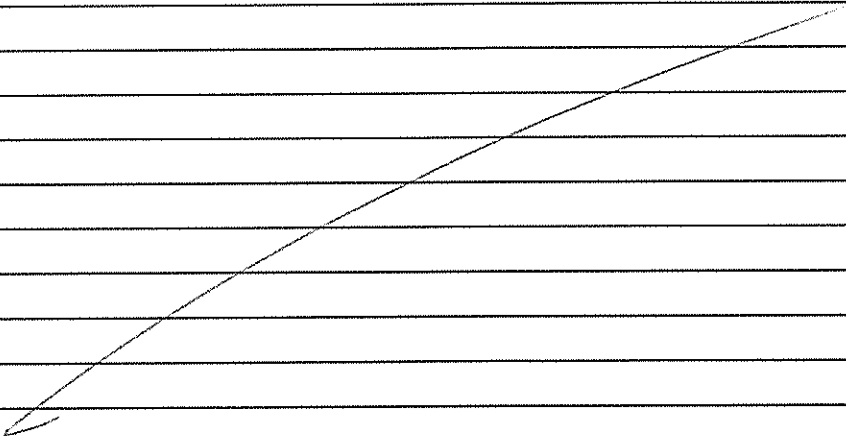


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6842L

B: SHP 428 2X

C: SGM 994E



## DECLARATION

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

31 OCT 2010

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.

**\* CHAIN COLLISION \***

ON 31/10/2018 @ 1340 HRS, I WAS DRIVING MY TAXI ( SHC 6842 L )  
TRAVELLING ALONG CTE – CITY (BEFORE MOULMEIN/BALESTIER EXIT) WITH 2  
PASSENGERS ONBOARD, IN LANE 1.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHB 4282 X – COMFORT TAXI )  
WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI & VEHICLE C  
( SGM 994 E – MITSUBISHI/RED ) WAS INVOLVED AS WELL.

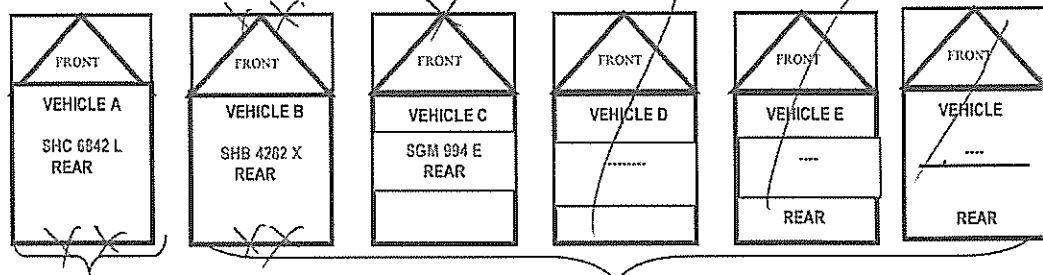
DUE TO THE IMPACT, MY TAXI HAD DAMAGED ON THE REAR PORTION.  
VEHICLE B HAD DAMAGES ON THE FRONT & REAR.  
VEHICLE C HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.  
UNKNOWN PASSENGERS ONBOARD VEHICLE B.  
NO PASSENGERS ONBOARD VEHICLE C.

\*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

## CHAIN COLLISION / MULTIPLE VEHICLES

## DAMAGES FOUND ON VEHICLE A, B, C, D, E &amp; F



PREMIER TAXI



THIRD PARTY VEHICLES

S12309793

Driver's Signature &amp; NRIC Number

Wednesday, October 31, 2018 @ 3:42:52 PM

<b>PREMIER TAXIS</b>	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	SHC6842L
CONTACT NO.	9653 0961
NEW MAILING ADDRESS (if any)	/

<b>REPUBLIC OF SINGAPORE DRIVING LICENCE</b>	
	Licence Number: <b>S1230979A</b> Name: <b>ELANKOVAN S/O MARIMUTHU</b>
	Birth Date: <b>04 Jan 1957</b> Issue Date: <b>15 Jul 2003</b>
	

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1230979A**



Name

**ELANKOVAN S/O MARIMUTHU**

இளங்கோவன்  
Race

**INDIAN**

Date of Birth

Sex

**04-01-1957**

**M**

Country of Birth

**SINGAPORE**



**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No : **S1230979A**

Name : **ELANKOVAN S/O MARIMUTHU**

Issue Date : **15/2/2011**

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



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

**PASS DATE**

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

**19 Apr 1982**



0810624



NRIC No. **S1230979A**

Blood Group

Date of issue

**O+**

**05-03-1993**

Address

**APT BLK 287C JURONG EAST STREET 21 #04-330  
SINGAPORE 603287**

NRIC No: **S1230979A**

Date: **29-04-1998**

No: **2593904**

NP 428A



Licence No: **S1230979A**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	20/08/1999
02	TAXI VL	30/11/2001
04	BUS ATTENDANT	20/08/1999



Text size + -

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

Log Date/Time:	20 Aug 2015 / 07:24:48	Receipt No.:	AACCK001-AX239-150820-000007
Asset Type:	Vehicle	Transaction Amount:	\$72,145.00
Asset ID:	SHC6842L	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150820072448845571		

Vehicle No.:	SHC6842L
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:	20 Aug 2015
Original Registration Date:	20 Aug 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5603257
Engine No.:	D4FDEH313389
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:	\$21,263.00
Minimum PARF Benefit:	\$13,061.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	20 Aug 2015 07:24:48
COE No.:	2015082001003023H
COE Expiry Date:	19 Aug 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,236.00
Lifespan Expiry Date:	19 Aug 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 : **SHC6842L**  
Chassis Number : KNAGM414MF5603257
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 20 Oct 2017
4. Expiry Date of Insurance : 31 Jan 2019
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)

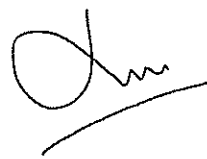
Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)  
Date of Issue : 16 Oct 2017 17:13 hrs

**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 <u>Eidankovan</u>											
NRIC <u>S 1230979A</u>	HANDPHONE <u>96530961</u>										
TAXI REGN NO. <u>S H C6842L</u>	MAKE / MODEL <u>KU2</u>										
DATE IN <u>31/10/18</u> TIME IN <u>1600</u>	DATE OUT <u>02/11/18</u> TIME OUT <u>1500</u>										
KILOMETRES IN _____ FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT _____ FUEL OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
E	1/4	1/2	3/4	F							

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

Eidankovan

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

## CHECK OUT

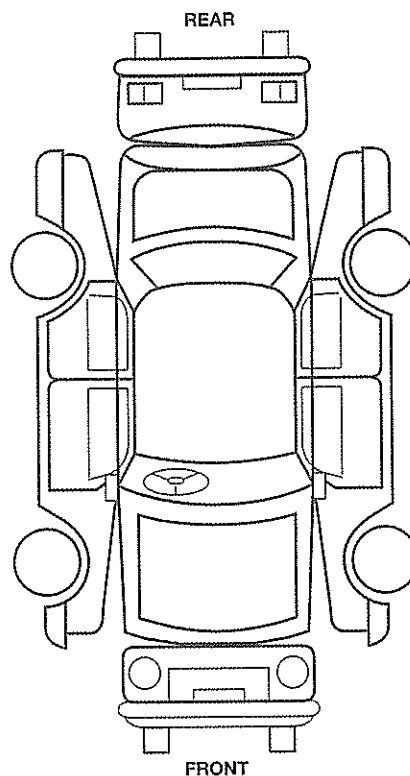
Eidankovan

DRIVER'S NAME

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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: |
| <input type="checkbox"/> TURBO          | <u>31/10/18</u> <u>TPW</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        |   |

## DRIVER'S REMARKS