

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446689 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHC6287P/SR

## WITHOUT PREJUDICE

13 March 2019

(By Email)

### Attn: The Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04/#05

IOB Building

Singapore 049711

Dear Sir/Madam

### **ACCIDENT INVOLVING SHC6287P AND SHC3935Y ALONG UPPER BT TIMAH ROAD ON 12.02.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6287P**, to claim against the party/parties responsible for the damages arising from the above-mentioned accident.

Our records show that you are the insurers of vehicle number: **SHC3935Y** at the material time of the accident with the driver of our client's vehicle, **Mr. Lim Hern Kheng**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHC3935Y**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 802.50
(2) Loss of Rental – 4 Days @\$101.44 per day (Inc PRI + 3 days)	\$ 405.76
	<u>\$ 1,208.26</u>

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

- (1) GIA report / Police report & sketch plan of **SHC6287P**
- (2) Driver's I/C and Driving License
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (5) Check In/Out Voucher
- (6) Scene video

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

TEL: 65446689 FAX: 62141511

CO. REG: 200707743D GST REG: 200707743D

Our Ref: SHC6287P/SR

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 – Shafawati Md rabu

Email: [shafawati.rabu@premiertaxi.com](mailto:shafawati.rabu@premiertaxi.com)

DID: 64100946

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

## 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	12/02/2019 16:37
Date Of Accident	12/02/2019 09:35
Exact Location Of Accident	UPPER BT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6287P
<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	5107202885
Cover Note Number	

### Driver

Name of Driver	LIM HERN KHENG @ LOW HERN KHENG
NRIC No	S1367519H
Date Of Birth	16/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91407577
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 121 #09-410 RIVERVALE DRIVE
Postcode	540121
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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 - CHINESE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

BOTH VEHICLES - 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	SHC3935Y
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	TAN LIAN KIM
NRIC/Passport Number	S1505448D
Contact Number	91155115

Address

Postcode

Insurance Company Name

Nature Of Damage DAMAGED ON THE LEFT PORTION

No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name LIM HERN KHENG @ LOW HERN KHENG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain WENT CLINIC FOR MEDICAL TREATMENT & HAD 3 DAYS MC

Injured person in which vehicle? SHC6287P

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.



Policyholder's Signature  
Date & Time:

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

12 FEB 2013

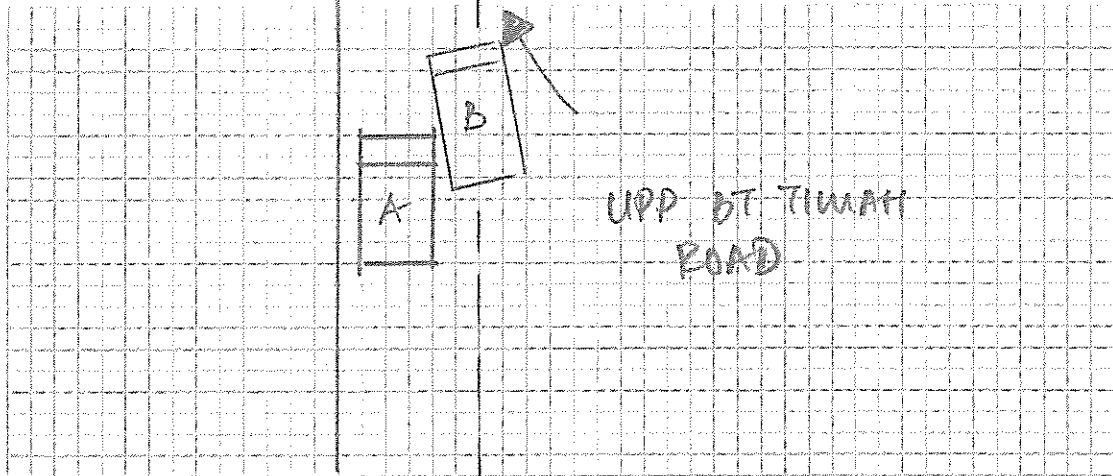
*[Signature]*

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

✓ 51367519H  
✓ 8HC6287P

10/1/2013 SketchPlan Form V1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6287P

B: SHC 39359

\* Refer to attach police report

\* Video footage captured.

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: 81367519H

12 FEB 2013

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

SW-500 (01/01/2010) (01/01/10)



**SINGAPORE  
POLICE FORCE**



T/20190212/2114

1 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20190212/2114

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2019 15:26	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars				
Name of Informant: LIM HERN KHENG			Address: APT BLK 121 RIVERVALE DRIVE #09-410 SINGAPORE 540121	
ID Type / ID No.: NRIC NO / S1367519H			Contact No.: Home/Office:                      Mobile: 96407577	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 16/09/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2019 09:35	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD towards Clementi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC3935Y	Car	HYUNDAI	I40	Blue	Slightly Damaged	1
SHC6287P	Car	KIA	K5	Silver	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190212/2114

2 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20190212/2114

**CONTINUATION OF REPORT**

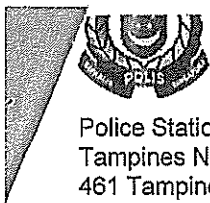
<b>Driver</b>			
Name	LIM HERN KHENG		ID No. S1367519H
Related Vehicle	SHC6287P (Car)		Contact No. 91407577
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/02/2019	Date Discharge	12/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN LIAN KIM		ID No. S1505448D
Related Vehicle	NIL		Contact No. 91155115
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12.02.2019 at about 0935hrs, I was travelling inside my vehicle SHC6287P along Upper Bukit Timah Road towards the direction of Clementi on lane 3 of a 3 lane road with 1pax (Chinese female in her mid 20's) on board. Out of sudden, a vehicle SHC3935Y cut into my lane without signaling. My vehicle could not stopped in time and collided onto the left rear passenger door. As nobody required any Ambulance Service, we exchanged particulars and left the scene.

On the same day at about 1430hrs, I went to W Y The Family Clinic and Surgery to seek medical treatment and was given 3 days of out patient leave. I like to state that my vehicle is installed with front camera and it captured the other vehicle was on lane 1 before the driver cut across 2 lanes and into my lane causing accident to occur, That's all.

*Signature*  
S1367519H



**SINGAPORE  
POLICE FORCE**



T/20190212/2114

3 of 3

Report No. T/20190212/2114

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt TAN HOCK CHYE

*[Signature]*  
8547 71152

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

12/02/2019 15:26

Officer In Charge Of Case:

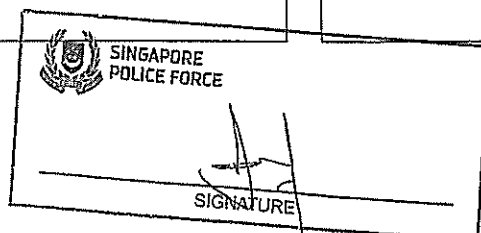
TP / AEIT /

Sr Staff Sgt ONG YONG HOCK



Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



PREMIER LTD	MINER / RELIEF SUPER RELIEF
VEHICLE NO.	SHC 6287P
CONTACT NO.	914 07577
NEW MAILING ADDRESS (if any)	


	Licence Number: S1367519H
	Name: LIM HERN KHENG @ LOW HERN KHENG
	Birth Date: 16 Sep 1959
	Issue Date: 12 Oct 2010
	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1367519H



Name  
LIM HERN KHENG  
@LOW HERN KHENG  
林 助 敬  
Race  
CHINESE  
Date of birth  
16-09-1959  
Country of birth  
SINGAPORE  
Sex  
M  
S1367519H

Land Transport Authority

	VOCATIONAL LICENCE
	Licence No: S1367519H
	Name: LIM HERN KHENG
	Issue Date: 9/9/2010
Please visit <a href="http://www.lta.gov.sg">www.lta.gov.sg</a> to check the status of this vocational licence	

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

EFFECTIVE DATE.

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 26 May 1980



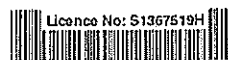
IRIC No S1367519H



Date of issue  
19-04-2010

Address  
APT BLK 121 RIVERVALE DRIVE  
#09-410  
SINGAPORE 540121

4570572



Licence No: S1367519H

NP 428A

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
02	TAXI VL	17/09/1991





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 13-Mar-2019  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6287 P			\$ 750.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 750.00
GST @ 7%				\$ 52.50
GRAND TOTAL				\$ 802.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

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

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

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

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Vehicle Attachment 1:	Air-Con (Taxi)
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Vehicle Attachment 2:	-
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Vehicle Attachment 3:	-
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Vehicle Scheme:	Taxi (Company)
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First Registration Date:	10 Oct 2014
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Original Registration Date:	10 Oct 2014
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Vehicle Make:	KIA
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Vehicle Model:	OPTIMA 1.7(A) DIESEL
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Chassis No.:	KNAGM414MF5541997
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Engine No.:	D4FDEH311488
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Motor No.:	-
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Trailer Chassis No.:	-
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Propellant:	Diesel
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Passenger Capacity:	4
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Engine Capacity:	1685
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Power Rating:	-
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Unladen Weight:	1584
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Maximum Laden Weight:	2050
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Primary Color:	Silver
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Secondary Color:	-
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Manufacturing Year:	2014
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Open Market Value:	\$19,730.00
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Minimum PARF Benefit:	\$7,338.00
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PARF Eligibility:	Y
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No. of Transfer:	0
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Effective Ownership Date/Time:	10 Oct 2014 09:52:27
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COE No.:	2014101001001207K
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COE Expiry Date:	09 Oct 2022
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COE Bid Category:	-
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Actual QP/PQP Paid Amount:	\$50,938.00
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Lifespan Expiry Date:	09 Oct 2022
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Owner ID Type:	Company
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## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5107202885-000763

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHC6287P**  
Chassis Number : KNAGM414MF5541997
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Feb 2019
4. Expiry Date of Insurance : 31 Jan 2020
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 : 01 Feb 2019 09:37 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

**Countersigned By:**



\_\_\_\_\_  
**Authorised Officer**



\_\_\_\_\_  
**Chief Executive**



21 February 2019

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Lim Hern Kheng @Low Hern Kheng of NRIC Number S1367519H is a registered driver of SHC6287P. Lim Hern Kheng @Low Hern Kheng is paying daily rental rate of \$101.44 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to 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. 20030497511



REPLACEMENT VEH GIVEN YES / NO

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

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

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Lim Hern Kheng</u>											
NRIC <u>S1367519H</u>	HANDPHONE <u>91407577</u>										
TAXI REGN NO. <u>S H C6287P</u>	MAKE / MODEL <u>KO2</u>										
DATE IN <u>120219</u> TIME IN <u>1630</u>	DATE OUT <u>150219</u> TIME OUT <u>1200</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

Lim Hern Kheng

## CHECK OUT

Lim Hern Kheng

DRIVER'S NAME

[Signature]

DRIVER'S NAME

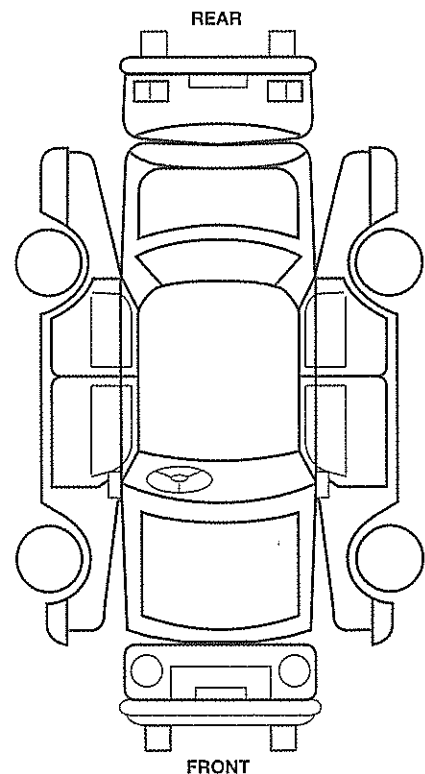
[Signature]

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

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

SERVICE / REPAIRS DONE	DRIVER'S REMARKS																				
<table border="0"><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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:</td></tr><tr><td><input type="checkbox"/> TURBO</td><td>D D M M Y Y H H M M</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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:	<input type="checkbox"/> TURBO	D D M M Y Y H H M M	<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/G</u>
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