

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: SHD1435G/SJ

WITHOUT PREJUDICE

17 April 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 SHD1435G AND SHC5921Z ALONG TG PAGAR ROAD ON 31.03.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1435G**, 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: **SHC5921Z** at the material time of the accident with the driver of our client's vehicle, **Mr. ABDUL RAZAR BIN ABDUL GHANI**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SHC5921Z**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1,177.00
(2) Loss of Rental – 5 Days @\$101.46 per day	\$ 507.30
	<u>\$ 1,684.30</u>

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

- (1) GIA report & sketch plan of **SHD1435G**
- (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

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: **SHD1435G/SJ**

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 – Foong Shiuh Jye

Email: shiuhjye.foong@premiertaxi.com

DID: 65446671

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	01/04/2019 14:58
Date Of Accident	31/03/2019 03:40
Exact Location Of Accident	TG PAGAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1435G
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	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	5107202885
Cover Note Number	

Driver

Name of Driver	ABDUL RAZAR BIN ABDUL GHANI
NRIC No	S1542062F
Date Of Birth	09/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90588614
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 722 #02-550 WOODLANDS AVE 6
Postcode	730722
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 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - 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	SHC5921Z
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name ABDUL RAZAR BIN ABDUL GHANI - DRIVER OF VEH. A
Approximate Age
Injuries Sustain SEEK MEDICAL @ MT ALVERNIA HSPTL & HAD 5 DAYS MC
Injured person in which vehicle? SHD1435G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name EVANGO VAN RAMASAMY - PAX IN VEH. A
Approximate Age
Injuries Sustain SEEK MEDICAL @ MT ALVERNIA HSPTL & HAD 5 DAYS MC
Injured person in which vehicle? SHD1435G
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:

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

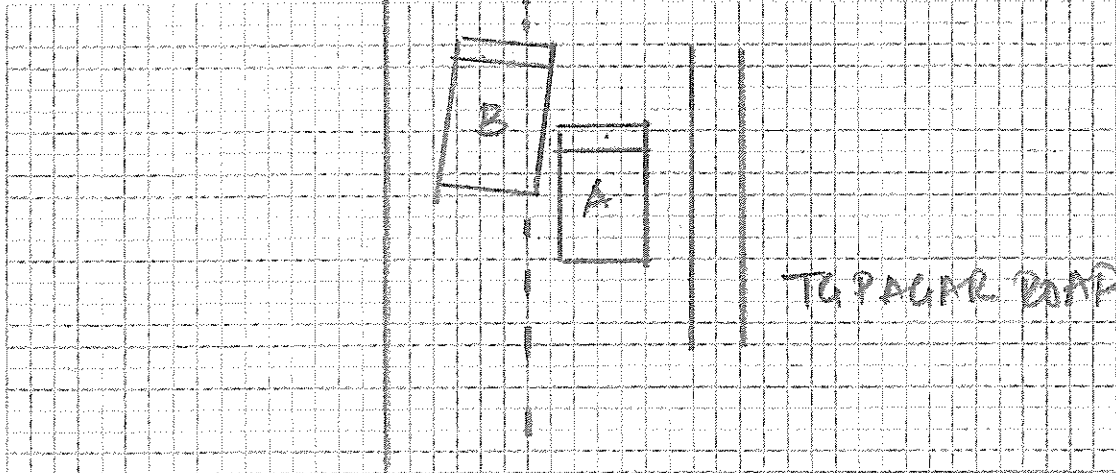
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CHARACTER SKETCH PLAN (FORM 1)

ABOUL RAZAR
S1542062F

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 14356

b: SAC 59212

* Refw 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:

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

19. *Journal of the American Medical Association*, 277:1225-1226 (1996).

815420624

01 APR 2013



**SINGAPORE
POLICE FORCE**



T/20190401/2003

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20190401/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 01:35	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: ABDUL RAZAR BIN ABDUL GHANI			Address: APT BLK 722 WOODLANDS AVENUE 6 #02-550 SINGAPORE 730722	
ID Type / ID No.: NRIC NO / S1542062F			Contact No.: Home/Office: Mobile: 90588614	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 09/01/1962	Type of Informant: Driver	
Race: Pakistani			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2019 03:40	Type of Location: Straight Road
Location: TANJONG PAGAR ROAD MAXWELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No.	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC5921Z	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		0
SHD1435G	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190401/2003

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20190401/2003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL RAZAR BIN ABDUL GHANI	ID No.	S1542062F
Related Vehicle	SHD1435G (Car)	Contact No.	90588614
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	01/04/2019	Date Discharge	01/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	ELANGO VAN RAMASAMY	ID No.	S1469813B
Related Vehicle	SHD1435G (Car)	Contact No.	98905507
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/04/2019	Date Discharge	01/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 31/03/2019 at about 0340hrs, I was driving my company taxi bearing registration plate no. SHD1435G along Tanjong Pagar Road towards Maxwell Road on the extreme right lane with another passenger on-board. Suddenly, a TransCab taxi bearing registration plate no. SHC5921Z had cut into my lane from the left whereby I do not have enough time to react which resulted in my taxi collided into the right rear portion of the said taxi. Thereat, all parties did not exchanged particular and left the scene. No Traffic Police or Ambulance was called to scene.

On 01/04/2019, as I was feeling discomfort, I had then went to Mount Alvernia Hospital together with the passenger to consult a doctor whereby both of us were given 5-days of medical leave from the period of 01/04/2019 to 05/04/2019. I wish to state that I have an in-car camera installed in my taxi. I further state that I am lodging this report for insurance claim. That is all.



**SINGAPORE
POLICE FORCE**



T/20190401/2003

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20190401/2003

CONTINUATION OF REPORT

Sketch Plan

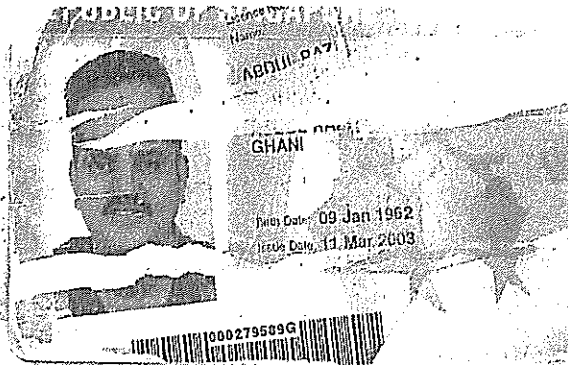
Informant is not able to provide sketch plan

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: L / Sgt 1 RICKSON ONG KIAN MENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2019 01:35
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 085
Signature: Singapore Police Force	

Sketch Plan Pg. 6

PREMIER TAXIS	HIRE / RENT / SUPER RELIEF
VEHICLE NO	SHD14256
CONTACT NO	9058 8614
NEW MAILING ADDRESS (if any)	



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1542062F

Name: ABDUL RAZAK BIN ABDUL GHANI

Race: PAKISTANI
Date of birth: 09-01-1962
Sex: M
Country of birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1542062F

Name: ABDUL RAZAK BIN ABDUL GHANI

Issue Date: 06/10/2015

Please visit www.lta.gov.sg to check the status of this vocational licence

4467041

NPIC No: S1542062F

Date of issue: 07-09-2009

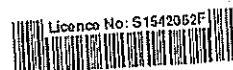
Address: APT BLK 722 WOODLANDS AVENUE 6 #02-550 SINGAPORE 730722

NPIC No: S1542062F

Date: 23/03/2014

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

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE: 16 Dec 1983
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jan 1984
Class 2	Motorcycles exceeding 400 cc	15 Jan 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Dec 1983
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Jul 1986
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	



NP 428A

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

Type	Description	Issue Date
02	TAXI VL	06/10/2015





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 17-Apr-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD 1435 G			\$ 1,100.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,100.00
GST @ 7%				\$ 77.00
GRAND TOTAL				\$ 1,177.00



Ly

for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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.: SHD1435G
Previous Vehicle No.: -
Effective Date of Ownership: 29 Jun 2017
Original Regn Date: 29 Jun 2017
Registration Date: 29 Jun 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.: TMAD281UVHJ128018
Engine No.: D4FBGZ122863
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: \$20,545.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 28 Jun 2025
Minimum PARF Benefit: \$7,957.00
No. of Transfers: 0
IU Label No.: 1050706242
COE No.: 2017062901003977G
COE Expiry Date: 28 Jun 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: - / \$50,625.00
PQP Paid: \$40,500.00
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 : 5107202885-001635

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1435G**
Chassis Number : TMAD281UVHJ128018
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	: 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 : 01 Feb 2019 09:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



04 April 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Abdul Razar Bin Abdul Ghani of NRIC Number S1542062F is a registered driver of SHD1435G. Abdul Razar Bin Abdul Ghani is paying daily rental rate of \$101.46 (Inclusive of GST).

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Kellie Poh", written over a circular stamp.

Kellie Poh

Administration Manager

Prepared By: Hasnah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com
Co. Reg. No. 20030497511

UN

REPLACEMENT VEH GIVEN YES / NO

VEH'NO. _____

JOB NO. _____

PREMIER TAXIS

CHECK IN / OUT VOUCHER

--	--	--	--	--	--	--	--	--	--

DRIVER'S NAME <u>ABDUL RAZAK</u>											
NRIC S <u>15420621</u>	HANDPHONE <u>90588614</u>										
TAXI REGN NO. S H <u>D1435G</u>	MAKE / MODEL <u>Hyundai i30 A</u>										
DATE IN <u>1/4/19</u> TIME IN <u>1500</u>	DATE OUT <u>05/04/19</u> TIME OUT <u>1550</u>										
<small>D D M M Y Y H H M M</small> KILOMETRES IN <u>76010</u> 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	<small>D D M M Y Y H H M M</small> KILOMETRES OUT <u> </u> 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

CHECK OUT

ABDUL RAZAK

DRIVER'S NAME

Hi 1/4/19

DRIVER'S SIGNATURE / DATE / TIME

Abdul Razak

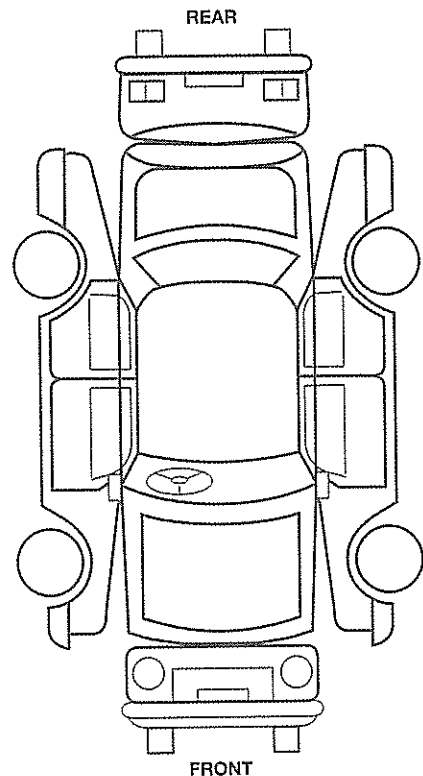
DRIVER'S NAME

Hi

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

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

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<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 <small>D D M M Y Y H H M M</small> <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	<p style="text-align: center; font-size: 2em;">FP/W</p>