

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: **SHD1835K/SJ**

WITHOUT PREJUDICE

21 October 2019

(By Email Only)

Attn: The Motor Claims Department

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Dear Sir/Madam

**ACCIDENT INVOLVING SHD1835K AND GBB6357Y ALONG NICOLL
DR/AIRLINE RD (SAF CHANGI TERMINAL) ON 20.09.2019**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1835K**, 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: **GBB6357Y** at the material time of the accident with the driver of our client's vehicle, **Mr. TOH LEE SERN**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBB6357Y**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of repair (Incl. GST)	\$ 749.00
2. Loss of Rental (5 days x \$81.06 per day)	\$ 405.30
3. GIA Search Fee	\$ 2.00
	<u>\$ 1156.30</u>

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

- (1) GIA report and sketch plan of **SHD1835K**
- (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) 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: **SHD1835K/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

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	20/09/2019 09:47
Date Of Accident	20/09/2019 07:20
Exact Location Of Accident	NICOLL DR // AIRLINE RD (SAF CHANGI TERMINAL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1835K
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	TOYOTA
Model	PRIUS HYBRID-1.8 CVT (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	TOH LEE SERN
NRIC No	S1173828A
Date Of Birth	12/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97354966
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 347 #08-1021 UBI AVE 1
Postcode	400347
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUPER RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - 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	GBB6357Y
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	NARAYANASAMY ARUNKUMAR
NRIC/Passport Number	G2419756K
Contact Number	94780075
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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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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:

** John Lee*

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

✓ S. 1173828.A
✓ SHD1835K

20 SEP 2019

[Signature]

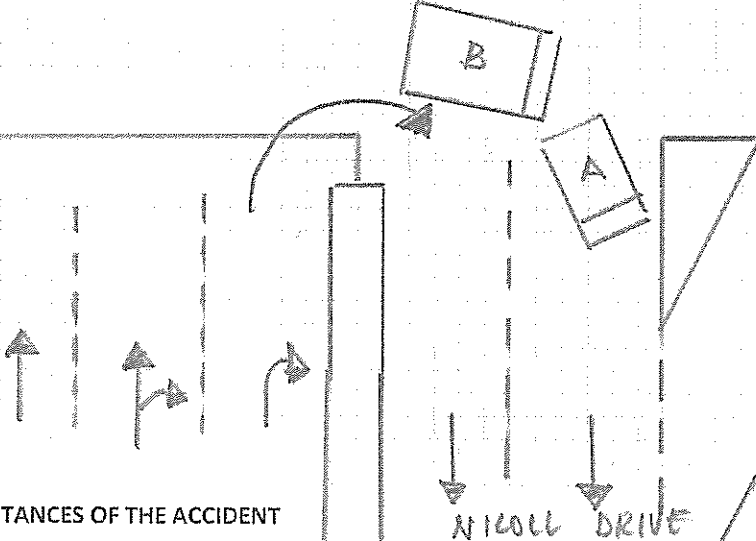
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

AIRLINE
ROAD

000

SAFE CHANGE
FERRY
TERMINAL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1835 K

B: GBB 6357Y

DECLARATION

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



Policyholder's Signature
Date & Time:

John Sedern

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

25.11.73828A

20 SEP 2019

[Signature]

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

Describe Circumstance of the Accident.

ON 20/09/2019 @ 0720HRS, I WAS DRIVING MY TAXI (SHD 1835 K) – TRAVELLING ALONG NICOLL DRIVE AT THE TRAFFIC LIGHT JUNCTION OF ARLINE ROAD, IN THE RIGHT LANE (IN FRONT OF SAF CHANGI FERRY TERMINAL).

TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED AHEAD – MAKING MY U-TURN. WHEN COMPLETING MY U-TURNING, SUDDENLY I FELT AN IMPACT FROM THE REAR.

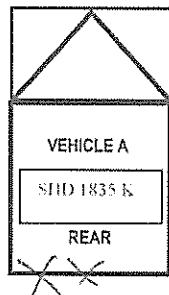
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBB 6357 Y – LORRY) WHICH WAS BEHIND ME, MAKING A U-TURN AS WELL, HAD FAILED TO KEEP FOR PROPER LOOK OUT, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

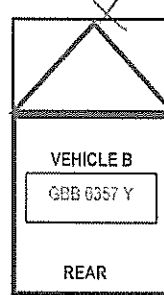
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

Johlee Sern S1173P28A

Driver's Signature & NRIC Number

Friday, September 20, 2019 @ 10:05:34 AM

(attended by)

[Signature]

PREMIER
TAXIS

HIRER / RELIEF / SUPER RELIEF
Tampines

VEHICLE NO.

SHD 1835.K

CONTACT NO.

9735 4966

HOME MAILING

ADDRESS

(if any)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1173828 A**

Name:

TOH LEE SERN

Birth Date: **12 Dec 1955**

Issue Date: **19 Feb 2004**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S 1173828 A**

Name

TOH LEE SERN

杜黎生

Race

CHINESE

Date of Birth

12-12-1955

Sex

M

Country of Birth

SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S 1173828 A**

Name : **TOH LEE SERN**

Issue Date : **1/6/2005**

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

30/6/2015

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

PASS DATE

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

20 Aug 1979

NP 428A



Licence No: S1173828A

MRIC No: **S 1173828 A**



Blood Group

B+

Date of issue

05-08-1993

APT BLK 347, UBI AVENUE 1 #08-1021
SINGAPORE 400347

NRIC No: **S 1173828 A**

Date: **19-03-2007**

No: **5763508**

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	08/07/1993





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

TAX INVOICE

PREMIER TAXIS PTE LTD
23 CHANGI SOUTH AVENUE 2 #03-02
SINGAPORE 486443

DATE 21-Oct-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR TOYOTA PRIUS HYBRID REGN NO: SHD1835K			\$ 700.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 700.00
GST @ 7%				\$ 49.00
GRAND TOTAL				\$ 749.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Enquire Transaction History**Transaction History Details**

Log Date/Time:	21 Jun 2013 / 09:02:34	Receipt No.:	AABMO001-LK033-130621-000009
Asset Type:	Vehicle	Transaction Amount:	\$60,544.00
Asset ID:	SHD1835K	Channel:	AA Counterless - BORNEO MOTORS (SINGAPORE) PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20130621090234224910		

Vehicle No.:	SHD1835K
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:	21 Jun 2013
Original Registration Date:	21 Jun 2013
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI
Chassis No.:	JTDKN36U405614624
Engine No.:	2ZR5727106
Motor No.:	3JM5727106
Trailer Chassis No.:	-
Propellant:	Petrol-Electric
Passenger Capacity:	4
Engine Capacity:	1798
Power Rating:	60.00
Unladen Weight:	1370
Maximum Laden Weight:	1805
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$33,120.00
Minimum PARF Benefit:	\$5,020.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	21 Jun 2013 09:02:34
COE No.:	2013062101001102W
COE Expiry Date:	20 Jun 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$52,036.00
Lifespan Expiry Date:	20 Jun 2021
Owner ID Type:	Company
Owner ID:	200304975H

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 : 5107202885-001460

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1835K**
Chassis Number : JTDKN36U405614624
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



24 September 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Foo Sai Chuan of NRIC Number S0191796Z is a registered driver of SHD1835K. Foo Sai Chuan is paying daily rental rate of \$81.06 (Inclusive of GST).

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chin Bee Lian".

Chin Bee Lian (Ms)
Assistant Vice President
Taxis Administration

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.sg
Co. Reg. No. 200304975H

**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-19-154849
Date of Request: 20/09/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 20/09/2019
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. GBB6357Y
Accident Date 20/09/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBB6357Y	China Taiping Insurance (Singapore) Pte. Ltd.	20/08/2019-19/08/2020	6389 6111

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-19-154849
Date of Request: 20/09/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 20/09/2019
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. GBB6357Y
Accident Date 20/09/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

Camera working

CHECK IN / OUT VOUCHER

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

DRIVER'S NAME **TOH LEE SE RN**
(SUPER RELIEF)

INDICATE AREA OF DAMAGE HERE:

NRIC **S**

HANDPHONE **97354966**

TAXI REGN NO. **SHP1835K**

MAKE / MODEL **TOYOTA PRIUS**

DATE IN **200919** TIME IN **0945**

DATE OUT **240919** TIME OUT **1250**

KILOMETRES IN **603958** FUEL IN

E	1/4	1/2	3/4	F
---	-----	-----	-----	---

KILOMETRES OUT

E	1/4	1/2	3/4	F
---	-----	-----	-----	---

 FUEL OUT

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

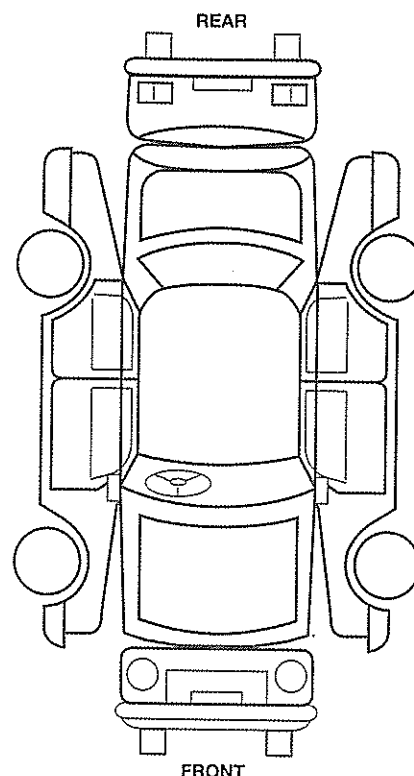
DRIVER'S NAME

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)


BODY MARKINGS

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

SERVICE / REPAIRS DONE

DRIVER'S REMARKS

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SERVICING
<input type="checkbox"/> T / BELT
<input type="checkbox"/> AIRCON SYSTEM
<input type="checkbox"/> TURBO
<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 | <input type="checkbox"/> OTHERS:
<input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT:
200919 0720
TP/V |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

-NMH-AMK