

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: **SHD1859S/VC**

WITHOUT PREJUDICE

18 March 2020

(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 SHD1859S & YN4541J ALONG PIE TOWARDS CHANGI ON 12.12.2019

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1859S**, 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: **YN4541J** at the material time of the accident with the driver of our client's vehicle, **Mr. Shen Xuming**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **YN4541J**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 15,194.00
(2) Loss of Rental – 29 Days @\$99.51 per day	\$ 2,885.79
(3) GIA Search fee	\$ 2.00
(4) Towing Fee	\$ 50.00
	<u>\$ 18,131.79</u>

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

- (1) GIA report & sketch plan of **SHD1859S**
- (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

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Our Ref: SHD1859S/VC

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,

Premier Automotive Services Pte Ltd
Claims Department

This letter is computer generated. No signature is required

NB: We encourage all parties to liaise with us via email to expedite all matters

Email: vincent.chua@premierauto.com.sg

Tel: 6544 6689

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 18-Mar-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1859 S			\$ 14,200.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 14,200.00
GST @ 7%				\$ 994.00
GRAND TOTAL				\$ 15,194.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



19 December 2019

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Shen Xuming of NRIC Number S8233041J is a registered driver of SHD1859S. Shen Xuming is paying daily rental rate of \$99.51 (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", written over a vertical line.

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

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	12/12/2019 15:06
Date Of Accident	12/12/2019 13:20
Exact Location Of Accident	PIE - CHANGI (BEF KIM KEAT LINK EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1859S
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	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	SHEN XUMING
NRIC No	S8233041J
Date Of Birth	05/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94566368
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 122 #11-106 BEDOK NORTH ST 2
Postcode	460122
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 (including own vehicle) involved in the accident	3
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: : KENNETH - IN THE REAR SEAT GENDER: : MALE

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 - 1 PAX OTHER 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	YN4541J
Vehicle Make/Model/Colour	TOWING TRUCK TOWING VEHICLE : SJH 5310L
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	SNG YONG MENG, KELVIN
NRIC/Passport Number	S8819009B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC3436B
Vehicle Make/Model/Colour TOYOTA VAN
Details Of Properties VEH. C
Vehicle Category COMMERCIAL VEHICLE
Name of Driver NOR AIDI IDRIS
NRIC/Passport Number S7205324I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name SHEN XUMING - DRIVER OF VEH. A
Approximate Age
Injuries Sustain SEEKING FOR MEDICAL TREATMENT
Injured person in which vehicle? SHD1859S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KENNETH - PAX IN VEH. A
Approximate Age
Injuries Sustain SEEKING FOR MEDICAL TREATMENT
Injured person in which vehicle? SHD1859S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


SKETCH PLAN

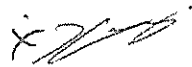
IMPORTANT NOTICE

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

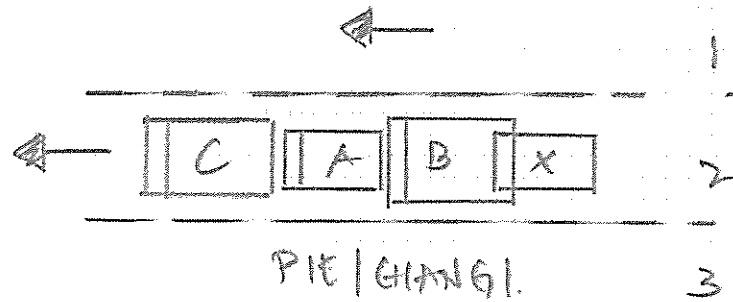

Driver's Signature
(If driver is not the policyholder)
Date & Time:

4 S82 3304C
2 SHD 185 9S

12 DEC 2019


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1859LS

B: YN 454IT

C: PC 3436B.

DECLARATION

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

12 DEC 2019

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 12/12/2019 @ 1320HRS, I WAS DRIVING MY TAXI (SHD 1859 S) – TRAVELLING ALONG PIE – CHANGI (BEFORE KIM KEAT LINK EXIT) WITH A PASSENGER ONBOARD - ON LANE 2.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP AS VEHICLE C (PC 3436 B – TOYOTA VAN) WHICH WAS AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY THE IMPACT FORCED MY TAXI TO SURGE FORWARD & COLLIDED ONTO THE REAR OF VEHICLE C.

WITHIN SECONDS, I FELT ANOTHER IMPACT FROM THE REAR AGAIN.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (YN 4541 J – TOWING TRUCK WAS TOWING VEHICLE : SJH 5310L) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI .

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

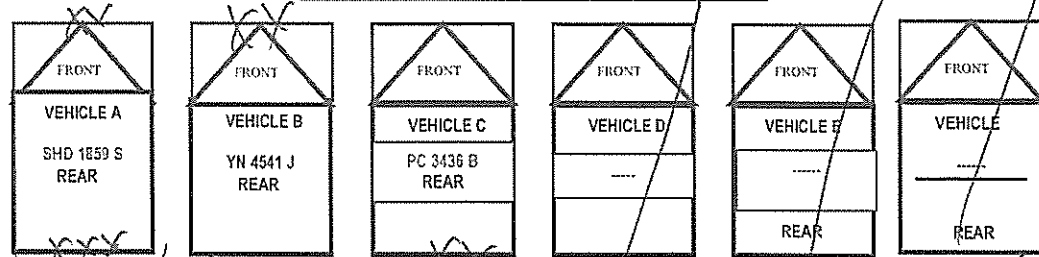
AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT. MY PASSENGER – MR KENNETH WHO WAS IN THE REAR SEAT WILL SEEK FOR MEDICAL TREATMENT AS WELL. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD OTHER VEHICLES.

*VIDEO FOOTAGE & SCENE PHOTOS CAPTURED

CHAIN COLLISION / MULTIPLE VEHICLES

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

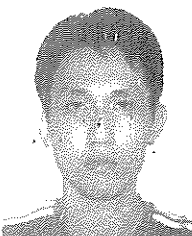



PREMIER TAXI

THIRD PARTY VEHICLES

582330415

PREMIER TAXIS	HIRER / RELIEF SUPER RELIEF
VEHICLE NO.	SID 18595
CONTACT NO.	9456 6368
NEW MAILING ADDRESS (if any)	—

	Licence Number: S8233041J
	Name: SHEN XUMING
	Birth Date: 05 Oct 1982 Issue Date: 17 Dec 2007
	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8233041J**



Name
SHEN XUMING

沈旭明

Race
CHINESE

Date of birth
05-10-1982

Sex
M

Country of birth
SINGAPORE

S8233041J

Land Transport Authority



VOCATIONAL LICENCE

Licence No: **S8233041J**

Name: **SHEN XUMING**

Issue Date: **24/4/2014**

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



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Dec 2007



NRIC No **S8233041J**



Date of issue
13-02-2013

Address
**APT BLK 122 BEDOK NORTH STREET 2
#11-106
SINGAPORE 460122**

4935594

NP 428A



Licence No: **S8233041J**

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	24/04/2014



Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time: 16 Dec 2014 / 08:37:52 Receipt No.: AACCK001-AX239-141216-000002

Asset Type: Vehicle Transaction Amount: \$65,101.00

Asset ID: SHD1859S Channel: AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type: 01.02 Register New Vehicle (AA)

Business Transaction Reference No.: 20141216083752715726

Vehicle No.: SHD1859S

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: 16 Dec 2014

Original Registration Date: 16 Dec 2014

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414MF5561706

Engine No.: D4FDEH311919

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: 2014

Open Market Value: \$20,566.00

Minimum PARF Benefit: \$7,975.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership Date/Time: 16 Dec 2014 08:37:52

COE No.: 2014121601001520E

COE Expiry Date: 15 Dec 2022

COE Bid Category: -

Actual QP/PQP Paid Amount: \$51,668.00

Lifespan Expiry Date: 15 Dec 2022



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 : 5107202885-001471

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1859S**
 Chassis Number : KNAGM414MF5561706
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

**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-19-205133
Date of Request: 12/12/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/12/2019
Enquiry By GOH WEE DEK
TP Vehicle No. YN4541J
Accident Date 12/12/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN4541J	China Taiping Insurance (Singapore) Pte. Ltd.	21/11/2019-20/11/2020	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-19-205133

Date of Request: 12/12/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/12/2019
Enquiry By GOH WEE DEK
TP Vehicle No. YN4541J
Accident Date 12/12/2019

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME <u>Shen Xuming</u>	
NRIC <u>S 8233041J</u>	HANDPHONE <u>94566368</u>
TAXI REGN NO. <u>S HD 1859 S</u>	MAKE / MODEL <u>K02</u>
DATE IN <u>12/12/19</u> TIME IN <u>1530</u>	DATE OUT <u>100120</u> TIME OUT <u>1605</u>
KILOMETRES IN _____ FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT _____ FUEL OUT <u>E 1/4 1/2 3/4 F</u>

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

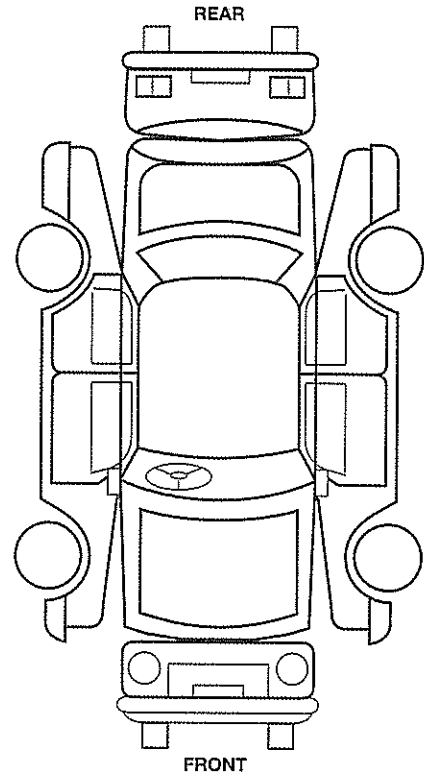
I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

CHECK IN

CHECK OUT

Shen Xuming
DRIVER'S NAMEShen Xuming X
DRIVER'S NAME[Signature]
DRIVER'S SIGNATURE / DATE / TIME[Signature] X
DRIVER'S SIGNATURE / DATE / TIME[Signature]
DRIVER'S SIGNATURE / DATE / TIME[Signature]
DRIVER'S SIGNATURE / DATE / TIMECHECKED 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 Scratch5 - 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 checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>12/12/19 1530</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 <u>TP/L</u>	

~~CASH SALE/WORK ORDER~~

No: AM 0448



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Reg No: 200415052W

Date, 12/12/19

寶號 Premier

Messrs:

車號

Vehicle No: SHD 18595

車型

Model No: K14

由

From: 241 km Keat Kink

到

To: Omega level 1

其他

Remark:

時間

Time: 14:15:10:15:30 AMOUNT: \$

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。

NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misadventure to your vehicle whilst being towed.

經手人

Authorised by: SENG/4405

收貨人

Received by: [Signature]