

# 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: **SHC6250U/VC**  
Your Ref: **SJF6634G**

## WITHOUT PREJUDICE

10 November 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 SHC6250U AND SJF6634G ALONG AMOY STREET / BOON TAT STREET ON 14.10.2020**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6250U**, 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: **SJF6634G** at the material time of the accident with the driver of our client's vehicle, **Ms. EDWIN CHONG KUM KEAT**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SJF6634G**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 2354.00
(2) Loss of Rental – 5 Days @ \$67.41 per day	\$ 337.05
(3) Loss of Income – 5 Days @ \$100.00 per day	\$ 500.00
(4) GIA Search fee	\$ 2.00
	<u>\$ 3193.05</u>

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

- (1) GIA report, police report & sketch plan of **SHC6250U**
- (2) Driver's I/C and Driving License
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) Check In/Out Voucher
- (5) 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: SHC6250U/VC**  
**Your Ref: SJF6634G**

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 – Vincent Chua**

Email: [vincent.chua@premierauto.com.sg](mailto:vincent.chua@premierauto.com.sg)

DID: 65446689

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

This is a computer-generated letter. No signature is required.



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

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
3 ANSON ROAD, #16-00, SPRINGLEAF TOWER  
SINGAPORE 079909

### TAX INVOICE

DATE 10-Nov-2020  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6250 U			\$ 2,200.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 2,200.00
GST @ 7%				\$ 154.00
GRAND TOTAL				\$ 2,354.00



for Premier Automotive Services Pte Ltd

This is a computer generated invoice. No signature is required.

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

## 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	15/10/2020 16:09
Date Of Accident	14/10/2020 23:30
Exact Location Of Accident	AMOY ST // BOON TAT ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6250U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
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 5107202885-01

Cover Note Number

### Driver

Name of Driver EDWIN CHONG KUM KEAT (ZHONG JINJIE)

NRIC No SXXXX795H

Date Of Birth 24/07/1978

Occupation OUTDOOR

Date Of Driving Pass 09/09/2002

Driving Experience 18 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91889532

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 716 #09-124  
WOODLANDS DRIVE 70

Postcode 730716

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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) 3

Passenger 1 NAME: : PAX IN THE REAR SEAT - FOREIGNER  
GENDER: : MALE

Passenger 2 NAME: : PAX IN THE REAR SEAT - CHINESE  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

VEH. A -2 PAX VEH. B - 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 SJF6634G

Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties VEH. B

Vehicle Category PRIVATE CAR

Name of Driver KENNARD

NRIC/Passport Number

Contact Number 92269092

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

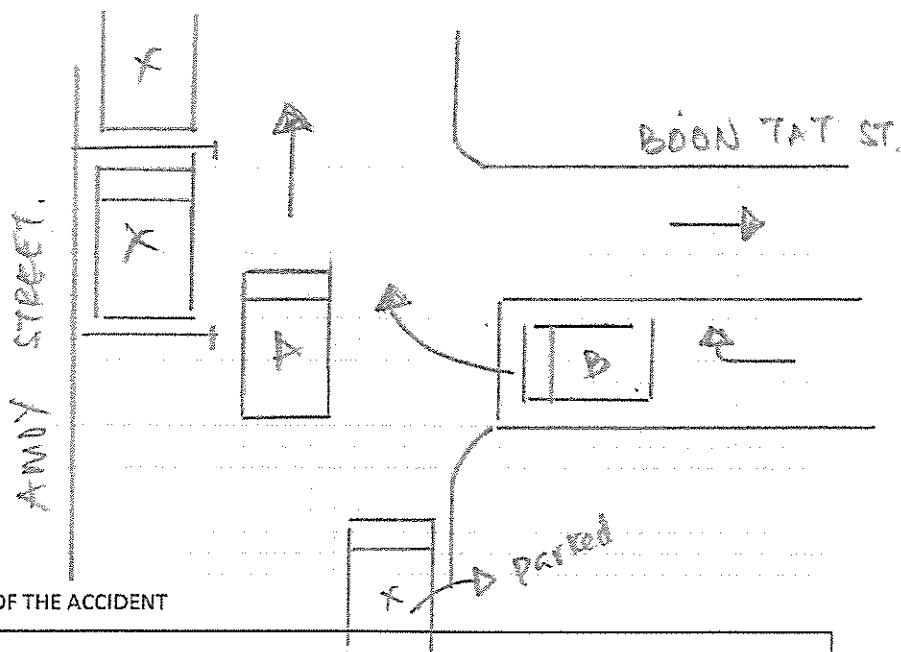
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/10/2020  
1625hrs

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6250U

B: SJF 6634G.

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



Policyholder Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_ ★

Date & Time: 15/10/2020

1625 hrs

15 OCT 2020

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_



Describe Circumstance of the Accident.

ON 14/10/2020 @ 2330HRS, I WAS DRIVING MY TAXI ( SHC 6250 U) TRAVELLING ALONG AMOY STREET TOWARDS THE JUNCTION OF CROSS STREET – WITH 2 PASSENGERS ONBOARD – ON A SINGLE LANE OF ONE WAY ROUTE.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

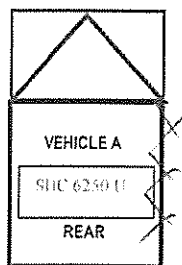
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SJF 6634 G – MITSUBISHI ) WHICH WAS EXITING FROM BOON TAT STREET (ON MY RIGHT) – FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR CLEARANCE FROM MY ROUTE – HAD COLLIDED ONTO THE RIGHT PORTION OF MY TAXI WHILE MOVING OFF.

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

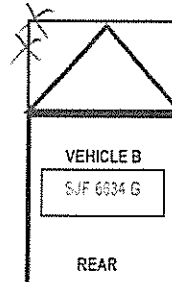
NO INJURY INVOLVED. NO AMBULANCE.  
NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 S7822795H

Driver's Signature & NRIC Number  
Thursday, October 15, 2020 @ 4:20:54 PM

( attended by )

PREMIER  
TAXIS

HIRER (RELIEF) / SUPER RELIEF

VEHICLE NO.

SHC 62504

CONTACT NO.

9188 9532

NEW MAILING  
ADDRESS  
(if any)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7822795H



Name

EDWIN CHONG KUM KEAT  
(ZHONG JINJIE)

钟锦杰

Race

CHINESE

Date of birth

24-07-1978

Sex

M

Country of birth

SINGAPORE

S7822795H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7822795H

Name: EDWIN CHONG KUM KEAT (ZHONG JINJIE)

Birth Date: 24 Jul 1978

Issue Date: 03 Nov 2010

001907275H

Land Transport Authority

PDVL/TDVL 33 888 88888 270205

VOCATIONAL LICENCE

Licence No: S7822795H

Name: EDWIN CHONG KUM KEAT

Issue Date: 9/12/2013

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 09 Sep 2002

NP 428A

Licence No: S7822795H

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	09/12/2013



NRIC No. S7822795H



Date of issue

14-08-2008

APT BLK 716 WOODLANDS DRIVE 70 #09-124  
SINGAPORE 730716

NRIC No: S7822795H

Date: 18/09/2020



Text size + -

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

Log Date/Time:	30 Oct 2014 / 09:11:38	Receipt No.:	AACCK001-AX239-141030-000005
Asset Type:	Vehicle	Transaction Amount:	\$63,456.00
Asset ID:	SHC6250U	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141030091138692343		

Vehicle No.:	SHC6250U
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:	30 Oct 2014
Original Registration Date:	30 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5543669
Engine No.:	D4FDDH307942
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:	\$19,878.00
Minimum PARF Benefit:	\$7,426.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Oct 2014 09:11:38
COE No.:	2014103001001376Z
COE Expiry Date:	29 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	29 Oct 2022
Owner ID Type:	Company

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5107202885-01-000514

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6250U**  
Chassis Number : KNAGM414MF5543669
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Apr 2020
4. Expiry Date of Insurance : 31 Mar 2021
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 : 02 Apr 2020 14:55 hrs

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



**Chief Executive**



22 October 2020

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Er Seng Hua of NRIC Number S1331466G is a registered driver of SHC6250U. Er Seng Hua is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 14 Oct 2020.

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](http://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-20-125492

Date of Request: 15/10/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 15/10/2020

Enquiry By LIEW HAI LEONG

TP Vehicle No. SJF6634G

Accident Date 14/10/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJF6634G	China Taiping Insurance (Singapore) Pte. Ltd.	06/06/2020-05/06/2021	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-20-125492

Date of Request: 15/10/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 15/10/2020  
Enquiry By LIEW HAI LEONG  
TP Vehicle No. SJF6634G  
Incident Date 14/10/2020

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

**CHECK IN / OUT VOUCHER**

| | | | | | | |

DRIVER'S NAME <u>Edwin chong kum keaf</u>			
NRIC <u>S</u>		HANDPHONE <u>91889532</u>	
TAXI REGN NO. <u>S H C 6250 U</u>		MAKE / MODEL <u>K02</u>	
DATE IN <u>15/10/20</u>	TIME IN <u>1600</u>	DATE OUT <u>19/10/20</u>	TIME OUT <u>1340</u>
KILOMETRES IN		KILOMETRES OUT	
<div style="display: flex; justify-content: space-around;"> <span>E</span> <span>1/4</span> <span>1/2</span> <span>3/4</span> <span>F</span> </div>		<div style="display: flex; justify-content: space-around;"> <span>E</span> <span>1/4</span> <span>1/2</span> <span>3/4</span> <span>F</span> </div>	

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**
Edwin, chong kum keaf

DRIVER'S NAME

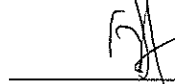


DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

SK Sams Hui

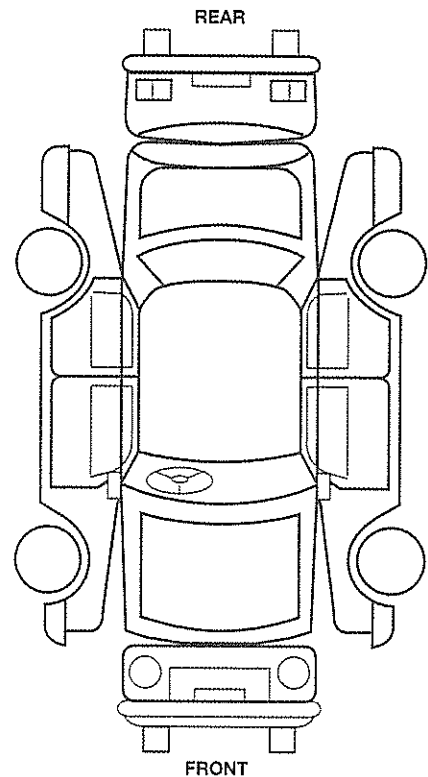
DRIVER'S NAME



DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



FRONT

BODY MARKINGS

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

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

<b>SERVICE / REPAIRS DONE</b> <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 <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	<b>DRIVER'S REMARKS</b> <u>Camera on</u> <u>15/10/20 2330</u> <u>TP/L</u>
--	--