

# 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: SHD1076J/VC

**WITHOUT PREJUDICE**

16 April 2021

**(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 SHD1076J & SKC3086L ALONG BOUNDARY ROAD ON 18.03.21**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1076J**, 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: **SKC3086L** at the material time of the accident with the driver of our client's vehicle, **Mr. Ong Loy Yong**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SKC3086L**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 1712.00
(2) Loss of Rental – 6 Days @\$62.76 per day *	\$ 376.56
(3) GIA Search fee	\$ 2.00
	<b><u>\$ 2090.56</u></b>

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

- (1) GIA report & sketch plan of **SHD1076J**
- (2) Final repair bill
- (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: **SHD1076J/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,

**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

## TAX INVOICE

China Taiping Insurance (Singapore) Pte Ltd  
3 Anson Road # 16-00 Springleaf Tower  
SINGAPORE 079909

DATE 15-Apr-2021  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1076 J			\$ 1,600.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 1,600.00
GST @ 7%				\$ 112.00
GRAND TOTAL				\$ 1,712.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



16 April 2021

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Ong Loy Yong of NRIC Number S6831532H is a registered driver of SHD1076J. Ong Loy Yong is paying a discounted daily rental rate of \$62.76 (Inclusive of GST) on 18 Mar 2021.

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

Thank you.

Yours sincerely



Chih 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



## 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 Submission	18/03/2021 16:38 (SGT)
Date of Accident	18/03/2021 12:10 (SGT)
Exact Location of Accident	Boundary Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1076J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Optima
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-01
Cover Note Number	-

#### DRIVER

Name of Driver	ONG LOY YONG
NRIC No	SXXXX532H
Date Of Birth	14/09/1968
Occupation	Outdoor

Date Of Driving Pass	21/04/1998
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98231831
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 207C #02-962
Address complement	PUNGGOL PLACE
Postcode	823207
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PAX IN THE REAR SEAT - CHINESE
Gender	Female

#### PASSENGER 2

Name	PAX IN THE REAR SEAT - CHINESE
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH POLICE REPORT

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	SKC3086L
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	ONG LOY YONG - DRIVER OF VEH. A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SEEK FOR MEDICAL TREATMENT @ CLINIC & HAD 5 DAYS MC
Injured person in which vehicle?	SHD1076J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 willful 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 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.
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.



*[Signature]* S-683/532-H

18 MAR 2021

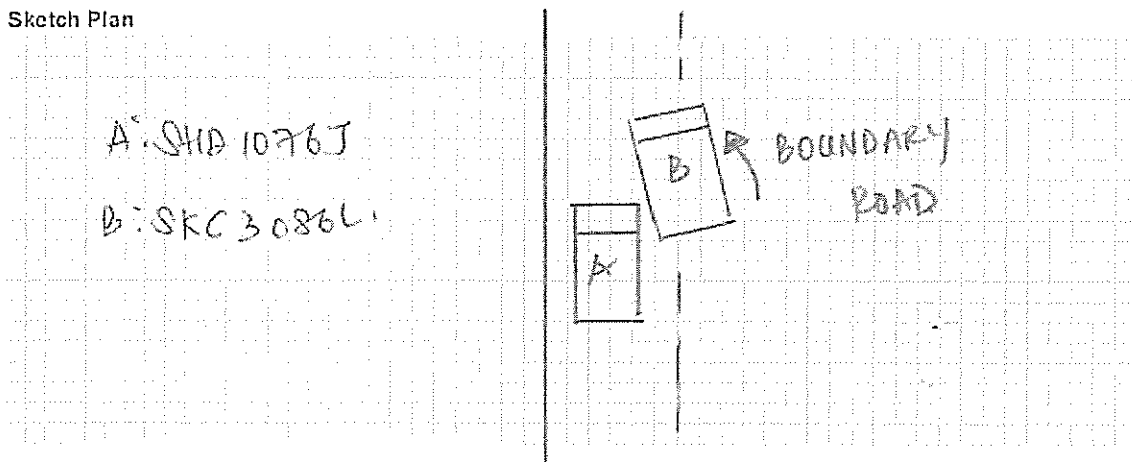
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





Refer to police report

**We declare the foregoing particulars are true in every respect.**

Chier Texts

~~f~~ 64 5-6831532-4

10 MAR 2022



**SINGAPORE  
POLICE FORCE**



T/20210318/2208

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7619999

Report No. T/20210318/2208

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2021 14:57	Vide Report No.:	Station Diary No.: 17
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## Informant's Particulars

Name of Informant: ONG LOY YONG			Address: APT BLK 207C PUNGGOL PLACE #02-952 SINGAPORE 823207	
ID Type / ID No.: NRIC NO / S6831532H			Contact No.:	Mobile: 98231831
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 52	Date of Birth: 14/09/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2021 12:10	Type of Location: Straight Road
Location:  BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1076J	Car	KIA	Optima	Silver	Seriously Damaged	2
SKC3086L	Car	MERCEDES BENZ		Grey	Slightly Damaged	0

## Details of Person Involved

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



SINGAPORE  
POLICE FORCE



T/20210313/2208

2 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20210315/2208

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG LOY YONG		ID No. S6831532H
Related Vehicle	SHD1076J (Car)		Contact No. 98231831
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	18/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Name</b>			
Name	Unknown		ID No. NIL
Related Vehicle	SKC3086L (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my taxi (SHD1076J) along the 3rd lane of Boundary Road. Just after the traffic light junction, another vehicle (SKC3086L), was driving alongside me on the 2nd lane when he suddenly swerved into my lane, sideswiping me as a result.

We then stopped at the road shoulder to assess the extent of the damages. <sup>The other</sup> My car had suffered huge scratches and dents on the passenger side and bumper area while the other car suffered scratches on the driver side and the front. The other driver did not want to exchange particulars and simply provided me with his license plate. Aside from myself who suffered from sores, my passengers claimed that they were okay at the point of time. Nobody were conveyed to hospital and no police were at scene.

I then went to assess my injuries and got a 5 day MC from 18/3/2021 to 22/3/2021 vide MC no. 208280. I have an in-car camera installed, but it can only be activated by my company.



**SINGAPORE  
POLICE FORCE**



T/20210318/2206

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

Report No. T/20210318/2206

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: G / Sgt 2 SHOW XIN DA, DYLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2021 14:57
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SKC3086L

Date of Accident

18/03/2021 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance**Period of Insurance ..... **12/12/2020 - 11/12/2021**Requested By ..... **VINCENT CHUA WEE AN (PREM...**Requested Date ..... **18/03/2021 16:12****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

## 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 :** 5107202885-01-001081

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHD1076J**  
 Chassis Number : KNAGM414MF5659205
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	: UNITED OVERSEAS BANK LIMITED
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**

Text size + -

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

Log Date/Time:	29 Jan 2016 / 09:39:46	Receipt No.:	AACCK001-AX239-160129-000007
Asset Type:	Vehicle	Transaction Amount:	\$68,670.00
Asset ID:	SHD1076J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160129093946961248		

Vehicle No.:	SHD1076J
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:	29 Jan 2016
Original Registration Date:	29 Jan 2016
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5659205
Engine No.:	D4FDFH314437
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:	2015
Open Market Value:	\$22,302.00
Minimum PARF Benefit:	\$13,933.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	29 Jan 2016 09:39:46
COE No.:	2016012901003602K
COE Expiry Date:	28 Jan 2024
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,307.00
Lifespan Expiry Date:	28 Jan 2024



## CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

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

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

DRIVER'S NAME ONG Lay Yang

NRIC S \_\_\_\_\_

HANDPHONE 9823 1831VEH. REGN NO. SHD1076JMAKE / MODEL 102DATE IN 180321 TIME IN 1600DATE OUT 240321 TIME OUT 1726KILOMETRES IN \_\_\_\_\_ FUEL IN ☐ E ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ FKILOMETRES OUT \_\_\_\_\_ FUEL OUT ☐ E ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ F

CURRENT LOCATION

DATE / TIME TOWED IN TO WORKSHOP

D O M M Y Y H M S S

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D O M M Y Y H M S S

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

ONG Lay Yang

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

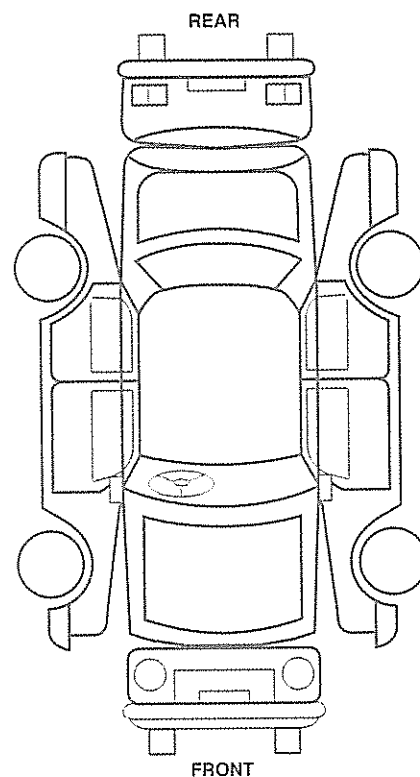
### CHECK OUT

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

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

SERVICE / REPAIRS DONE

- |   |  |
|---|--|
| <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>180321 1210</u>   |
| <input type="checkbox"/> BRAKE SYSTEM   | <u>TP/L</u>  |
| <input type="checkbox"/> CLUTCH SYSTEM  |  |
| <input type="checkbox"/> BULB           |  |
| <input type="checkbox"/> UNDER CARRIAGE |  |
| <input type="checkbox"/> CPF            |  |
| <input type="checkbox"/> BATTERY        |  |

DRIVER'S REMARKS

CAMERA on