

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: **SHD1379K/VC**
Your Ref: **SJD277D**

WITHOUT PREJUDICE
(By Email only)

17 August 2020

Attn: The Motor Claims Department
AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

Dear Sir/Madam

ACCIDENT INVOLVING SHD1379K AND SJD277D ALONG OPEN CARPARK DRIVEWAY @ BEDOK NORTH STREET 1 (BLK 218) ON 25.07.2020

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1379K**, 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: **SJD277D** at the material time of the accident with the driver of our client's vehicle, **MR JASON SHANKAR S/O RAMASAMY**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SJD277D**, our client's vehicle was damaged and we have been put to loss and damage as follows:

1. Cost of Repair (Include GST)	\$ 995.10
2. Loss of Rental (3 days x \$50.29 per day)	\$ 150.87
3. Loss of Income (3 days x \$100.00 per day)	\$ 300.00
4. GIA search fee	\$ 2.00
	<u>\$ 1447.97</u>

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

- (1) GIA report, police report & sketch plan of **SHD1379K**
- (2) Driver's I/C and Driving Licence
- (3) Final repair bill
- (4) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (5) Check In/Out Voucher
- (6) GIA Search Result

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: **SHD1379K/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,



This is a computer generated letter and no signature is required.

Claims Department – Vincent Chua

Email: 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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

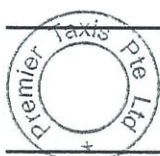
Original Report No : MPAS20062787 Vehicle Registration No: SHD 1379K
Name (as shown in NRIC) : PREMIER TAXIS PTE LTD NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 23 CHANGI SOUTH AVE 2, #01-02. S (486443) Singapore (_____)
Contact (Tel) : 6214 8880 Mobile No. : _____
Email Address : _____
Date of Accident : 25.07.2020 Time of Accident : 1040 HRS
Place of Accident : OPEN C/P (C) BEDOC NORTH ST 1 (BLK 218)
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend accident date as

25.07.2020 instead of 24.07.2020.



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 16 OCT 2020

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	27/07/2020 09:35
Date Of Accident	25/07/2020 10:40
Exact Location Of Accident	OPEN CARPARK DRIVEWAY @BEDOK NORTH ST 1 (BLK 218)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1379K
Insured/Policyholder	
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885-01
Cover Note Number	
Driver	
Name of Driver	JASON SHANKAR S/O RAMASAMY
NRIC No	SXXXX745G
Date Of Birth	27/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1996
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91097550
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	20 JALAN HAJIJAH #03-27
Postcode	468726
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	SIDE SWIPE
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 . . . 1/ ADDENDUM (16/10/2020) : TO AMEND ACCIDENT DATE AS 25/07/2020 INSTEAD OF 24/07/2020

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	SJD277D
Vehicle Make/Model/Colour	AUDI
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	ARJUN
NRIC/Passport Number	
Contact Number	91190437
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.
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.
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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.



Driver's Signature
(If driver is not the policyholder)

27 JUL 2020

Reporting Centre Personnel's Signature

Policyholder's Signature
Date & Time:

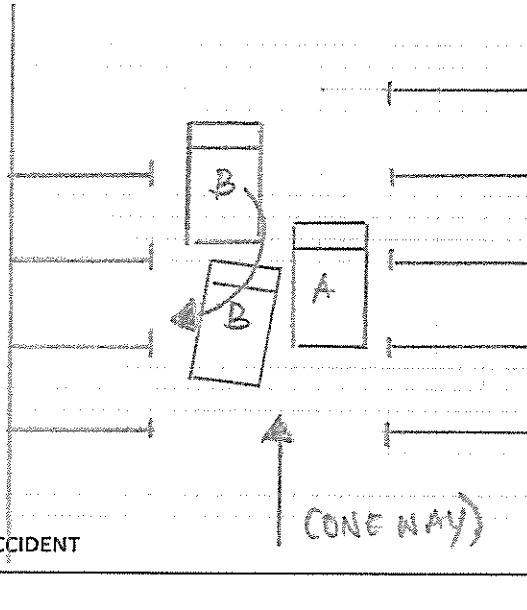
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

2575257456
SHP 13791K

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1379K

b: SJD 277D.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

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

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

Describe Circumstance of the Accident.

ON 24/07/2020 @ 1040HRS, I WAS DRIVING MY TAXI (SHD 1379 K) ALONG THE OPEN CARPARK DRIVEWAY @ BEDOK NORTH ST 1 (NEARBY BLK 218) -HEADING TOWARDS THE EXIT.

I STOPPED MY TAXI AS VEHICLE B (SJD 277 D - AUDI) WHICH WAS ON MY LEFT - WAS TOO CLOSE TO MY LEFT.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

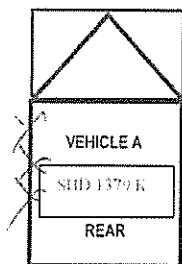
WHEN INSPECTED, I DISCOVERED THAT THE FRONT RIGHT OF VEHICLE B HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI WHILE HE WAS REVERSING INTO THE PARKING LOT.

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

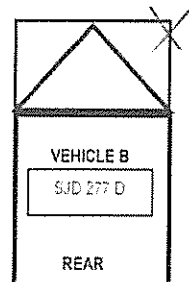
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



575257454

Driver's Signature & NRIC Number
Monday, July 27, 2020 @ 9:50:31 AM

(attended by)



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

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY, #08-16
SINGAPORE 079120

TAX INVOICE

DATE 17-Aug-2020
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30(A) SHD 1379 K			\$ 930.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 930.00
GST @ 7%				\$ 65.10
GRAND TOTAL				\$ 995.10







for Premier Automotive Services Pte Ltd


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

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)


PREMIER AXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHD13791C
CONTACT NO.	9109 7550
MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE	
	Licence Number: S7525745G Name: JASON SHANKAR S/O RAMASAMY Birth Date: 27 Aug 1975 Issue Date: 21 Mar 2012
 002052576H	

REPUBLIC OF SINGAPORE	
IDENTITY CARD NO. S7525745G	
	Name JASON SHANKAR S/O RAMASAMY
Race INDIAN	Sex M
Date of birth 27-08-1975	Country/Place of birth SINGAPORE
	

Land Transport Authority	
	VOCATIONAL LICENCE Licence No: S7525745G Name: JASON SHANKAR S/O RAMASAMY Issue Date: 16/1/2014 Please visit www.lta.gov.sg to check the status of this vocational licence

5757370	
	NRIC No. S7525745G
	Date of issue 19-06-2017
20 JALAN HAJIJAH #03-27 SINGAPORE 468726 NRIC No: S7525745G Date: 22/01/2019	

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)	
	EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	27 Jan 1996
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 2500kg	19 Jun 2008
NP 428A  Licence No: S7525745G	

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	16/01/2014



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1379K
Previous Vehicle No.: -
Effective Date of Ownership: 14 Jun 2017
Original Regn Date: 14 Jun 2017
Registration Date: 14 Jun 2017
Year of Manufacture: 2016
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ127998
Engine No.: D4FBGZ122871
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: S20,645.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Jun 2025
Minimum PARF Benefit: S8,041.00
No. of Transfers: 0
IU Label No.: 1050700210
COE No.: 2017061401003827W
COE Expiry Date: 13 Jun 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium: - / \$50,625.00
PQP Paid: \$40,500.00
QP (Regn Cat): -
OPC Cash Rebate Eligibility: No

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107202885-01-001248

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1379K**
 Chassis Number : TMAD281UVHJ127998
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



06 August 2020

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Jason Shankar S/o Ramasamy of NRIC Number S7525745G is a registered driver of SHD1379K. Jason Shankar S/o Ramasamy is paying a discounted daily rental rate of \$50.29 (Inclusive of GST) on 24 Jul 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".



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-20-086645

Date of Request: 27/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 27/07/2020

Enquiry By GOH WEE DEK

Vehicle No. SJD277D

Ident Date 24/07/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJD277D	AIG Asia Pacific Insurance Pte. Ltd.	13/06/2020-12/06/2021	65-6419-3000

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-20-086645

Date of Request: 27/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 27/07/2020

Enquiry By GOH WEE DEK

Vehicle No. SJD277D

Ident Date 24/07/2020

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



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Jason Shankar s/o Ramasamy</u>											
NRIC <u>S 7525745 G</u>	HANDPHONE <u>9109 7550</u>										
TAXI REGN NO. <u>S H D7379 K</u>	MAKE / MODEL <u>1300</u>										
DATE IN <u>27/07/20</u> TIME IN <u>0930</u>	DATE OUT <u>29/07/20</u> TIME OUT <u>1640</u>										
KILOMETRES IN _____ FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F	KILOMETRES OUT _____ FUEL OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table>	E	1/4	1/2	3/4	F
E	1/4	1/2	3/4	F							
E	1/4	1/2	3/4	F							

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

D D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D D M M Y Y H H M M

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

CHECK IN

Jason

DRIVER'S NAME

Ch

DRIVER'S SIGNATURE / DATE / TIME

ACHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

Jason

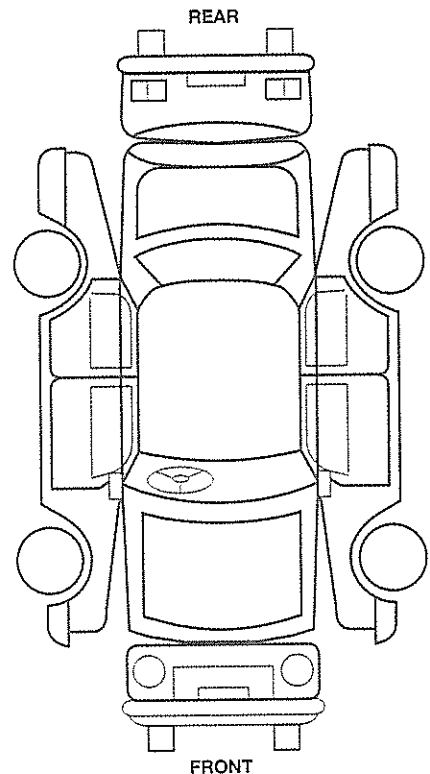
DRIVER'S NAME

h

DRIVER'S SIGNATURE / DATE / TIME

msCHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

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

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

SERVICE / REPAIRS DONE

☐ SERVICING ☐ OTHERS:☐ T / BELT☐ AIRCON SYSTEM ☐ ACCIDENT: DATE / TIME of ACCIDENT:☐ TURBO☐ BRAKE SYSTEM☐ CLUTCH SYSTEM☐ BULB☐ UNDER CARRIAGE☐ CPF☐ BATTERY

24/07/20 1040
TP/L

DRIVER'S REMARKS