

# 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: **SHD1687X/WL**

**WITHOUT PREJUDICE**

11 August 2022

**(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 SHD1687X AND GBK5624K ALONG PIE – TUAS (BEFORE JALAN BAHAR) ON 16/06/2022**

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1687X**, 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: **GBK5624K** at the material time of the accident with the driver of our client's vehicle, **Mr. Rashid Bin Idris**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **GBK5624K**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 8,078.50
(2) Loss of Rental – 47 Days @\$72.76 per day	\$ 3,419.72
(3) Loss of Income – 47 Days @\$100 per day	\$ 4,700.00
(4) Towing Fee	\$ 50.00
(5) GIA Search fee	\$ 2.00
	<b><u>\$ 16,250.22</u></b>

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

- (1) GIA report/Police report & sketch plan of **SHD1687X**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) Check In/Out Voucher
- (5) Towing slip
- (6) GIA search receipt

## **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: **SHD1687X/WL**

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 – Wennis Liew**

Email: [wennis.liew@premierauto.com.sg](mailto:wennis.liew@premierauto.com.sg)

DID: 64100946

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.

## 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	16/06/2022 14:41 (SGT)
Date of Accident	16/06/2022 08:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE - TUAS (BEFORE JALAN BAHAR)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1687X
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	Hyundai
Model	I30
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
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5125738511-001028
Cover Note Number	-

### DRIVER

Name of Driver	RASHID BIN IDRIS
NRIC No	SXXXX451D

Date Of Birth	03/11/1956
Occupation	Outdoor
Date Of Driving Pass	12/10/1977
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97962437
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 430 ANG MO KIO AVE 3 #05-2598
Address complement	-
Postcode	560430
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	Collision - Head to Rear
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH POLICE REPORT

#### 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	GBK5624K
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	HOSSEN MOHAMMAD ELIUS
NRIC No	GXXXX577P
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	RASHID BIN IDRIS - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON
Injured person in which vehicle?	SHD1687X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	MALE INDIAN - PAX IN VEH. B
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	EYES PAIN
Injured person in which vehicle?	GBK5624K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

##### INJURED 3

Name of injured person	MALE INDIAN - PAX IN VEH. B
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	GBK5624K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

**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.
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.



*Handwritten signature: Ravi*  
*Handwritten number: 126745-17*

16 JUN 2022

*Handwritten signature*

Policyholder's Signature / Date & Time

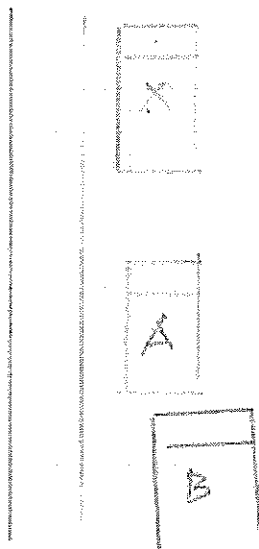
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SHD 1687X

b: GBIK 562XK



*Handwritten notes:*  
PIE / TUAS  
↑ CREE JALAN  
BHARU (EXT.)

Describe Circumstances of the Accident

Refer to attach police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X *Enlist* 1207427-D 16 JUN 2022

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

*[Signature]*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220616/2031

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20220616/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/06/2022 11:20		Vide Report No.: J/20220616/0059		Station Diary No.: 80	
<b>Informant's Particulars</b>					
Name of Informant: RASHID BIN IDRIS			Address: APT BLK 430 ANG MO KIO AVENUE 3 #05-2598 SINGAPORE 560430		
ID Type / ID No.: NRIC NO / S1207451D			Contact No.: Home/Office: Mobile: 97962437		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 03/11/1956	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2022 08:45	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1781				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5624K	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR			2
SHD1687X	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT			0





**SINGAPORE  
POLICE FORCE**



T/20220616/2031

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2699999

2 of 4

Report No. T/20220616/2031

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	HASSAN RAKIB	ID No.	G8265080L
Related Vehicle	NIL	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
<b>Driver</b>			
Name	RASHID BIN IDRIS	ID No.	S1207451D
Related Vehicle	NIL	Contact No.	97962437
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	HOSSEN MOHAMMAD ELIUS	ID No.	G2758577P
Related Vehicle	NIL	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 16/06/2022 at about 0845hrs, I was driving my taxi SHD1687X along PIE (TUAS) before Jalan bahar exit on the extreme left lane. There was a lorry in front of me which slowed down, I then applied brake and slowed down as well. Suddenly, another van behind GBK5624K failed to stop and collided into my vehicle rear portion.

After the accident, we alighted and I called for police and ambulance. There were 3 Bangladeshis on the van and I do not remember who was the driver. Two of the passenger was conveyed to hospital. Traffic Police was at scene and took over my SD card vide incident J/20220616/0059.



SINGAPORE  
POLICE FORCE



T/20220616/2031

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 4  
Report No. T/20220616/2031

CONTINUATION OF REPORT

I will be seeing a doctor after lodging this report.



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 11-Aug-2022  
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD 1687 X			\$ 7,550.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 7,550.00
GST @ 7%				\$ 528.50
GRAND TOTAL				\$ 8,078.50



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



11 August 2022

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Rashid Bin Idris of NRIC Number S1207451D is a registered driver of SHD1687X. Rashid Bin Idris is paying a discounted daily rental rate of \$72.76 (Inclusive of GST) on 16 Jun 2022.

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

Thank you.

Yours sincerely

A handwritten signature in black ink, followed by a circular stamp. The stamp contains the text "PREMIER TAXI PTE LTD" around the perimeter and a star in the center.

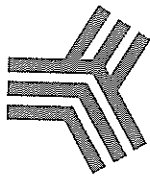
Chin Bee Lian (Ms)

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



# PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717  
TEL : 6743 1987 ( 3 LINES ) FAX : 6743 0013  
Email: peoplevehicle@gmail.com  
Reg No: 200415052W



Date: 16-6-22

CASH SALE/WORK ORDER No: PA 2848

寶號 Pauto (P17)

Messrs:

車號 SHD 1687 X 車型 Capudai 130

Vehicle No: Model No:

由 538 Juong west

From:

到 Omega Level 1

To:

其他 1 Key

Remark:

時間

Time:

11:56-12:00-12:50 AMOUNT: \$ 50

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 misdeemeanour to your vehicle whilst being towed.

經手人

Authorised by:

4363

收貨人

Received by:

- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ Jump Start
- ☐ Changing of Battery
- ☐ Tyre Replacement/ Patching
- ☐ Crane Up/Winch Out
- ☐ With Load/Cargo Box
- ☐ Flat Bed
- ☐ King Dolly to lift up
- ☐ Low Body Kit
- ☐ Repo
- ☐ Door Opening Service
- ☐ Collect Document/Key
- ☐ Jurong Island/Cargo Complex
- ☐ Woodlands/Tuas Checkpoint
- ☐ Cancellation Charge (Reach Location)
- ☐ Cancellation Charge (After 15 minutes)


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

GBK5624K

Date of Accident

16/06/2022 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **11/09/2021 - 10/09/2022**Requested By ..... **NG BOON KAI (PREMIER AUTO...**Requested Date ..... **16/06/2022 14:55****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 :** 5125738511-001028

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SHD1687X**  
Chassis Number : TMAD281UVHJ141995
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Apr 2022
4. Expiry Date of Insurance : 31 Mar 2023
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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

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 : 01 Apr 2022 12:29 hrs

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



**Chief Executive**

**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.: SHD1687X  
Previous Vehicle No.: -  
Effective Date of Ownership: 04 Oct 2017  
Original Regn Date: 04 Oct 2017  
Registration Date: 04 Oct 2017  
Year of Manufacture: 2017  
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.: TMAD281UVHJ141995  
Engine No.: D4FBHZ173214  
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: \$19,971.00  
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 03 Oct 2025  
Minimum PARF Benefit: \$7,482.00  
No. of Transfers: 0  
IU Label No.: 1050709999  
COE No.: 2017100401003701K  
COE Expiry Date: 03 Oct 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: - / \$42,564.00  
PQP Paid: \$34,052.00  
QP (Regn Cat): -  
OPC Cash Rebate Eligibility: No





REPLACEMENT VEH GIVEN YES / NO

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

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

## CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Rashid Bin Zailis (Hiran)</u>											
NRIC <u>S</u>	HANDPHONE <u>9796 2437</u>										
TAXI REGN NO. <u>S H D 1687 K</u>	MAKE / MODEL <u>Z30(A)</u>										
DATE IN <u>16.06.22</u> TIME IN <u>13.45</u>	DATE OUT <u>01.08.22</u> TIME OUT <u>12.05</u>										
KILOMETRES IN _____ FUEL IN <table><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><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

Rashid Bin Zailis

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)

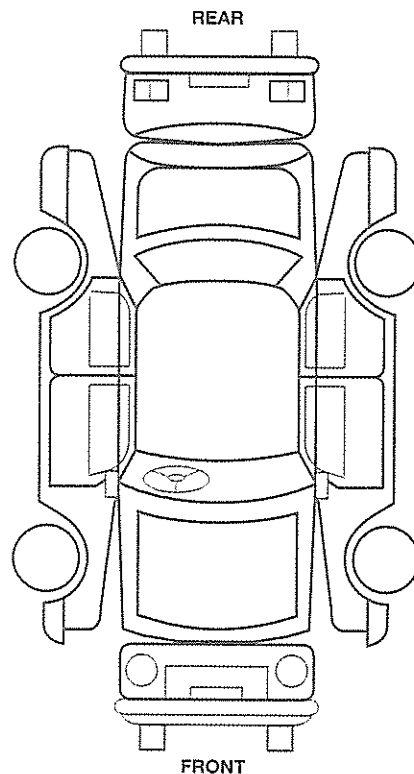
## CHECK OUT

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

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

SERVICE / REPAIRS DONE

- |   |   |
|---|---|
| <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          | <u>16.06.22 08.45</u>                                       |
| <input type="checkbox"/> BRAKE SYSTEM   |   |
| <input type="checkbox"/> CLUTCH SYSTEM  |   |
| <input type="checkbox"/> BULB           | <u>70/K</u>   |
| <input type="checkbox"/> UNDER CARRIAGE |   |
| <input type="checkbox"/> CPF            |   |
| <input type="checkbox"/> BATTERY        |   |

DRIVER'S REMARKS