

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: **SHD1540K/WL**

WITHOUT PREJUDICE

3 November 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 SHD1540K AND SJY7113L ALONG VICTORIA STREET TOWARDS BUGIS – BEFORE ARAB STREET ON 16/09/2022

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1540K**, 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: **SJY7113L** at the material time of the accident with the driver of our client's vehicle, **Mr. Ng Eng Choon**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SJY7113L**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repair (Incl. GST)	\$ 963.00
(2) Loss of Rental – 05 Days @\$84.53 per day	\$ 422.65
(3) GIA Search fee	\$ 2.00
	<u>\$ 1,387.65</u>

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

- (1) GIA report/Police Report & sketch plan of **SHD1540K**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) Check In/Out Voucher
- (5) 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: **SHD1540K/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

DID: 6410 0946

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 Actual 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	16/09/2022 13:51 (SGT)
Reported by	Driver
Date of Accident	16/09/2022 09:30 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	VICTORIA STREET TOWARDS BUGIS - BEFORE ARAB STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1540K
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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	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-000953

DRIVER

Name of Driver	NG ENG CHONG
NRIC No	SXXXX834J
Date Of Birth	05/12/1962
Occupation	Outdoor

Date Of Driving Pass	01/10/1987
Driving experience	34 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96892037
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 369 TAMPINES ST 34, #09-21
Address complement	-
Postcode	520369
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PAX IN THE REAR LEFT SEAT (GRAB BOOKING - CHINESE)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT & SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY7113L
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	DANNY LIM BOON TONG
NRIC No	SXXXX769H
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	NG ENG CHONG - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT, SEEK FOR MEDICAL TREATMENT @ CLINIC & GRANTED 3 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SHD1540K
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

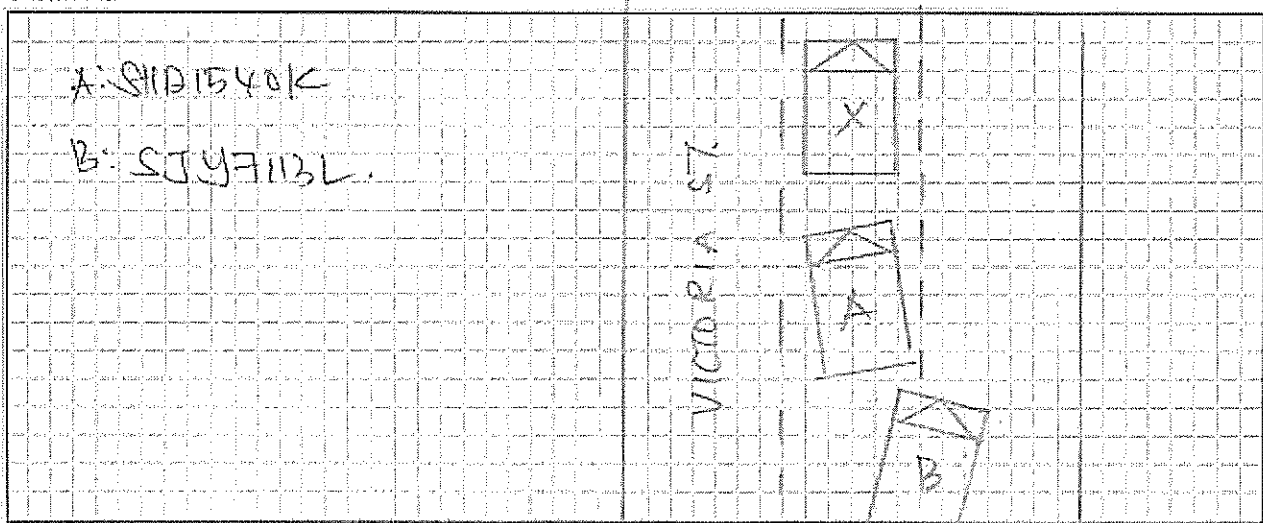
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to attach police report

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220916/2038

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20220916/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2022 12:29	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: NG ENG CHONG			Address: APT BLK 369 TAMPINES STREET 34 #09-21 SINGAPORE 520369	
ID Type / ID No.: NRIC NO / S1529834J			Contact No.:	Mobile: 96892037
Nationality: SINGAPORE CITIZEN			Home/Office:	
Email:				
Sex: Male	Age: 59	Date of Birth: 05/12/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2022 09:30	Type of Location: Straight Road
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1540K	Taxi	HYUNDAI	Ioniq	Silver	Slightly Damaged	1
SJY7113L	Car	HONDA	Civic	White	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/20220916/2036

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20220916/2036

CONTINUATION OF REPORT

Driver			
Name	NG ENG CHONG	ID No.	S1529634J
Related Vehicle	SHD1540K (Taxi)	Contact No.	96892037
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2S,2A,3 Date of Expiry: NIL
Date Treatment	16/09/2022	Date Discharge	16/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DANNY LIM BOON TONG (LIN WENTONG)	ID No.	S7132769H
Related Vehicle	SJY7113L (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 16/09/2022 at about 0930hrs, I was driving along victoria street just before the junction of arab street towards bugis junction on the middle of a three lane road. There were roadworks ahead as such I slowed down when I saw that vehicles are slowing down also. Suddenly, I felt an impact from the rear and I saw that the other vehicle behind me had tried to change lane to the first lane however his front bumper had collided onto my vehicle's rear bumper causing some damage. I went out of my vehicle, exchanged particulars and check on the damage. There were some scratches and dents on the right side of my rear bumper. There was no traffic police or ambulance at scene. The accident caused me to suffer from a whiplash and I felt pain and aches on my back and shoulder area.

I had went to Chern Medical Clinic and received three days of MC.



SINGAPORE
POLICE FORCE



T/20220916/2038

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3
Report No. T/20220916/2038

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 /
SR STAFF SGT MUHAMMAD
ZULHILMI BIN SHADIKIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2022 12:29

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP166



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 2-Nov-2022
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI IONIQ REGN NO: SHD 1540 K			\$ 900.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 900.00
GST @ 7%				\$ 63.00
GRAND TOTAL				\$ 963.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



03 November 2022

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Ng Eng Chong of NRIC Number S1529834J is a registered driver of SHD1540K. Ng Eng Chong is paying a discounted daily rental rate of \$84.53 (Inclusive of GST) on 16 Sep 2022.

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

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chih Bee Lian".



Chih Bee Lian (Ms)

Assistant Vice President

Taxis Administration

Prepared by: LL

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


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SJY7113L

Date of Accident

16/09/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 24/05/2022 - 23/05/2023

Requested By VINCENT CHUA WEE AN (PREM...

Requested Date 16/09/2022 13:46

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**

Vehicle Registration Details

Vehicle No. SHD1540K	Make/ Model HYUNDAI/AE IONIQ HEV FL 1.6 DCT	Vehicle Scheme Revised Taxi (Company)
Current Propellant Petrol-Electric	Chassis No. KMHC851CVLU241052	Vehicle Type Public Transport Taxi (Motor Car)

Owner's Details

Owner Name:

PREMIER TAXIS PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

200304975H

Registered Address

**23 CHANGI SOUTH AVENUE 2 #04-03
SINGAPORE 486443**

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

13 Jan 2021

Original Registration Date:

13 Jan 2021

Registration Date:

13 Jan 2021

No. of Transfers:

0

IU Label No.:

1050551986

Vehicle Specifications

Engine No.:

G4LELU041277

Chassis No.:

KMHC851CVLU241052

Year of Manufacture:

2020

Motor No.:

PM04LAU326DJ

Primary Colour:

Silver

Secondary Colour:

-

Passenger Capacity:

4

Engine Capacity / Power Rating :

1580 cc / 32.0 kW

Maximum Power Output:

103.6 kW (138 bhp)

Max Unladen Weight:

1361 kg

Maximum Laden Weight:

1870 kg

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$24,646.00

Additional Registration Fee Rate:

First \$20,000.00 (100%), next \$4,646.00 (140%)

Actual ARF Paid:

\$5,000.00

Vehicle Lifespan Expiry Date:

12 Jan 2029

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2021011301002033R

COE Expiry Date:

12 Jan 2029

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 :

- / \$38,137.00

PQP Paid

\$30,510.00

QP (Regn Cat):

--

PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

12 Jan 2029

Minimum PARF Benefit:

\$3,000.00

Vehicle Emissions Details

CO2 Emission:

86.00 (g/km)

CEV/VES Rebate Utilised Amount:

\$21,505.00

CO Emission:

0.109280 (g/km)

HC Emission:

0.028670 (g/km)

NOx Emission:

0.002060 (g/km)

PM Emission:

0.052000 (mg/km)

Message:

This is a public service vehicle.

Printed on 13 Jan 2021 11:45:09

Copyright © Land Transport Authority of Singapore 2021

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 : 5125738511-000953

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1540K**
Chassis Number : KMHC851CVLU241052
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	: DBS BANK LTD
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



CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

DRIVER'S NAME NG ENG CHONG (HIRER)NRIC S HANDPHONE 96892037VEH. REGN NO. SHD1540K MAKE / MODEL HYUNDAI-10MQ2DATE IN 160922 TIME IN 1320 DATE OUT 200922 TIME OUT 1250KILOMETRES IN 158756 FUEL IN E 1/4 1/2 3/4 F KILOMETRES OUT 158756 FUEL OUT E 1/4 1/2 3/4 F

CURRENT LOCATION

DATE / TIME TOWED IN TO WORKSHOP

000000 000000

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

000000 000000

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

NG ENG CHONG X

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

[Signature]CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

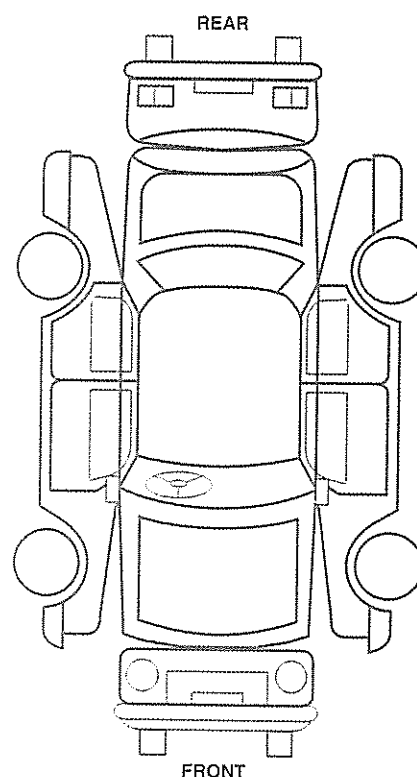
NG ENG CHONG

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 Scratch5 - Damaged
6 - Chip
7 - Crack
8 - Peeling

SERVICE / REPAIRS DONE

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

ACCIDENT: DATE / TIME of ACCIDENT:

160922 0930TP/V

DRIVER'S REMARKS