

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: **SHD1466S/WL**

WITHOUT PREJUDICE

4 July 2023

(By Email)

Attn: The Motor Claims Department

Allianz Insurance Singapore Pte Ltd
79 Robinson Road #09-01.
Singapore 068897

Dear Sir/Madam

ACCIDENT INVOLVING SHD1466S & SFN8588Z ALONG JURONG WEST AVE 1 ON 05.02.2023

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHD1466S**, 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: **SFN8588Z** at the material time of the accident with the driver of our client's vehicle, **Mr. Ahmad Bin Paidi**

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SFN8588Z**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of repairs (Incl. GST)	\$ 7,668.00
(2) Loss of Rental – 53 Days @\$73.44 per day	\$ 3,892.32
(3) Loss of Income – 26 Days @\$100.00 per day	\$ 2,600.00
(4) GIA search fee	<u>\$ 2.00</u>
	<u>\$ 14,162.32</u>

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

- (1) GIA report/Police report & sketch plan of **SHD1466S**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certification Letter
- (4) PO and DO for shortage part (received on 06 Mar 2023)
- (5) GIA search Fee

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: **SHD1466S/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	06/02/2023 10:36 (SGT)
Reported by	Driver
Date of Accident	05/02/2023 15:45 (SGT)
Exact Location of Accident	Jurong West Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1466S
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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) +65-62144880
Alternative Phone No	-

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	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-000890

DRIVER

Name of Driver	AHMAD BIN PAIDI
NRIC No	SXXXX784H
Date Of Birth	01/11/1953
Occupation	Outdoor

Date Of Driving Pass	25/02/1975
Driving experience	48 YEARS
Gender	Male
Mobile Number	(Phone) +65-82239396
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 2 CHAI CHEE ROAD, #06-292
Address complement	-
Postcode	461002
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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
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 SEAT - CHINESE (NON BOOKING)
Gender	Male

PASSENGER 2

Name	PAX IN THE REAR SEAT - CHINESE (NON BOOKING)
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH SKETCH PLAN & STATEMENT

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	SFN8588Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MUHAMMAD SAHAR BIN HASHIM
NRIC No	SXXXX199A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

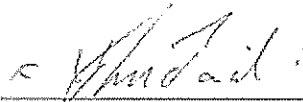
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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.


6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

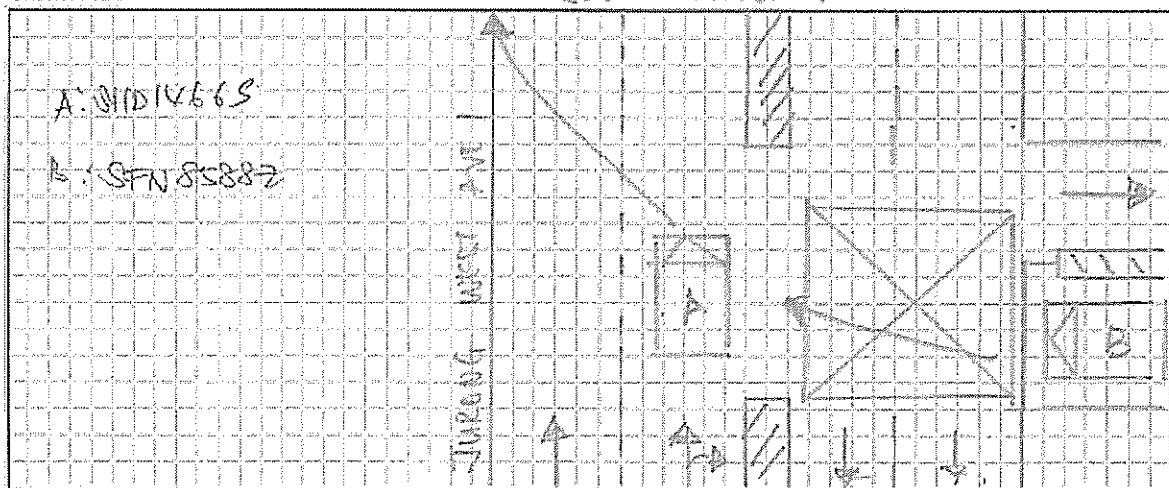
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 06 FEB 2023
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 Circumstances of the Accident.

ON 05/02/2023 @ 15:45 HRS, I WAS DRIVING MY TAXI (SHD 1466 S) TRAVELLING ALONG JURONG WEST AVE 1 WITH 2 PASSENGERS ONBOARD – ON THE RIGHT LANE (ARROW ON ROAD SURFACE SHOWS STRAIGHT & RIGHT TURN INTO CARPARK DRIVEWAY).

WHILE I WAS MOVING STRAIGHT AHEAD – SUDDENLY I FELT AN IMPACT FROM MY RIGHT & SUBSEQUENTLY I LOST CONTROL OF MY TAXI – CAUSING IT TO STEER TO THE LEFT, WENT UP THE ROAD KERB & THE FRONT LEFT OF MY TAXI TOUCHES ONTO A BICYCLE (WHICH WAS PARKED ALONG THE PAVEMENT).

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SFN 8588 Z – M/BENZ) – WHICH WAS EXITING FROM CARPARK DRIVEWAY (ON MY RIGHT), FAILED TO KEEP FOR PROPER LOOKOUT & FAILED TO OBSERVE FOR CLEARANCE FROM MY ROUTE, HAD ENCROACHED ONTO MY PATH ABRUPTLY & COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

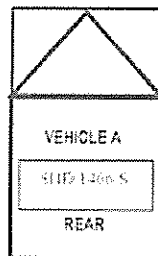
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT PORTION & VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

ONE OF MY PASSENGERS – FEMALE CHINESE SUFFERED PAIN ON HER LEGS & DECLINED FOR MEDICAL ATTENTION WHEN OFFERED. NO AMBULANCE AT SCENE.

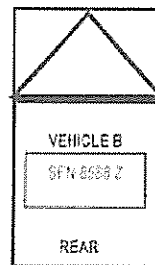
NO PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

[Signature] 0059784/11

Driver's Signature & NRIC Number
Monday, February 06, 2023 @ 9:58:12 AM

(attended by)



SINGAPORE POLICE FORCE



T/20230324/2071

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 3

Report No. T/20230324/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2023 16:14	Vide Report No.:	Station Diary No.: 20
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: AHMAD BIN PAIDI			Address: APT BLK 2 CHAI CHEE ROAD #06-292 SINGAPORE 461002		
ID Type / ID No.: NRIC NO / S0059784H			Contact No.: Home/Office: Mobile: 82239396		
Nationality: SINGAPORE CITIZEN			Email: CLAIMS@PREMIERTAXI.COM		
Sex: Male	Age: 69	Date of Birth: 01/11/1953	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2023 15:45	Type of Location: Straight Road
Location: JURONG WEST AVENUE 1				
Weather: Heavy rain	Road Surface: Wet			
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFN8588Z	Car				Seriously Damaged	1
SHD1466S	Taxi				Seriously Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230324/2071

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

3 of 3

Report No. T/20230324/2071

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

Other MOHAMED KHAIKEL BIN
MUSTAFA BAOBED

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Signature Of Informant:

Date/Time:

24/03/2023 16:14

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230324/2071

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

2 of 3

Report No. T/20230324/2071

CONTINUATION OF REPORT

Driver			
Name	AHMAD BIN PAIDI	ID No.	S0059784H
Related Vehicle	SHD1466S (Taxi)	Contact No.	82239396
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/02/2023 at about 1545hrs, I was driving my taxi bearing registration number SHD1466S and travelling along Jurong West Ave 1 with 2 passengers onboard on the right lane.

While I was driving straight ahead, I suddenly felt an impact from my right & subsequently lost control of my taxi as I steered to the left, went up the road curb and the front left of my taxi touched onto a parked bicycle along the pavement.

I then made a check and discovered that the car that had hit my taxi, one Mercedes Benz bearing registration number SFN8588Z, encroached onto my path abruptly and collided onto the right side of my taxi. The said car was exiting from the carpark driveway which was on my right side and failed to keep for proper lookout and failed to observe clearance from my route. Due to the collision, my taxi had damages on the right side and the said car had damages on the front left portion with deep dents.

One of my passengers, a female Chinese, suffered pain on her legs but she declined for any ambulance or medical attention. My other male passenger did not complain of any pain. There were no passengers in the said Mercedes Benz.

I had made an Accident Report through my taxi company and earlier today, I received a call from Traffic Police requesting for me to lodge a Police Traffic Report reference to this accident.



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

Allianz Insurance Singapore Pte Ltd
79 Robinson Road #09-01
Singapore 068897

DATE 30-Jun-2023
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR HYUNDAI I30 REGN NO: SHD 1466 S			\$ 7,100.00
TOTAL REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 7,100.00
GST @ 8%				\$ 568.00
GRAND TOTAL				\$ 7,668.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



28 June 2023

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

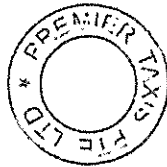
This letter serves to inform that Ahmad Bin Paidi @ Ahmad Bin Sami Joh of NRIC Number S 784H is a registered driver of SHD1466S. Ahmad Bin Paidi @ Ahmad Bin Sami Joh is paying a discounted daily rental rate of \$73.44 (Inclusive of GST) on 05 Feb 2023.

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. 20030497511


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SFN8588Z

Date of Accident

05/02/2023 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Allianz Insurance Singapore P...**Period of Insurance **11/04/2022 - 29/03/2023**Requested By **VINCENT CHUA WEE AN (PREM...**Requested Date **06/02/2023 13:27****Payment details**Request Amount: **S\$1.85**GST Amount: **S\$0.15**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

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.: SHD1466S
Previous Vehicle No.: -
Effective Date of Ownership: 26 Sep 2017
Original Regn Date: 26 Sep 2017
Registration Date: 26 Sep 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.: TMAD281UVHJ141707
Engine No.: D4FBHZ171683
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: \$20,151.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 25 Sep 2025
Minimum PARF Benefit: \$7,627.00
No. of Transfers: 0
IU Label No.: 1050707331
COE No.: 2017092601003853G
COE Expiry Date: 25 Sep 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: - / \$44,081.00
PQP Paid: \$35,265.00
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 : 5125738511-000890

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHD1466S**
Chassis Number : TMAD281UVHJ141707
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

Premier Automotive Services Pte Ltd

23 Changi South Avenue 2
#04-02
Singapore 486443
GST: 200707743D ROC: 200707743D
Phone: (65) 6214 8880
Fax: (65) 6214 4498

Purchase Order



Date Nov 28, 2022	Page 1
Purchase Order Number PO2211002196	

COMPLETED

Vendor Address:

Komoco Motors Pte Ltd
253 Alexandra Road
#01-01
Singapore 159936
159936
Tel : 68018739 Fax : 64759515
Attn : Yvonne Eng

Ship To:

Warehouse
23 Changi South Avenue 2
#04-02
Singapore 486443
486443
Singapore

Reference STOCK	Contact Yvonne Eng	Vendor Number KOM001	PO Date Nov 28, 2022	Terms 30D	Ship Via	Expected Arrival
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S/N	Item Number	Description	Qty. Ordered	Unit Cost	UOM	Extended Price
1	71503 A6C20	Panel Assy-Quarter Otr Lh (I30A)	1.0000			
2	71504 A6C20	Panel Assy-Quarter Outer, Rh (I30A)	1.0000			
3	92405 A6100	Lamp Assy-Rear Fog, Lh (I30A)	20.0000			

Comments:
Attn: Zin
Order via Sea Freight

Tax Summary:
GST

Less:
included tax

Subtotal

Total tax

Total purchase order

Prepared By

Authorised By

Premier Automotive Services Pte Ltd

23 Changi South Avenue 2

#04-02

Singapore 486443

GST: 200707743D ROC: 200707743D

Phone: (65) 6214 8880

Fax: (65) 6214 4498

Delivery Order



Date

Mar 6, 2023

Page

1

Delivery Order Number

SM2303034330

Sold To:

Premier Taxis Pte Ltd
23 Changi South Avenue 2
#03-03
Singapore 486443

Ship To:

Premier Taxis Pte Ltd
23 Changi South Avenue 2
#03-03
Singapore 486443

102303020967

Vehicle No.	PO Number	Customer No.	Case ID	Ship Date
SHD1466S		PTAXIS-T	TP/230205/SHD1466S	Mar 06, 2023

S/N	Shelf/Bin	Item Number	Description	Qty. Ordered	UOM	Qty. Shipped	Qty. Backord.
1	D-FLR	71504 A6C20	Panel Assy-Quarter Outer, Rh (I30A) Deliver to Omega Changi	1.0000	Unit	1.0000	0.0000
<p>U 6/3/23</p> <p>ly</p> <p>Delivered to</p> <p>Updated S/C</p> <p>U 6/3/23</p>							

Authorised By:



Received By:





PREMIER
AUTOMOTIVE SERVICES

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

DRIVER'S NAME **AHMAD BIN PAIDI** (CHIRER)

NRIC **S**

HANDPHONE **82239396**

VEH. REGN NO. **SHD 1466S**

MAKE / MODEL **ISOTA**

DATE IN **05 02 23** TIME IN **1750**

DATE OUT **29 03 23** TIME OUT **1005**

KILOMETRES IN **473337** FUEL IN **E 1/4 1/2 3/4 F**

KILOMETRES OUT **473337** FUEL OUT **E 1/4 1/2 3/4 F**

CURRENT LOCATION

DATE / TIME TOWED IN TO WORKSHOP

05 02 23 1750

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

05 02 23 1750

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

AHMAD BIN PAIDI X

DRIVER'S NAME

[Signature]

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

[Signature]

DRIVER'S NAME

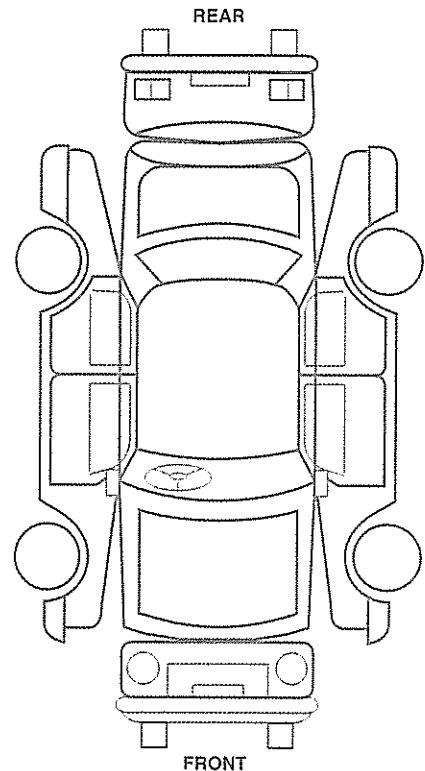
[Signature]

DRIVER'S SIGNATURE / DATE / TIME

[Signature]

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

☐ SERVICING ☐ OTHERS:

☐ T / BELT

☐ AIRCON SYSTEM

☐ TURBO

☐ BRAKE SYSTEM

☐ CLUTCH SYSTEM

☐ BULB

☐ UNDER CARRIAGE

☐ CPF

☐ BATTERY

ACCIDENT: DATE / TIME of ACCIDENT:
05 02 23 1545

TP/U

DRIVER'S REMARKS

✓