

Our Ref: SNH 5134 G

Your Ref: XE 7858 K

29th August 2024

Lonpac Insurance Bhd
100 Beach Road
Singapore 189702

BY EMAIL ONLY

Dear Fiona,

Re: Accident Involving SNH 5134 G & XE 7858 K along Queensway on 1 July 2024

We refer to the above accident and we are acting for the owner of SNH 5134 G for his Property Damage Claims. As a result of the above accident, our client has sustained losses as follows:

Costs of Repairs (with GST)	\$	4,414.50
Loss of Use (6 days X \$80)	\$	480.00
LTA/GIA Search	\$	33.18
Total	\$	<u>4,927.68</u>

We further enclosed herewith our supporting documents for the above claims:

- i. Discharge voucher
- ii. Letter and Payment Authorization
- iii. LTA/GIA Search Invoice
- iv. Rental Invoice

Yours Sincerely,

Joyce Low

To: CARTIMES AUTOLUTION PTE LTD

RE: ACCIDENT INVOLVING VEHICLE

Vehicle No.: SNH51347 & XE7858K Along (Road Name)
Queensway Rd on 01 July 2024 @ 07:35 am
I/We Car Times Auto-Rent Pte Ltd NRIC/Passport No: 201633634W owner of vehicle
no. SNH51347 hereby authorize you to commence repair to the said vehicle
forthwith.

1. I/We hereby irrevocably authorize you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name for the costs of repair and loss of use, etc. and to you appointing any Solicitor to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claims to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorization to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claims to as successful conclusion.
2. I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable authorize you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
3. I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.
4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
5. Upon settlement of the third party claims and in case the settlement monies was sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Solicitor the cost of repairs settled and related expenses and disbursement incurred.

Owner's Signature
(Company's Stamp if applicable)

Witness Signature/Name



160 Sin Ming Drive
Autocity
#02-04
Singapore 575722

PAYMENT AUTHORIZATION FORM

Date: _____

Atten: Motor Claims Dept

Dear Sir/ Mdm,

Accident on 01 July 24 @ 07:35am involving vehicle no. SNH51346 &
KE7858K along Queensway Road

I/We (name) Car Times Auto-Rent Pte Ltd, (NRIC) 201633634W is the registered owner/driver of vehicle no. SNH51346 which was involved in the above accident with your insured client of Vehicle no. KE7858K

I/We also hereby authorize that any payment due to me/us from the foresaid claim to be paid to CAR TIMES AUTOLUTION PTE LTD.

I/We hereby indemnify CAR TIMES AUTOLUTION PTE LTD against all claims and/or damages which may arise from all action taken for and on my/our behalf.

I/We hereby affirmed that above mentioned statement to be true and correct.

If the third party's insurance is NTUC and in any circumstances, if I/we were to receive any cheque from the third party's insurance company payee issued under my name, I undertake to return cheque to "Car Times Autolution PTE LTD"

Yours faithfully



Owner signature
(Company's stamp is applicable)



160 Sin Ming Drive
AutoCity
#02-04
Singapore 575722

VEHICLE CLAIMS DISCHARGE VOUCHER

INSURED: **CAR TIMES AUTO-RENT PTE LTD**

VEHICLE NO.: **SNH 5134 G**

I confirm that I have received my vehicle **SNH 5134 G** from CAR TIMES AUTOLUTION PTE LTD.

I **CAR TIMES AUTO-RENT PTE LTD** (Name) have acknowledge that all necessary repair has

been done from the result of an accident that **SNH 5134 G** (Car plate No.) was involved on

01/07/2024 (Date) ALONG **QUEENSWAY ROAD** (Location) has been completed and up to my

satisfactory level. I have no further claims on the above company in respect thereof and I agree

my vehicle is collected under good condition.



A handwritten signature in blue ink, consisting of a stylized, cursive script.

Signature of insured

CAR TIMES AUTOLUTION PTE. LTD.

13 Kaki Bukit Road 4, Bartley Biz Centre #03-15/16
Singapore 417807
+65 67024282
autolution@cartimes.com.sg
GST Registration No. : 201605716G
Company Registration No. 201605716G



TAX INVOICE

BILL TO
LONPAC INSURANCE BHD - INSURANCE

INVOICE PB02489
DATE 02/08/2024
TERMS NET 30
DUE DATE 01/09/2024

VEHICLE NO SNH5134G MAKE & MODEL MAZDA 3 MILEAGE -

DESCRIPTION	QTY	AMOUNT
COST OF REPAIR	1	4,050.00

SUBTOTAL		4,050.00
GST TOTAL		364.50
TOTAL		4,414.50

BALANCE DUE		S\$4,414.50

This is a computer-generated document, no signature required.

Issued by

All cheque should be crossed and made payable to

CAR TIMES AUTOLUTION PTE LTD
OCBC Bank: 695 362343 001 (Servicing)
OCBC Bank: 695 591768 001 (Claims)
Paynow to UEN 201605716G

VEHICLE RENTAL AGREEMENT

Previous agreement no: _____ (if applicable)

CTAR No: 2229

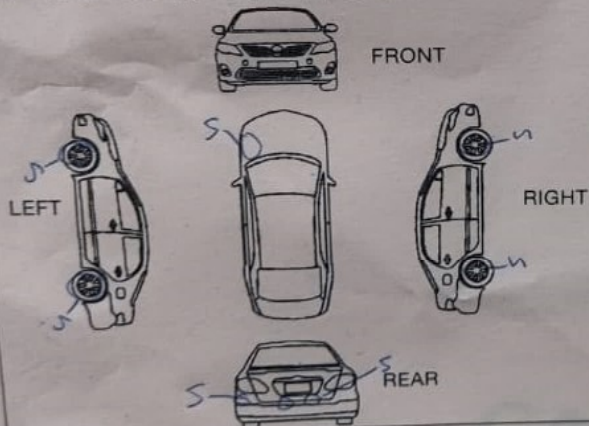
Hirer's Particular

Name : (as in I/C) Cheong How Onn
NRIC / Passport No : S1537997I
Address (Res) : 51 Margaret Drive S149296
Company Name : _____
Address : _____
D/L No : S1537997I D/L Type Local/International
Passed Date : 12/02/1980 Date of Birth : 24/04/1967
Tel : (H) _____ (O) _____ (M) : 880575950

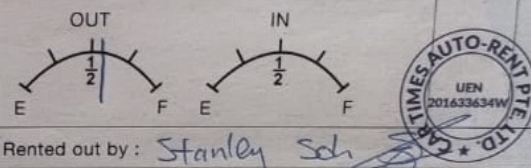
Additional Driver

Name : (as in I/C) _____
NRIC / Passport No : _____
Address : _____
D/L No : _____ D/L Type : Local/International
Passed Date : _____ Date of Birth : _____
Additional charges of \$10/day may apply (M) : _____

(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES



Vehicle No :	<u>SNH 5134G</u>		
Make & Model :	<u>Mazda 3 Elegance</u>		
Out Date :	<u>07/06/2024</u>	Time :	
Hire/Period Expiry :	<u>07/07/2024</u>	Mileage :	
Non-Waiver Excess :	<u>\$2,500</u>	(TP) <u>\$2,500</u>	(OD)
CHARGES		S\$	¢
Daily	Day(s) @S\$	Per day	
Weekly	Weekly(s) @S\$	Per week	<u>525.84 GST</u>
Monthly	Month(s) @S\$	Per month	
CDW	@S\$	Per month	<u>180.84 GST</u>
Refundable Deposit			<u>500</u>
Others			
Total			



Rented out by : Stanley Sch
Deposit will be transferred to new agreement CTAR No: 2230

Petcheong
Hirer's Signature

Additional Driver Signature

I have read and agreed to the terms and conditions annexed hereto. If I have presented a charge/credit card for payment I agree that all amounts payable under this agreement and/or any parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card. All information I have given in connection with this agreement is true and I agree and consent to Cartimes' Privacy Policy available at <https://cartimes.com.sg/home/privacy-policy/>.

• IMPORTANT

- 2 WEEKS RETURN NOTICE IS REQUIRED FOR ALL VEHICLE EVEN UPON COMPLETION OF CONTRACT.
- RENTAL PAYMENT DAY TO BE ON EVERY FRIDAY OF THE WEEK. A LATE FEE OF \$50 PER WEEK APPLIES FOR LATE PAYMENT.
- ALL VEHICLE SHOULD BE RETURNED WITH SAME LEVEL OF PETROL.
- AN ADDITIONAL EXCESS APPLIES FOR HIRER UNDER THE AGE OF 22, ABOVE THE AGE OF 65 AND BELOW 2 YEARS DRIVING EXPERIENCE AS ACCORDANCE TO THE INSURANCE CERTIFICATE.
- IN THE EVENT OF ACCIDENT, THE HIRER SHALL REPORT TO THE RENTAL OFFICE WITHIN 24 HOURS. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND
					SIGNATURE OF HIRER

Find insurer

Vehicle reg. no.

XE7858K

Date of Accident

01/07/2024



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**

Period of Insurance **22/11/2023 - 21/11/2024**

Requested By **Pang Ren Guo (Cartimes Autol...**

Requested Date **03/07/2024 18:14**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

Print as receipt

Or directly use your browser print function.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 02/07/2024

Your Ref No: SNH5134G

Dear Sir/Madam,

Date of Accident: 01/07/2024 07:45 (SGT)

Vehicle No: SNH5134G

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
XE7858K	Singapore	(31.00)	1	(28.44)
GST Amount				(2.56)
Total Amount Due (GST Inclusive)				(31.00)

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.

Thank you.

This is a computer generated document and requires no signature.