Without Prejudice

CAR CARL

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Corporate Office

Car Care Centres

205 Braddell Road Singapore 579701

Loyang 59 Loyang Drive Singapore 508969

45 Pandan Road Singapore 609286 Tel 6338 8778

24 Senoko Loop Singapore 758156 Tel 6757 8760 Sin Ming 383 Sin Ming Drive Singapore 575717

Sungei Kadut

320 Ubi Road 3

Singapore 408649 Tel 6848 5721

Mainline +65 6383 6280

Facsimile +65 6280 9755

By Fax & PostcomfortDelGro Engineering

Your Ref : 17/17/18/VC30/020290 Our Ref : CDGE/DS/SLS5773C/CL Date : 24/06/2019

M/s Lonpac Insurance Berhad 300 Beach Road #17-04/07, The Concourse

199555 Singapore

HSIZO Tone Motor Claims Department

Dear Sir / Madam ACCIDENT ON 17/12/2017 INVOLVING SLS5773C & PC3958L ALONG QUEEN STREET

| | | imme [mail | 1 1 |
|------------|-----|--|--|
| <i>(</i> 1 | We | refer to the above matter and your letter dated \bigcirc | 6 3019. |
| [] | | e refer to the telephone conversation between our | and your |
| | 011 | · | |
| | | e regret we are unable to accept your offer of \$ | |
| [/] | St | trictly on the basis of without admission of any liabi | lity and without prejudice to any otl ce of your offer/are prepared to reso |

claims arising out of this accident, we confirm acceptance of your offer/are prepared to resolve the claim at global/lump sum of \$ 900 - . Please note that this settlement/our offer is only in relation to the claim of vehicle damages. It shall not include other claims which the driver and/or the passenger(s) may have against you and/ or your insured for their damages in relation to their bodily injuries arising out of this accident, even if the medical expenses claimed herewith formed part of the settlement reached. www.SPARKcarcare.com

Please let us have your discharge voucher/ cheque payment within the next two weeks.

[] Please let us have your reply or settlement offer by _

Inclosed herewith is the duly completed discharge voucher issued by Third party insurer. Note: You may forward this to your insurer for the reinstatment of your NCD.

Thank you.

Yours faithfully

Cecilia Lee

CDGE Claims Department 59 Loyang Drive S(508969)

DID: 6214 8354

FAX: 6214 1843

Email: cecilialee@sparkcarcare.com

CC: M/s ComfortDelGro Rent-A-Car Pte Ltd 205 Braddell Road Singapore 579701









LONPAC INSURANCE BHD

CLAIM NO : 17/17/18/VC30/020290

DATE

: 19 JUNE 2019

DISCHARGE VOUCHER

I/We, ComfortDelgro Rent-A-Car Pte Ltd confirmed acceptance from M/s LONPAC INSURANCE BHD and/or owner of PC3958L the sum of Singapore Dollar Nine Hundred Fifty Only (\$950.00) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s LONPAC INSURANCE BHD in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SLS5773C and PC3958L on 17 December 2017 along Queen Street.

I /We hereby agree to indemnify and keep indemnify (LONPAC INSURANCE BHD/ ENTRACO MARINE ENGINEERING PTE LTD AND/OR NG AH SOI) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to COMFORTDELGRO ENGINEERING PTE LTD.

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

Signature of vehicle owner/Date

19 JUN 2019

Name of vehicle owner /Date

Singapore

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

Please forward your cheque made payable to:-COMFORTPELGRO ENGINEERING PTE LID Our Ref: PTE/SLS5773C/20171217/DS-CL

26/02/2018

Lonpac Insurance Berhad 300 Beach Road #17-04/07, The Concourse Singapore 199555 Attn: Motor Claims Department SPARKS EAR GARE

ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Offic 205 Braddell Road Singapore 57970 Mainline ±65 6383 628 Facsimile ±65 6280 975

Instant Pagistration New 10050504944

Without Prejudice

Dear Sirs

ACCIDENT ON 17/12/2017 INVOLVING SLS5773C & PC3958L ALONG QUEEN STREET

We are the authorised repair workshop for the owner of vehicle, SLS5773C, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorized us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, PC3958L, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

| Cost of Repairs | | 1,682.62 |
|-------------------------------------|---------|----------|
| 2. 3.0 days Loss of Rental Income | @ \$118 | 354.00 |
| 3. TP/GIA Fee | | 2.00 |
| | | |
| | (E&OE) | 2,038.62 |

| Sungei k 7 Sungei Kadul Singapore 72 Tel 6369 | |
|--|--|
| | |

Tel 6746 0666

Yishun
11 Yishun Industrial Park A 3

www.SPARKrarrare.com

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully Cecilia Lee

CDGE Claims Department

DID: 6214 8354 FAX: 6214 1843 Email: cecilialee@sparkcarcare.com







ComfortDelGro Engineering Pte Ltd

Corporate Office 205 Braddell Road Singapore 579701

Car Care Centres 205 Braddell Road Singapore 579701 205 Braddell Road Singapore 579701
Singa

Tel: 6383 8110 Tel: 6214 8300 Tel: 6338 8778



ComfortDelGro Engineering COMPANY REG. NO: 199506048W GST REG. NO. M2-8921817-3

TAX INVOICE

8010042

LONPAC INSURANCE BERHAD #17-04 / 07 THE CONCOURSE

300 BEACH ROAD

SINGAPORE SG 199555

CONTACT NO: 62507388

VEHCLE NO SLS5773C

MAKE NISSAN

MODEL Oashqai 1.2 DIG

DATE OF REG

CHASSIS CODE HRA2477688A

91358254 22.02.2018

INVOICE NO. / DATE

JOB NO. 305101613

ODOMETER READING

Description . TD TMDTA TONDAC

| S/No | Part No. Description | (| Oty | Unit | Price | Net |
|------|--------------------------------------|-------------------------------|-----|---------|---------|--------------------------------|
| 01 | 20-501 LABOUR CHARGES | 1 | EAC | 510.00 | SGD | 510.00 |
| 02 | M CLIPS | 1 | EAC | 36.90 | SGD | 36.90 |
| 03 | 1979 FRONT BUMPER | 1 | PC | 553,14 | SGD | 553.14 |
| 04 | 1979 FRONT BUMPER RETAINER LH | 1 | PC | 18.90 | SGD | 18.90 |
| 05 | 1979 FRONT BUMPER RETAINER RH | 1 | PC | 18.90 | SGD | 18.90 |
| 06 | 1979 RH FRONT FENDER ARCH GARNISH | 1 | PC | 434,70 | SGD | 434,70 |
| | | Items t Add GST Invoice | | Time no | 7.000 % | 1.572.54 110.08 1.682.62 |

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED

COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES

Cheque should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office: 205 Braddell Road Blk C Ext 1 Level 2

Singapore 579701

Attn: Finance Department Kindly note that no receipt shall be issued unless requested. CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|----------|--------------|
| 8010042 | 91358254 | 1,682,62 | |
| | | | |
| | | | |
| | | | |

ComfortDelGro Engineering Pte Ltd

Corporate Office 205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755 www.cdge.com.sg

Car Care Centres
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649

www.sparkcarcare.com

Tel: 6383 8110 Tel: 6214 8300 Tel: 6338 8778 Tel: 6553 0400 Tel: 6369 7369 Tel: 6746 0666



COMPANY REG. NO: 199506048W GST REG. NO. M238921817-3

INVOICE NO. / DATE

JOB NO.

305101613

91358254 22.02.2018

TAX INVOICE

8010042

LONPAC INSURANCE BERHAD #17-04 / 07 THE CONCOURSE

300 BEACH ROAD

SINGAPORE SG 199555

VEHCLE NO SLS5773C

MAKE NISSAN

MODRI, Oashgai 1.2 DIG

DATE OF REG

CHASSIS CODE HRAZ477688A ODOMETER READING

Issued by : SIEWH

Repair type : (

SIEWHWA 22.02.2018 10:02:45 CESO/52/5T

Payment Type/Term: /Credit 30 days

RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT

NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO BUILD BY THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED.

COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Officeque should be crossed and made pavable to

205 Braddell Road Blk C Ext 1 Level 2

Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMQUNT | BANK/CHQ No. |
|-------------------|--------------------|--------|--------------|
| "ComfortDelGro En | fineering Pte Ltdy | | |
| | | | |
| | | | |
| | | | |



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

CENTRE GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-17-191269

Date of Request:

19/12/2017

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Dear Sir/Madam,

Enquiry Date

19/12/2017

Enquiry By

Kristy Tay Siew Hwa

TP Vehicle No.

PC3958L

Accident Date

17/12/2017

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|----------------------|-----------------------|------------------|
| PC3958L | Lonpac Insurance Bhd | 02/07/2017-01/07/2018 | +65 62507388 |

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-17-191269

Date of Request:

19/12/2017

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

Dear Sir/Madam,

Enquiry Date

19/12/2017

Enquiry By

Kristy Tay Siew Hwa

TP Vehicle No.

PC3958L

Accident Date

17/12/2017

| 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:

[X] GIRO [] Cash [] Cheque

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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of 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.

| | 7-7- | CTAT | E 14.5 | |
|-------|------|------|--------|--|
| ACCIE | JENI | SIAI | | |

Date Of Report

18/12/2017 21:25 17/12/2017 15:30

Date Of Accident Exact Location Of Accident

ALONG QUEEN STREET

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLS5773C

Insured/Policyholder

Name Of Registered Owner

COMFORTDELGRO RENT-A-CAR PTE LTD

198105775H

Email Address

Co Reg No

DANNYNG@CDGRENTACAR.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-68820807

Vehicle Particulars

Manufacturer

NISSAN

Model

QASHQAI 1.2 DIG

Exact Purpose for which vehicle was being used at PRIVATE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD

COMPREHENSIVE

Fleet Policy

Type Of Coverage

YES

Policy Number

M460802

Cover Note Number

NA

Driver

Name of Driver

CHENG POEY HING

NRIC No

S1424704A

Date Of Birth

25/01/1960

Occupation

INDOOR

Date Of Driving Pass

01/01/2017

Driving Experience

0 YEAR AND 11 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-88692966

Fax Number

Contact Number

EMail Address

MAXWINFMG@GMAIL.COM

Address

Postcode

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

Was any body injured in the Accident?

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)

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

On 17 December 2017 at about 1530 hours my vehicle SLS5773C was approaching the exit of car park adjacent to Queen Street. After the traffic coming from my right was clear, i slowly moved onto Queen Street and slowly filter into the outer lane on the right(Intention to turn right at junction of Queen Street and Rochor Road). As i already move onto the lane 2, the outer most lane of YELLOW BOX JUNCTION, my car suddenly hit by vehicle no pC3958L on the right side front fender. The said vehicle was behind me at the exit of the carpark(footage from my video camera). The accident is recorded by my vehicle camera(front and back).

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WILL FORWARD TO LEASING COMPANY

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC3958L

Vehicle Make/Model/Colour

TOYOTA /HIACE COMMUTER

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Authroised Driver.

 Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow known companies to repudsate policy Bablirty.
- 4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 opplies of this report will for a fee be made evaluable 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)
- f 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 algebra authority (such as the police, for the outhorsers) of
- 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
- iffi investigating the accident and/or my claims
- as carrying out and/or dealing with my instructions or responding to any enquiries by me:

 (It) administering my claims including the mailing of correspondence, statements, involces, 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) compying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

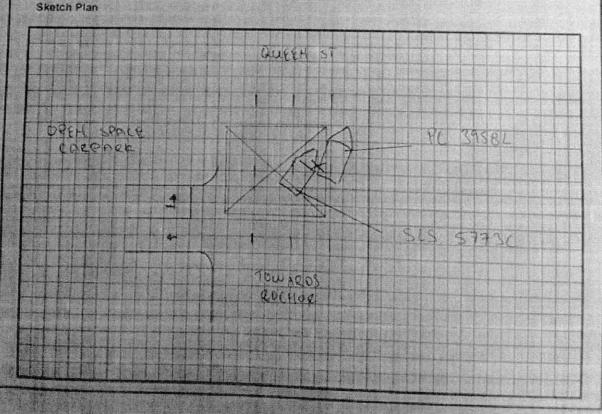
Precynoider's Signature | Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers largers/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 (sockeding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER

Muhammad Faizal

Bin Pabila Witnessed by Reporting Centre Personnel



Common Statement

| ACCIDENT STATEMENT | (2000 characters) |
|--------------------|-------------------|
|--------------------|-------------------|

| , | |
|--|--|
| clear, i slowly moved onto Queen Stre right(Intention to turn right at junction move onto the lane 2, the outer most suddenly hit by vehicle no pC3958L o | hours my vehicle SLS5773C was approaching a Street. After the traffic coming from my right was set and slowly filter into the outer lane on the of Queen Street and Rochor Road). As a laready lane of YELLOW BOX JUNCTION, my car in the right side front fender. The said vehicle was botage from my video camera). The accident is and back). |
| | |
| Taxi Voucher No.: | |
| DECLARATION I/We declare that the above particulars & information prov VERIFIED BY AJAX MARS REPORTING OFFICER - | rided above are true in every aspect |
| MUHAMMAD FAIZAL BIN PABILA | A. |
| MARS Officer | |
| | Registered Owner or Driver's Signature |
| ob Complete Date/Time | Date/Time; |
| 18 December 2017 at 6:05 PM | 18 December 2017 at 6:05 PM |
| | |

Individual Statement

On 17th December 2017 at about 1530 hours, my vehicle SLS5773C was approaching the exit of car park adjacent to Queen's Street. After the traffic coming from my right was clear, I slowly moved onto Queen Street and slowly filter into the outer lane on the right (intention to turn right at junction of Queen's Street and Rochor Road. As I already move onto the lane 2 (see diagram), the outer most lane of YELLOW BOX JUNCTION, my car was suddenly hit by vehicle no. PC 3958 L on the right side front fender. The said vehicle was behind me at the exit of the carpark (footage from my video camera).

The accident is recorded by my vehicle's camera (front and back).

Page 6 of 14

INDIA INTERNATIONAL INSURANCE PTE LTD

01.0079607481B IN \$1.00460761 CO PES NO. 198763740K

64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711

TEL: 6347 6100 FAX. 6224 4174 • 6225 7743

POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

ORIGINAL RED

RI

Motor Dept: 5th Level

This cover note is valid for Singapore Registered Vehicles only.

MOTOR VEHICLES (THIPD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIPD-PARTY RISKS AND COMPENSATION) RULES, 1988 ROAD TRANSFORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

Cover Note No. 100221

| | over note not valid if issued on or after OMFORTDELGRO RENT-A-CAR PT | Date: 21 SeptemLes20 17 |
|--------------------|---|--|
| the Poton in an ha | | having proposed for insurance in the risk is hereby HELD COVERED in Campuchensive 2. 2. 3. a.m./p.m. terminated by the Company by notice sease and a proportionate part of the |

SCHEDULE

| | | | or i i i i i i i i i i i i i i i i i i i | | |
|--------------------------|--|---|--|-----------------------------------|-------------------------|
| Make and Type of Body | Year of Manufacturer | Cubic Capacity/ Carrying Capacity/ Tonnage | Proposer's estimate of present value including accessories | TYPE | Petrol/Diosel Eng |
| NISSAN GASHGAI 1:2 | 2017 | 1197 | #104,000 | Private Car Composicial Valuele | PETROL Registration No. |
| AUTO | A SECOND CONTRACTOR OF PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF | Engine No: HRA2477688A Chassis No: SJN FEAJII U 2609282 | | | × |
| Use | | Authorised Driver | | | Excess |
| | | | | | |

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note 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).

Approved Insurers

Hire Purchase:

for India International Insurance Pte Ltd

Authorised Signatory

IMPORTANT NOTE: Please note that this Cover Note should be replaced by a Certificate of Insurance as coon as pousible.

COMFORTDELGRO ENGINEERING PTE LTD A member of COMFORTDELGRO

POWER OF ATTORNEY

| - | ACCIDENT INVOLVING (Owner's Vehicle No.) PC 39 58 on 14 12 14 along Queen Street and (Third Party's Vehicle No.) |
|----------|--|
| - | along Street |
| F | Policy Nos: |
| E | BY THIS POWER OF ATTORNEY, *I/We, |
| ٨ | lo*NRIC/Passpo |
| _ | 1 Compost Delgno Runt - A - Gov the Hel a company |
| in | corporate in Singapore and having its registered office at (Address)* |
| - | owner of Vehicle Registered No |
| | hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a |
| | mpany incorporated in Singapore and having its registered office at |
| its | agents or any person authorized by CDGE to be *my/our Attomey and in *my/our name(s) and on *my/our behalf |
| to | do all or any of the following: |
| 1. | To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage). |
| 2. | For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as * my/our Attorney shall in his absolute discretion, deem fit. |
| 3. | To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd , CDGE and to give a valid receipt and discharge therefor. |
| 4. | For any of the purposes aforesaid, to execute, sign, seal and deliver all documents whatsoever in relation thereto. |
| 5. | Generally do all such acts as it shall deem necessary for the purpose of settling such claim(s) and |
| 6. | To agree to any settlement at the absolute discretion of CDGE. |
| *I/W | de hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our laft by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual on(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of authority and powers hereby conferred. |
| I/W | e hereby further declare that the powers and authority hereby conferred shall remain irrevocable. |
| 1/ V V E | e further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge |
| | VITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day of the month of |
| | , Year Two Thousand(20) |
| igne | ed, Sealed & Delivered By |
| | 1.9118 |

Customers Name: NRIC No.: Co's rubber Stamp

delete as anno