

Your ref: SHC8462L
Our ref: SKK5315X

27th November 2015

India International Insurance Pte Ltd

64 Cecil Street
#04-02, IOB Building
Singapore 04911

TEL: 6347 6100

Attn: Motor Claims Dept

Dear Sirs / mdm,

Accident involving SKK5315X and SHC8462L along Compassvale Road on 26.7.2015 at 16:40hrs

refer to the above said accident.

Our investigation reveals that you are the insurers of the vehicle SHC8462L at the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final repair invoice
- 2 GIA report of SKK5315X
- 3 Photocopy of IC & Driving License
- 4 Certificate of Insurance
- 5 Authorisation Letter
- 6 Discharge Voucher
- 7 LTA Search Fee
- 8 Prove of loss of income

We are instructed to claim the following

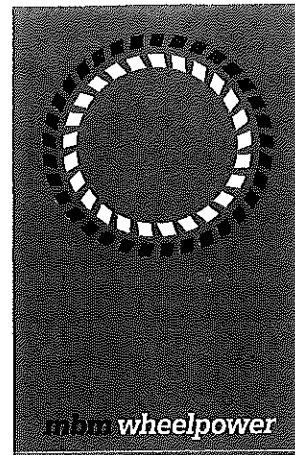
1 Costs of Repair - Lump Sum - (\$1,500.00 x 7% GST)	\$	1,605.00
2 Loss of Use - (\$180.00 x 4 days)	\$	720.00
3 Loss of income	\$	13,000.00
4 LTA Search Fee	\$	5.35
Grand Total:	\$	<u>15,330.35</u>

Please kindly let us know weather you are prepared to settle our client's claim.

Thanks & Warmest Regards,



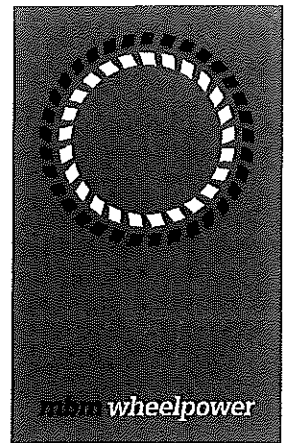
Gary Wong
HP: 8138 7188
gary@mbmwheelpower.comsg



WITHOUT PREJUDICE

mbm wheelpower pte ltd
2 kung chong road singapore 159140
t 64583198 f 64586018
Company Registration Number : 200204110W
GST Reg No: M90368446L

MBM WHEELPOWER PTE LTD



To: Efficiency Limousine Service
c/o India International Insurance Pte Ltd
64 Cecil Street
#04-02, IOB Building
Singapore 049711

Tax Invoice: ES001184
Date: 27 November, 2015
Vehicle No.: SKK5315X
Make / Model: Mercedes Benz E250 CGI
Chassis No.: WDD2120472A184584
Engine No.: 27186030044521
Accident Date: 26.7.2015

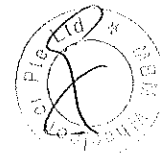
Attn: Motor Claims Dept

S/N	DESCRIPTION	Amount S\$
1	Costs Of Repair - Lump Sum - (\$1,500.00 x 7% gst)	\$ 1,605.00
2	Loss of Use - (\$180.00 x 4 days)	\$ 720.00
3	Loss of Income	\$ 13,000.00
4	LTA Search Fee	\$ 5.35

Amount Due S\$ \$ **15,330.35**

Please acknowledge receipt of vehicle

For & on behalf
MBM WHEELPOWER PTE LTD



Customer's Signature

Prepared by: Gary Wong

Received in good order & condition
Goods sold are not returnable

mbm wheelpower pte ltd
2 kung chong road singapore 159140
t 64583198 f 64586018
Company Registration Number : 200204110W
GST Reg No: M90368446L

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 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.
5. 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.

ACCIDENT STATEMENT

Date Of Report	27/07/2015 08:46
Date Of Accident	26/07/2015 16:40
Exact Location Of Accident	COMPASSVALE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5315X
Insured/Policyholder	
Name Of Registered Owner	EFFICIENCY LIMOUSINE SERVICE
Co Reg No	53213458C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93665530
Alternative Phone No	Office-93665530

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5061390373-01
Cover Note Number	01/12/2014 TO 30/11/2015

Driver

Name of Driver	ADRIAN PENG JUNFU
NRIC No	S9016884C
Date Of Birth	16/05/1990
Occupation	Indoor
Date Of Driving Pass	09/03/2009
Driving Experience	6 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-93665530
Fax Number	
Contact Number	
Email Address	adrianpeng90@gmail.com

Address BLK 453 HOUGANG AVE 10 #13-591 S-530453
 Postcode
 Was driver an employee of the Insured's Company Yes
 If No, Relationship of the Driver with the Insured
 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- Same Direction
 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
 Was there any video captured by Car Camera? Yes
 Number of Passengers (Including Driver) 1

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

REFER TO BELOW STATEMENT/SKETCH PLAN: ATTENDED BY SITI
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8462L
 Vehicle Make/Model/Colour HYUNDAI SONATA
 Details Of Properties
 Name of Driver KAMAL LUDDIN BIN ISMAIL
 NRIC/Passport Number S1196349H
 Contact Number 81860441
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg.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 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 Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 6741 6697

Fax: 6749 2305

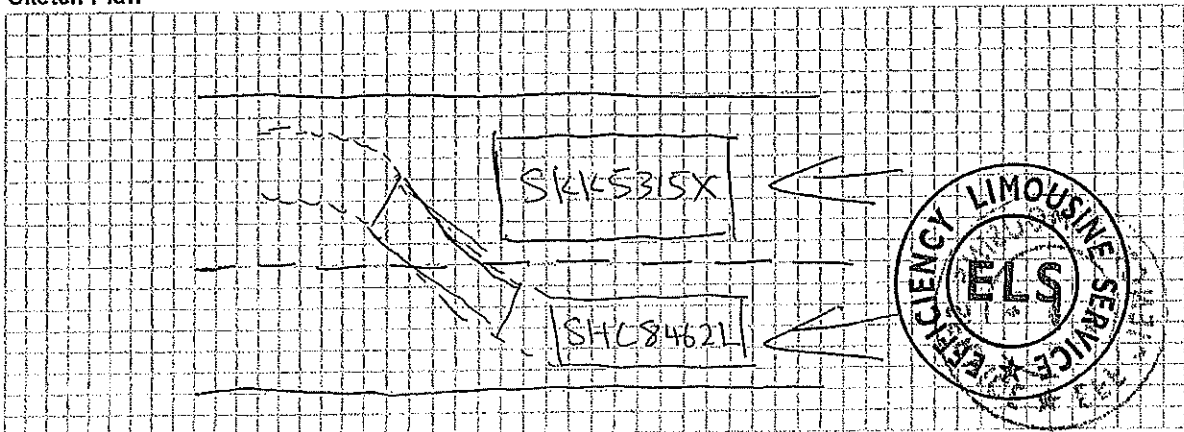
Email: vackb@singnet.com.sg
Witnessed by Reporting Centre Personnel



Policyholder's Signature / Date & Time

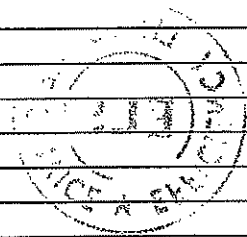
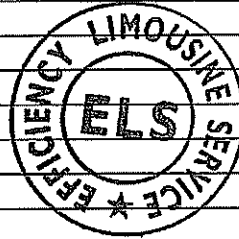
Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan



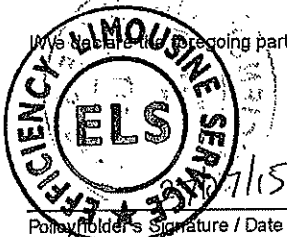
Describe Circumstances of the Accident

Both me and the taxi was driving along a two lane straight road along Compassvale Road. The taxi driver abruptly change lane and did not signal in advance. I was on the right lane, he was on the left lane. He suddenly just change lane and his right back side bumper collided with my front left side bumper and fender. Also because of his changing lane so abruptly, it cause me to go near the side curb on my right side and eventually my right side rim hit the side curb also the right side tyre too.



Declaration

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



Policyholder's Signature / Date & Time
8-45am


[Handwritten Signature]

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


IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 6741 6697
Fax: 6749 2305
Email: vackb@singnet.com.sg

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S9016884C**
 Name: **ADRIAN PENG JUNFU**
 Birth Date: **16 May 1990**
 Issue Date: **09 Mar 2009**



001717602C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9016884C



Name: **ADRIAN PENG JUNFU**
 彭俊富
 Race: **CHINESE**
 Date of Birth: **16-05-1990** Sex: **M**
 Country of birth: **SINGAPORE**

59016884C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg



PASS DATE

09 Mar 2009

NP 428A



3719298

RPIC No: **S9016884C**
 Date of issue: **25-05-2005**

Address:
APT BLK 453 HOUGANG AVENUE 10
#13-591
SINGAPORE 530453

ntuc
Income

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5061390373-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SKK5315X
Chassis Number : WDD2120472A184584
2. Name of Policyholder : EFFICIENCY LIMOUSINE SERVICE
3. Effective Date of Insurance : 01 Dec 2014
4. Expiry Date of Insurance : 30 Nov 2015
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is 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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PENG HOCK ENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

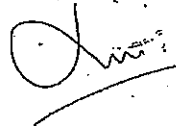
Agency : ALFA CREDIT PTE LTD (00000613905)
Date of Issue : 28 Nov 2014 14:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Date : 27/7/2015

To : MBM WHEELPOWER PTE LTD

(✓) 176 Sin Ming Drive #01-14/15 Sin Ming Autocare Singapore 575721

() 2 Kung Chong Road Singapore 159140

From : Efficiency (my house) Service (Name of Owner & Policyholder)

CLAIM VEHICLE NO: SKK 5315 X

ACCIDENT DATE: 26/7/2015

LOCATION: Along Compassvale Rd

OTHER VEHICLE: SHC 8462 L

1. I hereby authorise MBM WHEELPOWER PTE LTD to: -

a. Proceed with the repairs (the repair) to the above accident (the accident) damaged vehicle (the vehicle); and

() Act as sole and principal agent to claim on my behalf for the damaged to the vehicle from my insurer in question until the claim is wholly completed, settle and/or resolved. (Claim against own insurer).

(✓) Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and/or bodily injury sustained as a result of the accident from third party and/or third party insurer in question until the claim is wholly completed, settled and/or resolved. (Claim against Third Party)

2. I confirm that MBM's authorisation shall include without limitation paying for all relevant reports/documents, corresponding and negotiating with the insurer/third party and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the claim and, any or all such other tasks concerning the settlement, resolution and/or completion of the claim.

EXCEPT:-

- a. Such as matters or task that the insurer/third party and/or the law requires me to personally attend to; and
 - b. The due submission of the claim to the insurer (Where applicable)
3. I understand if I submit a claim of whatever nature to my own insurer (FOURTEEN (14) days) after the accident (or such other time stipulated by my own insurer and/or the law), such claim will not or may not be accepted by my own insurer.
4. I further confirm and accept that:-
- i. To the extent permitted by law:-
 - i. I will indemnify and keep MBM indemnify in connection with or arising from the claim; and
 - ii. That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold MBM liable for losses/damages of whatever nature arising from or in connection with the claim.
 - b. MBM does not guarantee and never represented that the insurer/third party will fully indemnify me for the damage and/or the repair's costs and, that I shall be and continue to be liable to MBM for the whole of the repair's cost.

As the extent to which the insurer /third party will indemnify me or be liable is not exclusive, I agree to place a deposit of S\$ (excluding GST) for the repair's cost.

I agree and accept MBM deposit refund policy. If the final successful percentage of indemnification/contribution/liability from or of the insurer/third party in respect of the repair's costs to me:-

- | | | | |
|----|---------------|---|-------------|
| a. | 50% and below | - | NO REFUND |
| b. | 100% | - | FULL REFUND |

7. I shall inform and forward to MBM all correspondence and letters received by me from the insurer/third party, any other insurer, solicitors governmental authorities and/or, any other relevant party.

8. I shall fully co-operate with and act expeditiously on any requests by MBM, particularly the signing/endorsement/execution of any "Discharge Voucher", failing which I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.



9. I shall not: -

- a. respond to correspondence and letters; and
- b. negotiate agree or accept any offer from the insurer/third party or any other relevant party; without consultation of and expressed approval from MBM

10. In consideration hereof (including without limitation MBM's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to MBM all proceeds of the claim for: -

- a. the repair's costs and
- b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis) and expenses in connection with the accident, repair and/or claim;

which MBM shall be further entitled to apportion in its absolute discretion with any excess being paid by MBM to me as it deems fit in its absolute discretion.

11. I further confirm that payment to MBM or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.



Owner & Policyholder's Signature/Company Stamp (if applicable); or

Authorising party's Signature/Company Stamp (if applicable)

Name: Efficiency Limousine Service

NRIC: 5321 3458 C

Address: Rte 453, Hougang Ave 10, #13-19, S(530453)

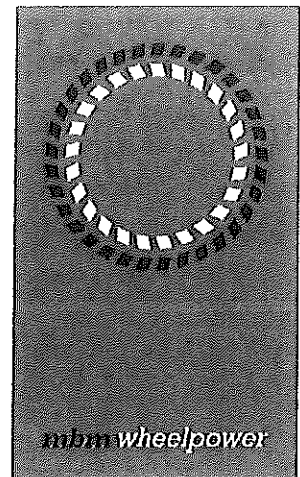
[Handwritten Signature]

Witness's Signature

me: Gary Wong

IC: S7B13687A

DISCHARGE VOUCHER

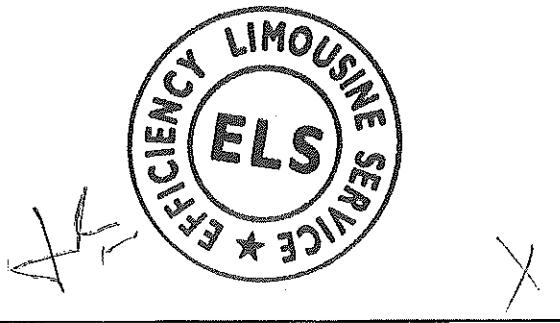


RE: VEHICLE NO: SKK 5315 X

This is to certify that MBM WHEELPOWER PTE LTD has repaired the above

Mentioned vehicle to my satisfaction and I had taken delivery at

1800 hrs on this date 07/08/2015



Owner Signature & Co. Stamp (if applicable)

We MBM WHEELPOWER PTE LTD hereby guarantee the workmanship of the repairs carried out on the accident portion of your vehicle. The guarantee is valid for a period of 6 months from the date of discharge and it is non-transferable. We will promptly carry out any necessary rectification work.



Conforms Reg No 2003-24662

mbm wheelpower pte ltd
176 sin ming drive 01-14/15 sin ming autocare singapore 575721
t 6458 3198 f 6458 6018
Company Registration Number: 200204110W

Text size + -



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 29 Jul 2015 / 10:57:10

Receipt Date/Time : 29 Jul 2015 / 10:57:10

Tax Invoice/Receipt

Receipt No. : ITNET-00000-150729-000357

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference
No.**

As at 26 Jul 2015/16:40:00
INSURANCE CO:INDIA INT'L INS PTE LTD
1 Insurance Enquiry - SHC8462L
Enquiry Fee
20150729105551095547

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
---	----------------------------------	--

Sub-Total	5.00	0.35	5.35
Total Before Rounding	5.00	0.35	5.35
Rounding Difference			0.00
Total Amount Payable			5.35
Paid By			
xxxxxxxxxxx3033	Credit Card: Visa/MasterCard		5.35
Total			5.35
Cash Change			0.00
Tendered Amount			5.35
Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Table 1

S/No	Month	Amount (\$)
1	January 2014	12,824.00
2	December 2013	12,215.00
3	November 2013	18,275.50
4	October 2013	18,609.64
5	September 2013	32,310.38
6	August 2013	9,028.90
7	July 2013	12,164.25
8	June 2013	7,337.64
9	May 2013	15,690.00
10	April 2013	5,597.00
11	March 2013	7,670.00
12	February 2013	6,166.00
13	January 2013	8,081.00
	Total	165,969.31

Table 2

S/No	Month	Income/Rental(\$)
1	January 2014	12,824.00
2	December 2013	12,215.00
3	November 2013	18,275.50
4	October 2013	18,609.64
5	September 2013	32,310.38
	Total	94,234.52

A. Computation as per Table 1

$\$165,969.31 / 12 \text{ months} / 30 \text{ days} = 472.14 \text{ per day}$

$\$472.14 \text{ per day} \times 21 \text{ days} = \underline{\underline{\$9,914.94}}$

B. Computation as per Table 2

$\$94,234.52 / 5 \text{ months} / 30 \text{ days} = 628.23 \text{ per day}$

$\$628.23 \text{ per day} \times 21 \text{ days} = \underline{\underline{\$13,192.83}}$



INLAND REVENUE
AUTHORITY
OF SINGAPORE

At my Tax Portal,

You Surf, We Serve

Text Size **A** A A

Business Status > Main Form > Consolidated Statement > Acknowledgement

FORM P

YEAR OF ASSESSMENT 2014
For the year ended 31 Dec 2013

Name of Partnership : **EFFICIENCY LIMOUSINE SERVICE**
Tax Reference No. : **53213458C**

CONSOLIDATED STATEMENT

This is a consolidation of all the partnership income, deductions and allocations declared by you in this return. Please check your entries and print a copy for reference.

Partnership Business Status : Business Activity Carried Out

SECTION A - INCOME DECLARATION

Accounting Period From : 01 Jan 2013 to 31 Dec 2013

1. TRADE, BUSINESS, PROFESSION OR VOCATION

If your partnership has received PIC bonus payout in the preceding year under the Productivity and Innovation Credit (PIC) scheme, the bonus payout will be automatically included in the partnership assessment. You are **not required** to declare the PIC Bonus.

4-LINE STATEMENT

	S\$
(a) Revenue	153,145.00
(b) Gross Profit/Loss	153,145.00
(c) Allowable Business Expenses [Exclude personal, private, capital and other non-deductible expenses (e.g. Partners' Salary, Bonus, CPF and Other Benefits and private car expenses)]	125,833.00
(d) Adjusted Profit/Loss [d] = [b] - [c]	27,312.00

Less:

(e) Partners' Salary, Bonus & CPF	0.00
(f) Partners' Other Benefits	0.00
(g) Divisible Profit/Loss [g] = [d] - [e] - [f]	27,312.00

2. INTEREST

0.00

3. OTHER INCOME

0.00

Rent

0.00

Royalty

0.00

INLAND REVENUE
AUTHORITY
OF SINGAPORE**At my Tax Portal,**
*You Surf, We Serve*Text Size **A** A A

Business Status > Main Form > Consolidated Statement > Acknowledgement

ACKNOWLEDGEMENT PAGE**YEAR OF ASSESSMENT 2014**
For the year ended 31 Dec 2013Name of Partnership : EFFICIENCY LIMOUSINE SERVICE
Tax Reference No. : 53213458C**SUCCESSFUL TRANSMISSION**Acknowledgement No. : 21000827
Date : Thursday 10 April 2014 11:25:00

The Partnership Income Tax Return is being processed.
You are required to keep proper business records and accounts for 5 years to allow verification of your income and expenses.
Failure to do so is an offence, which may lead to prosecution.

As the Precedent Partner, you are required to inform all the partners of their share of profit or loss from the partnership and advise the partners to declare their share of profit or loss in their individual Income Tax Return (Form B).

Thank you for E-filing.

Please share with us your experience in using our e-Service and give us your feedback.

[Print Acknowledgement Page](#)

Click on the 'Print Acknowledgement Page' button or go to 'File' at menu bar and select 'Print'. Please ensure that margins (go to 'Page setup' at menu bar) are set to 0.25 inches before printing.

PRODUCTIVITY AND INNOVATION CREDIT (PIC)

If you have in your tax filing:

- a) claimed enhanced allowances/deduction under the PIC scheme or
 - b) applied the waiver* of claw-back to the disposal of your qualifying equipment you owned for less than one year where PIC enhanced allowances were allowed in the previous Year of Assessment.
- Confirm your PIC claims or request for waiver.

*Waiver : The equipment was disposed of due to commercial reasons and in the same basis period when the equipment was acquired, the cost of all qualifying equipment acquired (excluding the cost of this equipment disposed of) is **less than the PIC expenditure cap applicable for that basis period.**

[Go to Main Menu](#)

0029880000000029326

IRAS 10/04/2014-15P

Privacy Policy / Terms of Use

Printed via myTax Portal

Copyright (c) 2013 Inland Revenue Authority of Singapore.

11:25:04 (Singapore Time)