

**Auto Insure Pte. Ltd.**

6 Marsiling Lane
Singapore (739145)
E: claims@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 3157 2626 F: 6368 0081
GST No.: 201437380M

Our Ref: SLF6928K
Your Ref: XE3517X
Accident Date: 29-Jun-18

WITHOUT PREJUDICE

5-Apr-19

ATTENTION: MOTOR CLAIMS DEPT

Email: motor.survey@axa.com.sg

AXA Insurance Pte Ltd

8 Shenton Way,
#24-01, AXA Tower
Singapore 068811

CLAIMANT: LCRF PTE LTD

ACCIDENT INVOLVING SLF6928K & XE3517X ALONG BUKIT BATOK RD TOWARDS CHOA CHU KANG ON 29/06/2018.

We are instructed by **LCRF PTE LTD** to claim damages against your insured in connection with a road accident ON involving our client's motor registration number and motor vehicle registration number driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows;

1) Cost of Repair (with GST) after surveyor final esti.	\$	5,992.00
2) Loss of Rental (Includes loss of PRS and loss of Sun & PHs) (42 days x \$120)	\$	5,040.00
3) LTA/GIA Search Fees	\$	29.00
4) Other incidentals	\$	300.00
5) Towing	\$	-
6) Loss of Income (Includes loss of PRS and loss of Sun & PHs) (42 days x \$200)	\$	8,400.00
TOTAL:	\$	<u>19,761.00</u>

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

- 1) GIA report of our Insured
- 2) Repairer's Invoice
- 3) Letter of Authorization
- 4) LTA/GIA Search Receipt
- 5) Hiring Agreement


Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within **14 days** of your receipt of this letter, failing which our client will have no alternative but to commence claims against you without further notice to you or your insurer.

Please note that if you have a counterclaim against our client arising out of accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within **8 weeks** of your receipt of this letter.

For any further enquiry, kindly contact us via email to claims01@autoinsure.com.sg or call Sam at 3157 2628 directly.

Yours Faithfully,


Jason Heng
Auto Insure Pte Ltd
Claims Director



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 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	09/07/2018 11:06
Date Of Accident	29/06/2018 15:40
Exact Location Of Accident	BUKIT BATOK RD TOWARDS CHOA CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6928K
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584264

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	RAFIDAH BINTE ISHAK
NRIC No	S7826152H
Date Of Birth	13/09/1978
Occupation	INDOOR
Date Of Driving Pass	06/01/2001
Driving Experience	17 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82914521
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	5
Passenger 1	NAME: : NADIRAH NUR SYAIRAH BINTE MOHAMED FUHAD GENDER: : FEMALE
Passenger 2	NAME: : NADRA NUR ZAHIRAH BINTE MOHAMED FUHAD GENDER: : FEMALE
Passenger 3	NAME: : MOHAMED FATRIZ RIZQI BIN MOHAMED FUHAD GENDER: : MALE
Passenger 4	NAME: : MOHAMED FARIZ RIFQI BIN MOHAMED FUHAD GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3517X
-----------------------------	---------

Vehicle Make/Model/Colour	RED TIPPER TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE KOK LEONG
NRIC/Passport Number	S1758947D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RAFIDAH BINTE ISHAK
Approximate Age	
Injuries Sustain	NECK CONTUSION ITRAUMATIC OF FOREARM/HYPOKALEMIA
Injured person in which vehicle?	SLF6928K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

9 JULY 2018 / 0845 HRS

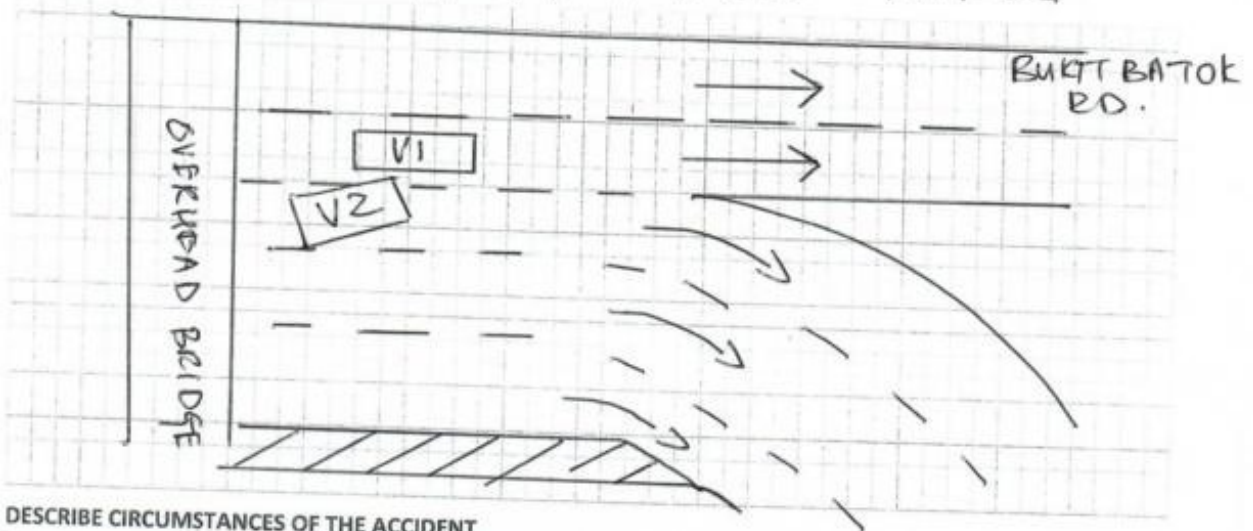


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

HEAVY VEHICLE PARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/06/2018 at about 1530hrs - 1540 hrs, I am driving a rented car - V1 (SLF6928K) with my 4 children mentioned below along Bukit Batok Road, towards Choa Chu Kong at the second lane from the left. On my right are three lanes turning right to Bukit Batok West Ave 3. After the overhead bridge, I felt an impact from the driver side causing V1 to spin about twice before it came to a stop at the center of the road. I then regain control of V1 and managed to park it at the side of the road. A tipper truck, V2 (XE3517X) was stopped in front of me. I made a check on my children and all of them in a state of shock. When I went to retrieve my particulars, I realise the door at the driver side were badly dented and the bumper was also damaged. While waiting for the emergency services to arrive, V2 told me he did not see V1. Ambulance came and conveyed me to Ng Teng Fong General Hospital. There is in car camera installed inside V1, however it had been override and did not capture the incident.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

9 JULY 2018 / 1845HRS



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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Accident Photo



Accident Photo



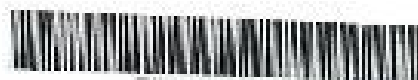
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



1/20180703/2108

1 of 4

Report No. 1/20180703/2108

Police Station Of Origin:
Hong Kah North NPP
37D Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5678999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2018 17:49		Vide Report No.:		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: RAFIDAH BINTE ISHAK			Address: APT BLK 333 BUKIT BATOK STREET 32 #04-241 SINGAPORE 650333		
ID Type / ID No.: NRIC NO / S7826152H			Contact No.: Home/Office: Mobile: 82914521		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 13/09/1978	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/06/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD				
ALONG BUKIT BATOK ROAD TOWARD CHOA CHU KANG ROAD NEAR HEAVY VEHICLE PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF6928K	Car	KIA	FORTE K3	Silver	Totally Damaged	4
XE3517X	TRUCK				No Damage	0

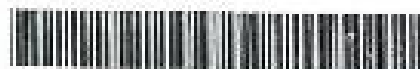
Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180708/2108

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5579999

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Report No. T/20180708/2108

CONTINUATION OF REPORT

Passenger			
Name	MOHD FATRIZ RIZQI MOHAMED FUHAD	ID No.	T1332866A
Related Vehicle	SLF8928K (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	NADRA NUR ZAHIRAH BINTE MOHAMED FUHAD	ID No.	T1128457Z
Related Vehicle	SLF8928K (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	RAFIDAH BINTE ISHAK	ID No.	S7828152H
Related Vehicle	SLF8928K (Car)	Contact No.	82914521
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	05/07/2018
No. of Days granted Medical Leave	22	Degree of Injury	Slight
Passenger			
Name	FARIZ RIFQI BIN MOHAMED FUHAD	ID No.	T1800136A
Related Vehicle	SLF8928K (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20180706/2109

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5678999

9 of 4

Report No. T/20180706/2109

CONTINUATION OF REPORT

Passenger			
Name	NADIRAH NUR SYAIRAH BINTE MOHAMED FUHAD		ID No. T0611781Z
Related Vehicle	SLF8828K (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018		Date Discharge 29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 29/06/2018 at about 1530hrs-1540hrs, I am driving a rented car, V1) SLF8828K with my 4 children mentioned below along Bukit Batok Road toward Choa Chu Kang Road at the second lane from the left. Suddenly I felt an impact from the driver side causing V1 to spin about twice before it came to a stop at the center of the road. I then regain control of V1 and managed to park it at the side of the road. A tipper truck, V2) XE3517X was stopped in front of me and the driver asked for my particulars. I made a check on my children and all of them was in a state of shock and puzzled. When I went to retrieve my particulars, I realise both the door at the driver side were badly dented.

My husband who was at work called the police on my behalf. I called for the ambulance. While waiting, I asked V2 what happened and he told me that he did not see V1.

The ambulance then came and made a check and informed that my children were fine however advised to monitor. Minutes after the ambulance came, I felt pain on the left side of my body especially my neck, shoulder and numbness in my fingers. The ambulance then conveyed me to Ng Teng Fong General Hospital. I was warded for 8 days from 29/06/2018 till 06/07/2018 and was given hospital leave from 29/06/2018 till 20/07/2018.

Subsequently, my husband brought all my children to made a check on Mount Alvernia Hospital and all 4 of them were given 4 days of MC for to trauma.

There is in car camera installed inside V1, however it had been override and did not captured the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180706/2108

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679988

4 of 4

Report No. T/20180706/2108

CONTINUATION OF REPORT

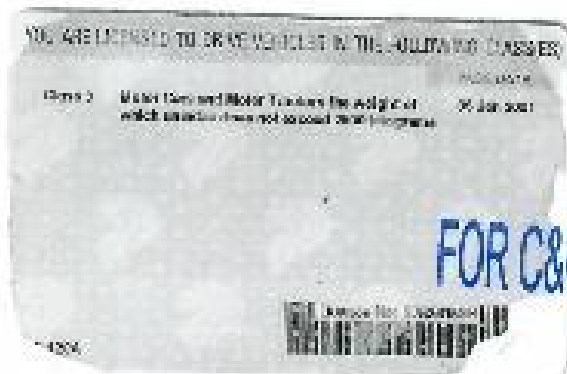
Sketch Plan

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: J / Sgt 2 TAN HUAY HOCK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2018 17:49
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDULLAH Contact No.: 65476355	Classification Of Case:
 Authentication Stamp Singapore Police Force	

Identification Card





AUTO INSURE PTE LTD

6 MARSILING LANE

SINGAPORE (739145)

T: (65) 31572626 F: (65) 63680081

E: CLAIMS@AUTOINSURE.COM.SG

CO. REG. NO. : 201437380M

GST. REG. NO. : 201437380M

TAX INVOICE

INVOICE NO. : AI-3288-2439

DATE : 05/04/2019

TERM : 30 DAYS

REF : C3071

NO. : 00000855

PAGE : 1 OF 1

BILLING DETAILS

NAME	AXA INSURANCE SINGAPORE PTE LTD
ADDRESS	8 Shenton Way, #24-01 AXA Tower, SINGAPORE 068811
ATTENTION TO	AXA INSURANCE SINGAPORE PTE LTD
TEL	+65 6880 4888
VEH REG. NO.	SLF6928K
MODEL	KIA K3

DOA	CODE	DESCRIPTION	PRICE w/o GST	GST AMT	AMOUNT
29-06-18	1001	LUMP SUM REPAIR COST: TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR REPAIR, PANEL BEATING, WELDING AND PAINTING	5,600.00	392.00	5,992.00

Cheque Payment should be crossed and issued in favour of

AUTO INSURE PTE.LTD.

No Receipt will be issued

Thank you for your patronage

SUB TOTAL 5,600.00

ADD GST 7% 392.00

TOTAL AMOUNT **S\$** **5,992.00**

LETTER OF AUTHORISATION

To: M/S AUTO INSURE PTE. LTD.

RE: ACCIDENT ON 29/06/2018 15:40 INVOLVING VEHICLE NOS:
SLF6928K & XE3517X ALONG BUKIT BATOK RD TOWARDS
CHOA CHU KANG.

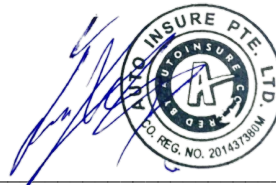
I/We, LCRF PTE. LTD., NRIC/Reg No: 201624597K , owner of vehicle No.

SLF6928K hereby authorise you to commence repair to the said vehicle forthwith.

1. I/We hereby irrevocably authorise you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence proceeding, if necessary, in my name for the costs of repair and loss of use, etc and to you appointing any Workshop 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 Workshops (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Workshop & Client basis. I/We undertake to co-operate fully with you and my/our Workshops to see the claims to as successful conclusion.
2. I/We also irrevocably authorise 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 authorise you to appoint such a firm of workshop 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 Workshops 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 were sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Workshops the cost of repairs settled and related expenses and disbursement incurred.



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



Witness Signature/Name

**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

SEARCH RESULTS

Our Ref No: GR-18-111715

Date of Request: 21/07/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 29/06/2018

Place of Accident: BUKIT BATOK RD TOWARDS CHOA CH

Client Vehicle No: SLF6928K

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
XE3517X	BUKIT BATOK ROAD / BUKIT BATOK WEST AVE 3 JUNCTION	29/06/2018 15:45

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-18-111715
Date of Request: 21/07/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 29/06/2018
Place of Accident: BUKIT BATOK RD TOWARDS CHOA CH
Client Vehicle No: SLF6928K

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

**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-18-111729

Date of Request: 21/07/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Date of Accident: 29/06/2018

Vehicle No: SLF6928K

Place of Accident: BUKIT BATOK RD TOWARDS CHOA CHU KANG

Involving Vehicle No: XE3517X

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
XE3517X	BUKIT BATOK RD TOWARDS CHOA CHU KANG	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

VEHICLE RENTAL AGREEMENT

Agreement No: 42620

This **Vehicle Rental Agreement** (this "**Agreement**") is made the _____ day of _____ between

Party A : **LION CITY RENTALS PTE. LTD.** _____ of _____
29 Paya Lebar Road Paya Lebar Office Centre #01-03 S409005 _____,

hereinafter referred to as "**LCR**" (which expression shall where the context so admits include its successors and assigns),

and

Party B : **RAFIDAH BINTE ISHAK** **S7826152H** _____
(Hirer's Company Name) (*NRIC/ Passport No.) (Nationality)

BLK 333 BUKIT BATOK _____

(Address)

(Mailing address, if different from above)

(Email address)

82914521 _____

(Telephone No.)

(Mobile No.)

13/09/1978 _____

(Date of Birth dd/mm/yy)

(Driver's Licence No.)

(Expiration Date)

(Class(es) of Driver's Licence)

hereinafter referred to as the "**Hirer**" (and together with LCR, the "**Parties**" and each, a "**Party**").

**Please delete where applicable.*

WHEREBY IT IS AGREED AS FOLLOWS:

1. DEFINITIONS AND INTERPRETATION

1.1 In this Agreement, unless the context otherwise requires:

"Additional Rental Fee" shall have the meaning ascribed to it in Clause 4.2;

"Affiliate" shall have the meaning ascribed to it in Clause 10C;

"Authorised Driver" shall have the meaning ascribed to it in Clause 8.2;

SCHEDULE 1**1. Vehicle Description**

Make & Model	Rental Plan	Colour	Registration No.
KIA K3	Ext_26_Weeks	SILVER	SLF6928K

2. Commencement Date and Minimum Rental Period

The **Minimum Rental Period** is for Twenty-Six (26) weeks and commences on the 2017-11-10 (being the date of collection of the Vehicle from LCR by the Hirer). For the avoidance of doubt, the Minimum Rental Period is exclusive of any period where the Vehicle is being repaired due to an accident and the Hirer is not offered a Replacement Vehicle by LCR during such period. For example, if a Hirer has completed 2 weeks of the Minimum Rental Period, and the Vehicle is sent for repair for 2 weeks due to an accident, then only 2 weeks of the Minimum Rental Period has been fulfilled. As a result, the Hirer must still fulfill an additional 2 weeks to complete the Minimum Rental Period.

3. Deposit**\$S\$500****4. Minimum Trips**The Hirer is to complete at least 0 completed trips per week.**5. Rental Fee & Charges**(a) The Standard Rental Fee per week is \$S\$ 497 (subject to Item 4(b) below).(b) Additional Rental Fee: If the number of Uber Trips per week is fewer than (), the Hirer shall pay an Additional Rental Fee per week of \$S\$ 0.(c) Weekly Payment Fee: All weekly rental payments are due the following Wednesday at 17:00hrs and if the Wednesday falls on a Public Holiday, then the due date will be the next working day at 17:00hrs.(d) Late Payment Fee: All outstanding payments after the above mentioned day will be subject to a late payment fee of \$S\$60.(e) Cleaning Fee: \$S\$300. Not limited to Cigarette odour.

(f) Vehicle Damage Fee: In cases where the Vehicle has been involved in an accident requiring repairs to the Vehicle, the Hirer will be responsible for the actual cost of repair to the Vehicle up to a maximum of \$2,200 per accident.

6. Insurance Excess

In the event of an accident resulting in a claim made against or reported to LCR's insurers for damage to third party property (including other vehicles), the Hirer will be liable for any insurance excess* ("Insurance Excess") payable as a result.

The Insurance Excess is payable in addition to any other amounts that may be applicable under this Agreement.

* \$2,140 or such other amount as notified to the Hirer by LCR from time to time

Hirer's Initial

Email : rentals@lioncityrentals.com.sg
Contact : 31633217

Company Rep

