



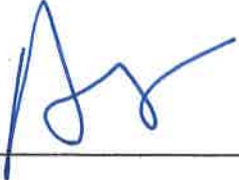
# LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SLA 9235H &  
(THIRD PARTY'S VEHICLE NO.) SH7115P ON 25/2/18  
ALONG Queenway

I hereby authorize Kah Motor Co. Sdn Bhd (Kah Motor) and its agents or any person authorized by Kah Motor to do all or any of the following:

- To submit, resolve and make any claim(s) which I may have against the 3<sup>rd</sup> party insurers.
- To execute, sign discharge voucher/indemnity forms and all necessary documents in connection with and arising out of the above claim.
- Any payment should be made in favour of my name / Kah Motor Co. Sdn. Bhd.

  
\_\_\_\_\_  
Owner Signature  
(Co stamp & authorized signature if is Co registered vehicle)

Name : Amy Lui Hui Yong

NRIC No : S8413475 I

Vehicle No : SLA 9235H

Date : 8/8/18

**LUI HUI YONG AMY**  
BLOCK 830A JURONG WEST STREET 81  
#05-262  
SINGAPORE 641830

**Tax Invoice**  
**Invoice No.** : CRINV/18/01568  
**Invoice Date** : 10 Aug 2018  
**Customer No.** : \*\*\*\*\*475I  
**Ref** :  
**Currency** : SGD  
**Terms** : COD  
**RA No.** : 04911

**Customer Information**

Customer Name : LUI HUI YONG AMY  
Customer Ref No. : SLA9235H (SH)

**Car Information**

Registration No. : SJP861D  
Car Model : CITY 1.5L I-VTEC  
AUTO  
Car Color : Black

**Rental Information**

Date/Time Out : 31/07/2018 08:30  
Date/Time Return : 08/08/2018 17:00

Starting Mileage : 147360  
Ending Mileage : 148008  
Mileage Travelled : 648

**Billing Detail**

#	Description	Amt
1	9 DAYS @ 100.00	900.00

**Remarks:**

LK/BS - SA: NG SIN HAI

Payment due upon Payment Terms as stated above. Please make payment strictly in accordance with payment terms. Interest will be charged at 2% per month on overdue amounts.

Printed by Ng Sin Hai at 05/12/2018 10:50

Subtotal : S\$ 900.00  
GST 7.0% : S\$ 63.00  
**Total : S\$ 963.00**  
Paid : S\$ 963.00  
Outstanding : S\$ 0.00

**RENTAL AGREEMENT**

**No. 04911**

Date: 31 Jul 2018

**VEHICLE PARTICULAR**

Vehicle No. : SJP861D  
 Make : HONDA  
 Model : CITY 1.5L I-VTEC AUTO  
 Out (Date & Time) : 31 Jul 2018 | 0830  
 In (Date & Time) : 8/8/18 1700

**HIRER PARTICULAR**

Name : LUI HUI YONG AMY  
 Address (Res) : BLOCK 830A JURONG WEST STREET 81 #05-262 SINGAPORE 641830  
 Tel : 97576152  
 Name on Credit Card :  
 Credit Card No. :  
 Payment Mode : Cash

PAYMENT	AMOUNT
Day: 1 days x 100.00	100.00
Week	0.00
Month	0.00
Add HRS	0.00
SUB TOTAL	100.00
GST	7.00
<b>NETT AMOUNT</b>	<b>107.00</b>
SECURITY DEPOSIT	0.00

*Handwritten: 9 days x \$107 = \$963/-*

**MAIN DRIVER PARTICULAR**

Name : LUI HUI YONG AMY  
 Address (Res) : BLOCK 830A JURONG WEST STREET 81 #05-262 SINGAPORE 641830  
 Driving License No. : S8413475I  
 Passing Date : 01/08/2008  
 Date of Birth : 14/04/1984  
 NRIC/FIN/Passport No : S8413475I

**REMARKS**

SLA9235H CLAIM THIRD PARTY INDIA INTERNATIONAL

- TERMS & CONDITIONS**
- Malaysia Drive Surcharge
    - Normal days \$20/day + 7% GST
    - Blackout dates, Eve of PH & PH \$40/day + 7% GST
  - Insurance Excess
    - S'pore Drive Excess - \$1500 + 7% GST
    - Malaysia Drive Excess - \$2500 + 7% GST (Excluding towing & custome fees)
  - Vehicle is rented to hirer upon terms and conditions on the front and back of this agreement.
  - Vehicle is to be driven only by hirer and any additional hirer listed above.
  - Hirer is responsible for all parking, fines and ERP charges.
  - Hirer must report all accidents to Kah Motor within 24 hours.
  - Violation of the terms of this agreement

**ADDITIONAL DRIVER PARTICULAR**

Name :  
 Address (Res) :  
 Driving License No. :  
 Passing Date :  
 Date of Birth :  
 NRIC/FIN/Passport No :

**Stamp:** F - 8 AUG 2018

BY: \_\_\_\_\_

**DBS**  
**KAH MOTOR ALX WORKSHOP**  
 255 ALEXANDRA ROAD  
 SINGAPORE 159937

TID: 38007873 MID: 168168333546  
 BATCH #: 000196 HOST: DBS  
 DATE/TIME: 08AUG18 17:11

**SETTLEMENT SLIP**

TRANS	COUNT	AMOUNT(SGD)
MASTERCARD SALES	001	963.00
REFUND	000	-0.00
V. SALE	000	0.00
V. RFND	000	0.00
<b>CARD TOTAL</b>		<b>963.00</b>

**BATCH TOTALS:**

SALES	001	963.00
REFUNDS	000	-0.00
TIPS	000	0.00
V. SALES	000	0.00
V. REFUNDS	000	0.00
<b>GRAND TOTAL</b>		<b>963.00</b>

BATCH CLOSED

**DBS**  
**KAH MOTOR ALX WORKSHOP**  
 255 ALEXANDRA ROAD  
 SINGAPORE 159937

**EMV SALE**

DATE/TIME: 08AUG18 17:10  
 TID: 38007873 MID: 168168333546  
 INVOICE#: 002302 BATCH#: 000196  
 MASTERCARD EXPIRY  
 XXXX XXXX XXXX 5126 XX/XX  
 APPR CODE: R23352 HOST: DBS  
 EMV CHIP RRN: 822009002302  
 TC: 788F7DBF8FC1C73F AID: A0000000041010  
 MasterCard TVR: 0000000000 TSI: E800

**TOTAL SGD 963.00**

SIGN X  
 AMY LUI  
 I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT  
 \*\*\* MERCHANT COPY \*\*\*

Rented out by

I have read and agree to the terms and conditions of this agreement.  
 I authorize Kah Motor Co. Sdn. Bhd. to process any miscellaneous charges.  
 All information i have given Kah Motor Co. Sdn. Bhd. is true and correct.

Hirer's Signature \_\_\_\_\_  
 Main Driver's Signature \_\_\_\_\_  
 (if not hire)



# Service Tax Invoice

**Kah Motor Co. Sdn. Bhd.**

(A Member of Oriental Holdings Berhad)

6A Mandai Estate, SINGAPORE 729903

Mandai Parts Centre

Phone No. : +65 6841 3838 Fax No. :

GST Reg No. M200050223  
Company Ref. No. S60FC1380G

INDIA INTERNATIONAL INSURANCE PTE LTD  
MOTOR CLAIMS DEPT  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE, 049711

Customer No. : WZI007

Invoice No.	:	SINV-BM18001425
Invoice Date	:	16/11/18
Order No.	:	SVO18044671
Reference	:	
Job Card No.	:	09912
Date/Time Received	:	26/07/18 / 9:17:29 AM
Licence No.	:	SLA9235H
Model	:	MOBILIO YM 2016
Car Chassis No.	:	MRHDD4870GP000090
Car Engine No.	:	L15Z12871348
Mileage	:	51540
Service Advisor	:	NG SIN HAI 1596
Served By	:	SHNG
Page	:	1

No.	Description	Qty.	UoM	U. Price	Disc %	Amount	7% GST Amount	incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER:LUI HUI YONG AMY OWNER INSURER:TOKIO MARINE ACC DATE:25/07/2018 SURVEYED BY:RASUL DATE:31/07/2018 REF NO: TP INSURER:INDIA INTERNATIONAL INSURANCE PTE LTD TP VEH:SH7115P							
BOSUN	0701 SUNDRIES	1	Hours	30.00		30.00	2.10	32.10
BML02I	1757 INSPECT RR LIGHTING MECHANISMS. PERFORM WATER TEST.(N)	1	Hours	180.00		180.00	12.60	192.60
BA01R	0669 REMOVE & INSTALL REVERSE SENSORS-2 PCS (N)	1	Hours	150.00		150.00	10.50	160.50
BMI03D	1757 REMOVE & INSTALL REAR COMPARTMENT LININGS GARNISHES.(N)	1	Hours	560.00		560.00	39.20	599.20
BG02D	1757 REMOVE & INSTALL RR. WINDSCREEN.(N)	1	Hours	560.00		560.00	39.20	599.20
BODAMKIT	1757 WINDSCREEN DAM KIT.	1	Hours	100.00		100.00	7.00	107.00
BKTG02R	0669 REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST & ALIGN TAILGATE.(N)	1	Hours	560.00		560.00	39.20	599.20
BKRP02M	0669 CUT OFF & RENEW RR PANEL. STRAIGHTEN ALIGN RR FLOOR PAN & RENEW DAMAGE PARTS.	1	Hours	2,800.00		2,800.00	196.00	2,996.00
BP05R	1610 SPRAY PAINTING ON TAILGATE, RR BUMPER RR PANEL, RR R FENDER & RR L FENDER	1	Hours	2,700.00		2,700.00	189.00	2,889.00
BOJSE	1610 SEALANT FOR REAR END PANEL	1	Hours	80.00		80.00	5.60	85.60
BOJSE	0669 SEALANT FOR TAILGATE	1	Hours	80.00		80.00	5.60	85.60
BOMISC1	0701 REMOVE AND ALIGN REAR VIEW CAMERA ADDITIONAL PART	1	Hours	380.00		380.00	26.60	406.60
73225-TE7-K00	RUBBER AWINDSHIELD DAMPER	1	Each	18.10	25	13.57	0.95	14.52
73525-SYY-000	RUBBERRR QTR W/SHIELD	2	Each	9.50	25	14.25	1.00	15.25
91501-S70-003	FASTENER BW/SHIELD	4	Each	3.20	25	9.60	0.67	10.27
91502-S70-003	FASTENER B	2	Each	4.90	25	7.35	0.51	7.86
91536-SS0-J01	FASTENER AW/SHIELD	2	Each	3.50	25	5.25	0.37	5.62
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	Each	60.00		120.00	8.40	128.40
68100-TRD-K10ZZ	TAILGATE COMP	1	Each	1,092.30	25	819.22	57.35	876.57
74440-TE7-K01	WEATHERSTRIPTAILGATE	1	Each	62.80	25	47.10	3.30	50.40
74801-TF0-902	LOCK ASSYTAILGATE	1	Each	174.70	25	131.02	9.17	140.19

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This is a computer generated invoice. No signature is required.

Please review your bill and advise us of any errors or omissions.

Kah Motor reserves the right to deliver a subsequent bill for any charge omitted.

GST Amount is calculated from individual line(s)

Please give us your  
feedback by scanning  
the QR Code using  
mobile device.





# Service Tax Invoice

**Kah Motor Co. Sdn. Bhd.**

(A Member of Oriental Holdings Berhad)

6A Mandai Estate, SINGAPORE 729903

Mandai Parts Centre

Phone No. : +65 6841 3838 Fax No. :

GST Reg No. M200050223  
Company Ref. No. S60FC1380G

INDIA INTERNATIONAL INSURANCE PTE LTD  
MOTOR CLAIMS DEPT  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE, 049711

Customer No. : WZI007

Invoice No. : SINV-BM18001425  
Invoice Date : 16/11/18  
Order No. : SVO18044671  
Reference :  
Job Card No. : 09912  
Date/Time Received : 26/07/18 / 9:17:29 AM  
Licence No. : SLA9235H  
Model : MOBILIO YM 2016  
Car Chassis No. : MRHDD4870GP000090  
Car Engine No. : L15Z12871348  
Mileage : 51540  
Service Advisor : NG SIN HAI 1596  
Served By : SHNG  
Page : 2

No.	Description	Qty.	UoM	U. Price	Disc %	Amount	7% GST Amount	incld GST
75722-TE8-K00	EMBLEM SETRR.MOBILIO	1	Each	18.30	25	13.72	0.96	14.68
75725-TRD-T00	EMBLEMRR.I VTEC	1	Each	11.90	25	8.92	0.62	9.54
75723-TE7-K90	EMBLEMRR.RS	1	Each	17.30	25	12.97	0.91	13.88
71501-TE7-K90ZZ	FACERR.BUMPER	1	Each	463.70	25	347.77	24.34	372.11
71502-TE7-K90	MOLDINGRR.BUMPER	1	Each	109.10	25	81.82	5.73	87.55
71575-TE7-K90	ABSORBERL.RR.BUMPER	1	Each	60.20	25	45.15	3.16	48.31
71593-TE7-K01	SPACERR.RR.BUMPER SIDE	1	Each	27.60	25	20.70	1.45	22.15
71598-TE7-K01	SPACERL.RR.BUMPER SIDE	1	Each	27.60	25	20.70	1.45	22.15
91505-TG1-T01	CLIP ABUMPER	2	Each	6.10	25	9.15	0.64	9.79
66100-TE7-K10ZZ	PANEL COMP,RR.	1	Each	314.70	25	236.02	16.52	252.54
90667-SWZ-003ZA	CLIPTRIM 7MM	5	Each	2.30	25	8.62	0.60	9.22
33551-TE7-T01	LAMP UNITL.	1	Each	205.70	25	154.27	10.80	165.07
33505-TE7-T11	REFLECTOR ASSY (LEFT REAR)	1	Each	15.00	25	11.25	0.79	12.04
35070	LINING ASSYRR.PANEL 84640-TE7-K01ZB	1		60.80	25	45.60	3.19	48.79

Sum Labor	8,180.00	572.60	8,752.60
Sum Item	2,138.42	149.69	2,288.11
Sum Other	45.60	3.19	48.79
<b>Total SGD</b>	<b>10,364.02</b>	<b>725.48</b>	<b>11,089.50</b>
<b>Total Payable (SGD)</b>			<b>11,089.50</b>

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Please review your bill and advise us of any errors or omissions.

Kah Motor reserves the right to deliver a subsequent bill for any charge omitted.

GST Amount is calculated from individual line(s)

Please give us your feedback by scanning the QR Code using mobile device.



## 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	26/07/2018 08:27
Date Of Accident	25/07/2018 13:55
Exact Location Of Accident	QUEENWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9235H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMY LUI HUI YONG
NRIC No	S8413475I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97576152
Alternative Phone No	OFFICE-97576152

### Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO-1.5 RS LUXE (A)
Exact Purpose for which vehicle was being used at time of accident	
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	AMY LUI HUI YONG
NRIC No	S8413475I
Date Of Birth	14/04/1984
Occupation	INDOOR
Date Of Driving Pass	01/08/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97576152
Fax Number	
Contact Number	OFFICE-97576152
E-Mail Address	NOEMAIL

Address	SINGAPORE
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	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)	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 ATTACHED

#### 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	SH7115P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Sketch Plan

Vehicle No \_\_\_\_\_

**SKETCH PLAN**

Annex D

**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 frank and accurate as possible. Any willful 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

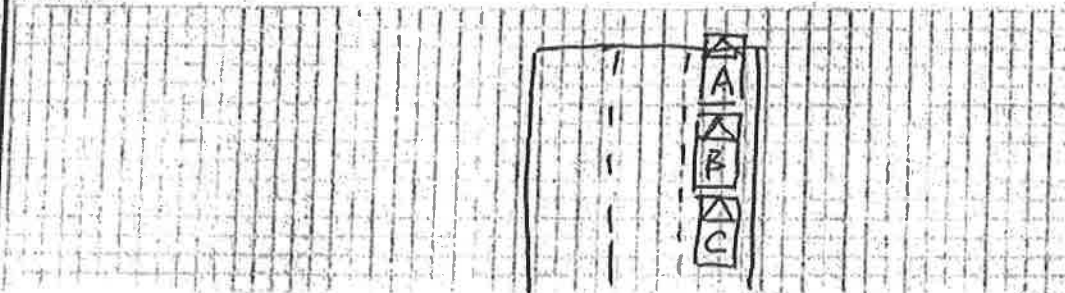
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

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

**Sketch Plan**



Please continue to Annex E

Vehicle No. \_\_\_\_\_

Apex E

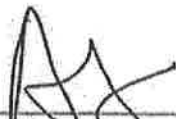
**Describe Circumstances of the Accident**

I was traveling along Queenway Road. The traffic light shows red and I follow to stop. Vehicle B on the rear also follow to stop. But vehicle C couldn't stop in time and hit onto vehicle B and the impact pushes vehicle B to hit onto my vehicle A. My vehicle A rear portion was damaged due to the accident.

You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

**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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel