

## SK Automobile Pte Ltd

23 Kaki Bukit Ave 4 #03-01

Vicom Inspection Centre (South Wing) S(415933)

Tel: +65 6789 5155 Fax: +65 6783 5155

Co. Reg No.201500047H GST Reg No. 201500047H

Date : 17.06.2019

Your Ref : GBD 470G

To : AXA INSURANCE PTE LTD  
8 Shenton Way  
#27-01/02 AXA Tower  
Singapore 068811

Thru : LKK AUTO CONSULTANTS PTE LTD

Attn : MOTOR CLAIM DEPARTMENT

Dear Sir/Mdm,

**RE: THIRD PARTY CLAIM FOR SLA 6563E & GBD 470G on 16.08.2018**

We refer to the above matter.

Attached copies of the following for your perusal:

- 1) Tax Invoice No. IV19-90292 (S\$5,136.00)
- 2) Loss Of Rental 12 days @ S\$160.00 (S\$1,920.00). Rental Agreement & Tax Invoice
- 3) Letter Of Authorisation
- 4) LTA Search Fee (S\$2.00)

Please look into the above claim and let us have your payment of **S\$7,058.00** the soonest.

Thank You.

Yours faithfully,



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Julie

E-mail: [julie@skauto.com.sg](mailto:julie@skauto.com.sg)

23 Kaki Bukit Ave 4 #03-01  
Vicom Inspection Centre (South Wing) S415933  
Phone +65 6789-5155 Fax +65 6783-5155  
CO Reg No. 201500047H GST Reg No. 201500047H

DATE: 17.06.2019  
INVOICE # IV19-90292  
VEH REG NO: SLA 6563E

DESCRIPTION	AMOUNT
Being cost of repair inclusive of labour charges, parts and accessories for the abovementioned vehicle.	\$ 4,800.00
<b>Sub.Total</b>	\$ 4,800.00
<b>7% GST</b>	\$ 336.00
<b>Total</b>	\$ 5,136.00



**THANK YOU FOR YOUR BUSINESS!**

**CARS FOR RENT (2016) PTE LTD**

5 TANAH MERAH KECHIL ROAD

#17-05 SINGAPORE 466665

TEL: 6789 5155 FAX: 6783 5155

**INVOICE****Invoice To:****VIJAYARETHINAM S/O JEEVA**

BLK 527 JURONG WEST STREET 52

#04-299 SINGAPORE 640527

DATE	INVOICE #
30/08/2018	VII51178

VEH REG NO	TERMS
SLA6563E	DUE ON RECPT

	DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
	CAR RENTAL FROM 16/08/18 TO 28/08/18	12	\$160.00	\$1,920.00
			<b>TOTAL</b>	<b>\$1,920.00</b>





# CARS FOR RENT (2016) PTE LTD

5 Tanah Merah Kechil Road #17-05 S 46665  
Tel: 6789 5155 Fax: 67835155

No: 2800

ROC No: 201609732N

## VEHICLE RENTAL AGREEMENT

SLA6563E SK 460PL

<b>HIRER'S PARTICULAR</b> Name: (as in I/C) <u>Vijayarathnam S Teera</u> NRIC/PASSPORT No: <u>876 3963 87</u> Address (Res): <u>52 Jurong West St 52 #04-299</u> <u>SC 640527</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: <u>7y 11m 4d</u> Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: <u>29/10/1976</u> Tel: (O) _____ (R) _____ HP/PG <u>8661 8297</u>		Vehicle No: <u>SLN 500H</u> Replace Veh No: _____ Mileage Out: <u>20686</u> Mileage Out: _____ Make & Model: <u>Toyota Wish</u> Auto / Manual Group: _____ OUT : Date <u>16.08.2018</u> Time: _____ HIRE/PERIOD EXPIRY: _____ COLLISION DAMAGE WAIVER Excess <u>3000</u> YES / NO PERSONAL ACCIDENT INSURANCE YES / NO																																														
<b>ADDITIONAL DRIVER'S PARTICULARS</b> Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res): _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		<b>CHARGES</b> <table border="1"> <tr> <td>Daily</td> <td><u>12</u> @ \$ <u>160.00</u></td> <td>per day</td> <td><u>1920</u></td> <td><u>00</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>per hour</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">SUB-TOTAL \$</td> <td></td> <td></td> </tr> </table>		Daily	<u>12</u> @ \$ <u>160.00</u>	per day	<u>1920</u>	<u>00</u>	Weekly	@ \$	per week			Monthly	@ \$	per month			Hours	@ \$	per hour			Others	@ \$				CDW	@ \$	per day/month			PAI	@ \$	per day/month			Delivery Service					SUB-TOTAL \$				
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Delivery Service																																																
SUB-TOTAL \$																																																
<b>VEHICLE CHECK LIST</b> D - DENTS S - SCRATCHES A - ACCIDENTS RIGHT FRONT TOP LEFT REAR ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Class <input type="checkbox"/> CD <input type="checkbox"/> Catridges		<b>PETROL LEVEL</b> <table border="1"> <tr> <td>Out</td> <td>E</td> <td><u>1/4</u></td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table> EXTENSION Collection Service Misc. <b>TOTAL CHARGES \$</b> <u>1920</u> <u>00</u> Rented out by : Hirer's Signature <u>[Signature]</u> Addition Driver's Signature _____		Out	E	<u>1/4</u>	1/2	3/4	F	In	E	1/4	1/2	3/4	F																																	
Out	E	<u>1/4</u>	1/2	3/4	F																																											
In	E	1/4	1/2	3/4	F																																											

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

### \* IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND /OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>28/8/18</u>	<u>630pm</u>				<u>[Signature]</u>



ROC No.: 201500047H  
23 Kaki Bukit Ave 4, #03-01  
Vicom Inspection Centre (South Wing) S415933  
Tel: 6789 5155 Fax: 6783 5155

## LETTER OF AUTHORIZATION

To Workshop : SK Automobile Pte Ltd

Fr Owner's Name : Krishna Kumari

Company (if any) : -

Address : 527 Jurong West St 52 #04-299 S(2264)

NRIC No : S80078798

Accident on : 16.8.18 involving vehicle(s) GBD4706

Along : Micron North Coast Drive Parking

I/We, Krishna Kumari the owner of motor vehicle,  
registration no. SLA 6563E hereby do authorize you to commence repairs to my  
abovementioned vehicle.

I/We confirm that you are authorized to handle the repair of the vehicle and/or to negotiate and  
settle my claims relating to the above mentioned accident, which I/we may have, against the other  
third party/parties or insurers (excluding my own insurer) and/or to instruct lawyers on my/our  
behalf, to facilitate the third party claim for me/us.

You are hereby authorized to execute and/or sign any documents/discharge vouchers/agreements  
regarding my/our claim/case for my convenience. You are also hereby authorized to receive on  
my/our behalf monies/claims, correspondences in connection with this said claim.

I/We confirm that in the event of an unsuccessful claim against the negligent party, and/or my own  
insurer for the damages caused to my vehicle, I agree to pay all repair costs, car rental and any  
incidental expenses incurred by you or to lodge an own damage (only for comprehensive cover) to  
cover the expenses incurred.

Witness's Name : Jinu

Date : 16-08-2018

Witness's Signature : [Signature]

Owner's Signature : [Signature]





ROC No.: 201500047H  
23 Kaki Bukit Ave 4, #03-01  
Vicom Inspection Centre (South Wing) S415933  
Tel: 6789 5155 Fax: 6783 5155

To: AXA Insurance Pte Ltd


Dear Sir/Madam

Accident involving SLA 6563E and 6BD4706 on 16-8-18  
At/along micron North Coast Prime Parkings

I/We, Krishna Kumarri, am the registered  
owner of the motor vehicle no. SLA 6563E

Please note that I have assigned all compensation monies due to me/us in the above said accident to  
M/S SK Automobile Pte Ltd.

I/We, hereby authorized you to release all compensation monies pertaining to the above-mentioned  
accident to M/S SK Automobile Pte Ltd and forward your settlement cheque to M/S SK Automobile  
Pte Ltd whom I have authorized to collect the said compensation/monies.

  
\_\_\_\_\_  
Signature of Claimant

  
\_\_\_\_\_  
Witness



## AUTHORISATION TO ACT

I/We, Kishna Kumari (the third party claimant) of 527 Jurong West St 52  
#04-299 S(2264) (address), owner of SLA6563E ( vehicle no.) hereby  
authorize SK Automobile Pte Ltd ("the workshop") to act for me with respect  
to my claim for repair costs and/or rental loss of use ("claim") for my vehicle no.  
SLA 6563E that was damaged pursuant to the accident which occurred on 16.8.18 (date)  
along micron North Coast Drive Parking (location) involving  
vehicle no/s 6BD4706 ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they  
deem fit and the workshop is further authorized to received payment further to settlement of my  
claim with payment cheque/s being made in favour of the workshop.

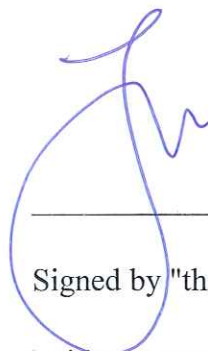
I further acknowledge that any settlement the workshop may reach on my behalf is on a  
without prejudice and without admission of liability basis insofar as the driver / owner / insurers  
of the other vehicle/s is concerned.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20 \_\_\_\_ (year)

  
\_\_\_\_\_

Signed by "the third party claimant"

( with company stamp if applicable )

  
\_\_\_\_\_

Signed by "the workshop"

( with company stamp )



**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

### Third Party Insurer Enquiry

Our Ref No: GR-18-125681

Date of Request: 16/08/2018

Your Ref No:

Online Purchase

SK Automobile Pte Ltd  
23 Kaki Bukit Avenue 4  
#03-01 Vicom Inspection Centre  
Singapore 415933

Dear Sir/Madam,

Enquiry Date 16/08/2018  
Enquiry By Juliana Binte Johari  
TP Vehicle No. GBD470G  
Accident Date 16/08/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBD470G	AXA Insurance Pte Ltd	12/05/2018-11/05/2019	6338 7288

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.

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**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-18-125681  
Date of Request: 16/08/2018

Your Ref No: Online Purchase

SK Automobile Pte Ltd  
23 Kaki Bukit Avenue 4  
#03-01 Vicom Inspection Centre  
Singapore 415933

Dear Sir/Madam,

Enquiry Date 16/08/2018  
Enquiry By Juliana Binte Johari  
TP Vehicle No. GBD470G  
Accident Date 16/08/2018

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:

☒ GIRO ☐ Cash ☐ Cheque