

FS CAPITAL PTE. LTD.

Co. Reg. No. : 201631787R

Proforma Invoice

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
Singapore 068811

Inv. No. : PFFS1905006
Inv. Date : 31-05-2019
Ref : 18/02/2019
Terms : 30 Days
Veh. No. : SJJ 9036 S
Make & Model : HYUNDAISANTA

#	Description	Qty	UOM	Unit Price	Disc	Amt
1	TO SUPPLY SPARE PARTS AND LABOUR FOR ACCIDENT REPAIR PARTS LUMP SUM AMOUNT	1		10,200.00	0.00	10,200.00

Remarks:

SJJ 9036 S (Car Out: 05/03/19)

Subtotal: S\$ 10,200.00
GST 7.0%: S\$ 714.00
Total: S\$10,914.00

*I agree to the price as listed above and
affirm that the goods are received in good
condition.*

On behalf of FS CAPITAL PTE. LTD.

(Customer's Signature and Company Stamp)

(Authorised Signature)



Please make cheque payable to "FS Capital Pte Ltd" and mail to 91 Bencoolen Street, Sunshine Plaza, Level 7, Singapore 189652 or direct bank transfer to DBS Bank Account 003-943479-0.

LETTER OF AUTHORISATION

Accident on 18/02/19 along Slip Road from Old Jwong Rd to Bukit Panjang Rd
Involving vehicles SJJ 9036S & GBA 1446 L

In consideration of **FS CAPITAL PTE LTD**, 6 Shenton Way OUE Downtown2 #21-08 S068809, repairing my/our motor vehicle no SJJ 9036S at my request, I/We, PAMI SEKHON ("the claimant") of Blk 611 Bukit Panjang Ring Road #14-880 S(676611) (address) bearing NRIC No S7137844F the owner of motor vehicle no SJJ 9036S, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.


I/We further agree to fully co-operate and attend all court hearings related to this accident that are necessary to prosecute the claims maintained by **FS CAPITAL PTE LTD**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith. In the event that my/our claim is unsuccessful due to untruthful statements from me/us, I/we undertake to pay to **FS CAPITAL PTE LTD** the cost of repairs to my/our vehicle.

In the event that the settlement/payment cheque is being made in my/our favour, I/we hereby undertake to return the full amount to **FS CAPITAL PTE LTD** account, within 7 days from receiving and clearance of the said settlement/payment cheque. Failing which, **FS CAPITAL PTE LTD** will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

I/We further authorize **FS CAPITAL PTE LTD** to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to **FS CAPITAL PTE LTD** shall amount to a good discharge of **FS CAPITAL PTE LTD** obligation to me/us in respect of the settlement monies. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and condition being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Dated this 18 day of 02 (month) 20 19 (year)


Signed by "the claimant"

Name: Pami Sekhon

NRIC No: S7137844F


Signed by **FS CAPITAL PTE LTD**

Name: JOSEPH KOH

VICOM INSPECTION CENTRE PTE LTD
23, Kaki Bukit Avenue 4(415933)
REG NO : 200102514D
GST REG NO : M9-0000652-M

04 Mar 2019 05:51 PM

Hyundai Santa Fe

Receipt No : VICKBAB19006611

Vehicle No : PHCDecal SJJ9036S

Cust Code : T01005

Customer : TORQUE 5 PTE LTD

Card Number : XXXXXXXXXXXX1268

Item	Qty	Amount
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PHC Decal Install	1	18.69
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Sub Total		18.69
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GST @ 7 %		1.31
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AMT DUE		20.00
---------	--	-------

CORP CARD		20.00
-----------	--	-------

VIC AVAILABLE CREDIT		339.32
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*** THANK YOU ***



RECORDS MANAGEMENT CENTRE

**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-19-026232

Date of Request: 19/02/2019

Your Ref No:

Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Enquiry Date 19/02/2019
Enquiry By Stephanie Teo Wan Ting
TP Vehicle No. GBA1446L
Accident Date 18/02/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBA1446L	AXA Insurance Pte Ltd	23/11/2018-22/11/2019	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.

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-19-026232
Date of Request: 19/02/2019

Your Ref No: Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Enquiry Date 19/02/2019
Enquiry By Stephanie Teo Wan Ting
TP Vehicle No. GBA1446L
Accident Date 18/02/2019

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

TAX INVOICE

Our Ref No: GR-19-027109
Date of Request: 20/02/2019

Your Ref No: Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 18/02/2019
Place of Accident: SLIP RD OLD JURONG RD WD BUKIT
Client Vehicle No: SJJ9036S

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:

☒ GIRO ☐ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-028649

Date of Request: 22/02/2019

Your Ref No: Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Date of Accident: 18/02/2019

Vehicle No: SJJ9036S

Place of Accident: SLIP RD FOM OLD JURONG RD TO BUKIT PANJANG RD

Involving Vehicle No: GBA1446L

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\$)
GBA1446L	SLIP RD FOM OLD JURONG RD TO BUKIT PANJANG RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque



RECORDS MANAGEMENT CENTRE

**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-19-029790

Date of Request: 25/02/2019

Your Ref No:

Online Purchase

Torque 5 Pte Ltd
No. 8 Kaki Bukit Ave 4,
#01-50
Singapore 415875

Dear Sir/Madam,

Date of Accident: 18/02/2019

Vehicle No: SJJ9036S

Place of Accident: SLIP RD FOM OLD JURONG RD TO BUKIT PANJANG RD

Involving Vehicle No: GBA1446L

*will send by
post*

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\$)
GBA1446L	SLIP RD FOM OLD JURONG RD TO BUKIT PANJANG RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**Torque 5 Pte Ltd**

8 Kaki Bukit Avenue 4, #01-50
Premier @ KB, Singapore 415875
Tel: 6452 4457 Fax: 6452 4584

No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit
#01-50 Singapore 415875
Tel: +65 6452 4457 Fax: +65 6452 4584
Email: leasing@torque5.com
Company Reg. No: 201530768C

Rental Invoice**Inv No. : L51903005****Date : 05 Mar 2019****Ref : SJJ90365****Currency : SGD****Terms : COD****RA No. : R19020004****Veh No. : SFY1510K**


#	Rental Period	Rate	Disc	Amt
1	Rental (19/02/2019 09:39 to 05/03/2019 17:00)	3,000.00	0.00	3,000.00

*I agree to the price as listed above and
affirm that the goods are received in good
condition.*

(Customer's Signature and Company Stamp)

Subtotal : S\$ 3,000.00
GST 7.0% : S\$ 0.00
Total : S\$ 3,000.00

For **TORQUE 5 LEASING PTE LTD**


TORQUE 5 LEASING PTE LTD
Reg No: 201530768C

(Authorised Signature)

RENTAL AGREEMENT

T 002160

HIRER'S PARTICULAR		Veh. No/Model: SJJ 9036S Santa fe																																					
Name: Pami Sekhon		Rental Veh. No/Model: SFY1510K S-Forster																																					
NRIC/Passport No: S7137844F		Date/Time Out: 18/02/19 4:45pm																																					
Address: 611 Bukit Panjang Riv road #14-880 S670611		Date/Time In: 5/3/19 5pm																																					
Tel: 97705969		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> OUT </div> <div style="text-align: center;"> IN </div> </div>																																					
Driving license No: Exp:		<div style="display: flex; justify-content: space-between;"> <div> Milage: 231395 <table border="1"> <tr> <th>Rental Charges</th> <th>S\$</th> <th></th> <th>S\$</th> </tr> <tr> <td>Hours @</td> <td></td> <td>per hour</td> <td></td> </tr> <tr> <td>Days @</td> <td>15</td> <td>per day</td> <td>3000</td> </tr> <tr> <td>Weeks @</td> <td></td> <td>per week</td> <td></td> </tr> <tr> <td>Months @</td> <td></td> <td>per month</td> <td></td> </tr> <tr> <td colspan="3">Subtotal</td> <td>3000</td> </tr> <tr> <td colspan="3"></td> <td>GST @ 7%</td> </tr> <tr> <td colspan="3">Others</td> <td></td> </tr> <tr> <td colspan="3">TOTAL CHARGES</td> <td>3000</td> </tr> </table> </div> <div> Milage: 232386 </div> </div>		Rental Charges	S\$		S\$	Hours @		per hour		Days @	15	per day	3000	Weeks @		per week		Months @		per month		Subtotal			3000				GST @ 7%	Others				TOTAL CHARGES			3000
Rental Charges	S\$		S\$																																				
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ADDITIONAL DRIVER'S PARTICULAR																																							
Name:																																							
NRIC/Passport No:																																							
Address:																																							
Tel:																																							
Driving license No: Exp:																																							
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES																																							
		Mode of Payment: <table border="1"> <tr> <td colspan="2">Cash/Nets/Cheque/Credit Card:</td> </tr> <tr> <td>Deposit</td> <td>Deposit</td> </tr> <tr> <td>Amount</td> <td>Refunded</td> </tr> <tr> <td colspan="2">Remarks:</td> </tr> <tr> <td colspan="2">Received by</td> </tr> </table>		Cash/Nets/Cheque/Credit Card:		Deposit	Deposit	Amount	Refunded	Remarks:		Received by																											
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Deposit	Deposit																																						
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Physical Damage Excess <table border="1"> <tr> <td>Singapore - Own Damage</td> <td>S\$2,000</td> </tr> <tr> <td>Singapore - 3rd Party Damage</td> <td>S\$2,000</td> </tr> <tr> <td>Malaysia (if applicable)</td> <td>S\$8,000</td> </tr> <tr> <td>For Driver aged < 27 or above 65 and/or less than 2 yrs driving experience regardless of age</td> <td>S\$3,000 (Additional)</td> </tr> </table>		Singapore - Own Damage	S\$2,000	Singapore - 3rd Party Damage	S\$2,000	Malaysia (if applicable)	S\$8,000	For Driver aged < 27 or above 65 and/or less than 2 yrs driving experience regardless of age	S\$3,000 (Additional)	Acknowledgement <div style="display: flex; justify-content: space-around;"> <div> </div> <div> </div> </div>																													
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IMPORTANT NOTE: 1. ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE. 2. Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Torque 5 Leasing Pte Ltd. 3. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling) is strictly prohibited. 4. In case of accident, the hirer shall report to Torque 5 Leasing Pte Ltd immediately.		I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card. <div style="display: flex; justify-content: space-between;"> <div> Hirer Signature/Date for Torque 5 Leasing Pte Ltd </div> <div> Owner Signature/Date </div> </div>																																					

Vehicle in
18/2 Epm.

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 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. 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.

CAXA)

ACCIDENT STATEMENT

Date Of Report 18/02/2019 15:41
Date Of Accident 18/02/2019 13:30
Exact Location Of Accident SLIP RD FOM OLD JURONG RD TO BUKIT PANJANG RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ9036S
Insured/Policyholder
Name Of Registered Owner PAMI SEKHON
Passport No/FIN S7137844F
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97705969
Alternative Phone No OFFICE-97705969

Vehicle Particulars

Manufacturer HYUNDAI
Model SANTA FE-2.7 (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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5102679831 (CLASSIC)
Cover Note Number

Driver

Name of Driver PAMI SEKHON
Passport No/FIN S7137844F
Date Of Birth 23/09/1971
Occupation INDOOR
Date Of Driving Pass 16/08/1991
Driving Experience 27 YEARS AND 6 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-97705969
Fax Number
Contact Number OFFICE-97705969
Email Address NOEMAIL

Address	611 BUKIT PANJANG RING ROAD #14-880
'Postcode	S670611
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 (including own vehicle) involved in the accident	2
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

I WAS AT THE SLIP ROAD OF OLD JURONG ROAD WAITING TO TURN INTO BUKIT PANJANG ROAD, ALL OF A SUDDEN, A LORRY CAME FROM BEHIND, FAILED TO BRAKE IN TIME AND THUS COLLIDED ONTO THE REAR PORTION OF MY VEHICLE CAUSING SERIOUS DAMAGE TO THE REAR PORTION OF MY VEHICLE. DUE TO THE IMPACT, I WAS NOT FEELING WELL AND WAS CONVEYED TO HOSPITAL BY AMBULANCE.

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	GBA1446L
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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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.

IDAC BUKIT BATON (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

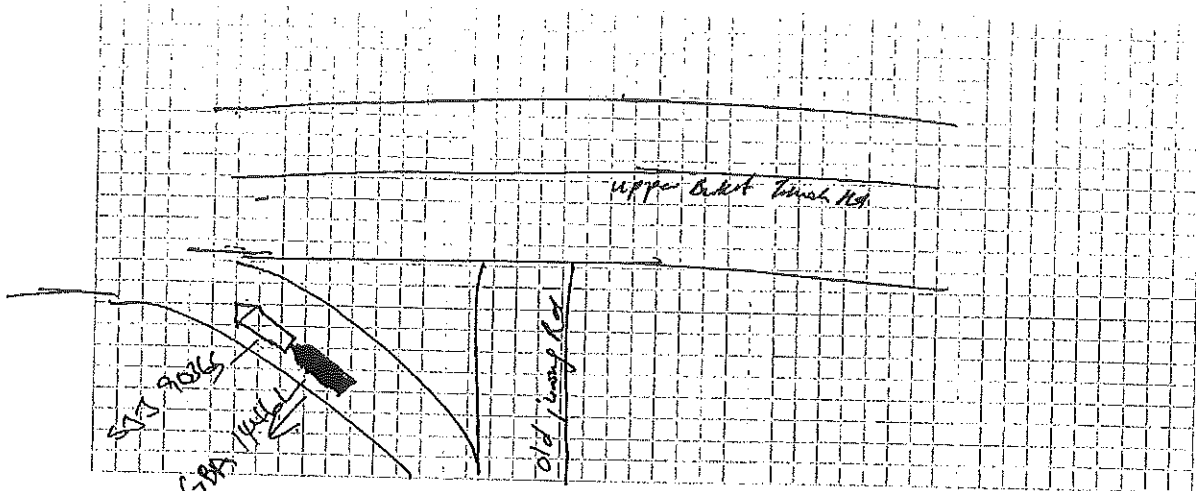
18 FEB 2019

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text. A diagonal line is drawn across the entire area from the bottom left to the top right, indicating that no description was provided.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659525
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

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