

HT



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047
Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

30 May 2019

Our Ref: GBB 2670 T
Your Ref: SKX 3157 E

BY POST

AXA INSURANCE SINGAPORE PTE LTD
Motor Claims Department
8 Shenton Way,
#24-01 AXA Tower
Singapore 068811

Dear Sir/Mdm

**ACCIDENT INVOLVING GBB 2670 T / SKX 3157 E ALONG JUNCTION OF FUSIONOPOLIS WAY
AYER RAJAH AVE ON 07 MARCH 2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **CASSEROLE CATERING SERVICES PTE LTD** the registered owner of motor vehicle number **GBB 2670 T** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SKX 3157 E**

As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair (Agree with Surveyor)	\$ 3,210.00 (\$3000.00 with 7% GST)
2.	Loss of Rental (4 days) (\$130 per day)	\$ 556.40 (\$520.00 with 7% GST)
TOTAL AMOUNT		<u>\$ 3,766.40</u>

We enclosed hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) GIA Report Lodged by Our Client
- (C) Owner/ Driver Nric/ Driving Licence
- (D) Certificate of Insurance
- (E) LTA Search Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

Yours Faithfully,



 Ms Jeslyn Chua
 Account Assistant
 Mobile: 65 8322 7418
 Email: jeslyn@carzauto.com.sg



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047
Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

FINAL REPAIR BILL

AXA INSURANCE SINGAPORE PTE LTD
Motor Claims Department
8 Shenton Way,
#24-01 AXA Tower
Singapore 068811

Date : 30/5/2019

Vehicle Number : GBB 2670 T
Make/Model : NISSAN URVAN
Date of Accident : 7/3/2019

REPAIR COST

\$ 3,000.00

7% GST \$ 210.00
GRAND TOTAL \$ 3,210.00

ISSUED BY



Ms Jeslyn Chua
Account Assistant
Mobile: 65 8322 7418
Email: jeslyn@carzauto.com.sg

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.

Date Of Report	13/03/2019 15:50
Date Of Accident	07/03/2019 17:20
Exact Location Of Accident	JUNCTION OF FUSIONOPOLIS WAY AYER RAJA??
Country/State of Loss	SINGAPORE

Vehicle Registration Number	GBB2670T
Insured/Policyholder	
Name Of Registered Owner	CASSEROLE CATERING SERVICES PTE. LTD.
Co Reg No	201530426E
Email Address	W.EICHENG@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63236445

Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 5MT (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	COMMERCIAL VEHICLE

Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3075711801
Cover Note Number	

Driver	
Name of Driver	CHONG WEI CHENG ,JACKY
NRIC No	S9246265Z
Date Of Birth	18/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87528772
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	17, CHIN BEE CRESCENT, SINGAPORE 619898
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	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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
REFER TO POLICE REPORT T/20190308/2179	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO
PROPERTY 1	
Vehicle Registration Number	SKX3157E
Vehicle Make/Model/Colour	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW YUN CHONG AGNES
NRIC/Passport Number	S1169119F
Contact Number	91188866
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHONG WEI CHENG ,JACKY

Approximate Age

Injured person in which vehicle?

GBB2670T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

Casserole Catering Services Pte. Ltd.
17 Chin Bee Crescent
Singapore 619898
Tel: (65) 6323 6445 Fax: (65) 6223 5200

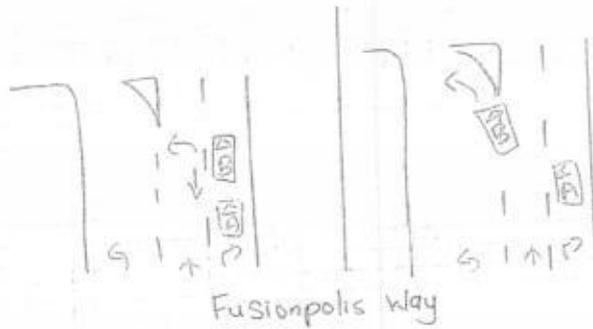
Policyholder's Signature
Date & Time:

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

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL

Sketch Plan Pg. 2



A-GBB2670T

B-SKX3157E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190308(279

Multiple horizontal lines for describing the accident circumstances.

Claim own policy
 Claim third party
 Claim OD (TP) at other workshop Carz Auto
 For record purpose
 Policy No. DMCISN3075711801
 Insurer China Veh. No. GBB2670T

DECLARATION
 Casserole Catering Services Pte. Ltd
 We declare the foregoing particulars are true in every respect.
 17 Chin Bee Crescent
 Singapore 619898
 Tel: (65) 6323 6445 Fax: (65) 6222 5200

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.:



中国太平保险(新加坡)有限公司
 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Car Reg No. 20029674E

M2300/C
 R: SN
 AN0421A
 Cov. Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE
 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCVSN3075711801		Engine No.	2D30184396K
			Chassis No.	JN13HG4E2520781642
1. Index No. and Regulation Number of Vehicle	GRN2670F		AUTOSAFE	
2. Name of Policyholder	CASSEROLE CATERING SERVICES PTE. LTD.			
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Decree	15 October 2018	Excess Sect I	\$5350.00
		EX ON WINDSCREEN	\$5100.00
4. Date of Expiry of Insurance	14 October 2019			
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the policyholder's order or with their 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 on cover**	(1) Use in connection with the policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover: (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.			

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Section 95 of the Road Transport Act 1987 (Malaysia), and not to be included under these headings.

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 185) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: MITESSE SOLUTIONS
 Authorised Officer

Authorised Signatory

REPUBLIC OF SINGAPORE DRIVING LICENSING

Identification No: S9246265Z

CHONG WEI CHENG, JACKY

Birth Date: 18 Dec 1992
Issue Date: 03 Oct 2018

0028522500



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9246265Z



CHONG WEI CHENG, JACKY

张伟城

RACE: CHINESE
Date of birth: 18-12-1992
Country of birth: SINGAPORE

Sex: M



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

CLASS	DESCRIPTION	EFFECTIVE DATE
Class 2	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	03 Oct 2018

87528772

NP 428A

License No: S9246265Z



4751493



87528772



27-12-2007

APT BLK 24 MARSHING DRIVE
#11-103
SINGAPORE 730024



**SINGAPORE
POLICE FORCE**



T/20190308/2179

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190308/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 20:18	Vide Report No.:	Station Diary No.: 118
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Informant's Particulars

Name of Informant: CHONG WEI CHENG, JACKY			Address: APT BLK 26 MARSILING DRIVE #06-229 SINGAPORE 730026		
ID Type / ID No.: NRIC NO / S9246265Z			Contact No.:		Mobile: 87528772
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 18/12/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 17:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 FUSIONOPOLIS WAY AYER RAJAH AVENUE cross junction of Fusionopolis Way and Ayer Rajah Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2670T	Van				Slightly Damaged	0
SKX3157E	Car					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20190308/2179

2 of 3

Report No. T/20190308/2179

CONTINUATION OF REPORT

Driver			
Name	CHONG WEI CHENG, JACKY	ID No.	S9246265Z
Related Vehicle	GBB2670T (Van)	Contact No.	87528772
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2019	Date Discharge	08/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIEW YUN CHONG AGNES	ID No.	S1169119F
Related Vehicle	SKX3157E (Car)	Contact No.	91188866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/03/2019 at 1721hrs, I was driving alone in my Nissan van, GBB2670T, and I stopped behind a BMW car, SKX3157E, at the traffic light junction of Fusionpolis Way and Ayer Rajah Ave, on the rightmost lane as I intend to turn right to Ayer Rajah Ave. As the traffic light turned green, the cars ahead began to drive off but the BMW car in front of me started to reverse. I horned to warn the driver but the car continued to reverse and hit onto the front of my van. I horned at the driver but the car continued to drive to the left filter lane and drove off. I followed the car and managed to catch up with it at a loading/unloading bay nearby. I enquired with the driver and she claimed that she did not know about the collision. We exchanged particulars and we drove off. The damages to my van are some scratches to front left bumper and crack to the front left light. Nobody was injured at that point of time. There was no damage to the said BMW car. There is an in-car camera in my van which captured the whole accident. I later felt some discomfort and visited the clinic where I was given a three days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20190308/2179

3 of 3

Report No. T/20190308/2179

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 3 NUR' FAZZAHASHIKIN BINTE SUBTU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2019 20:18

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
180308 20:18

CM 114
D.T.



wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896
Tel: 6344-4012 Fax: 6345-3140 Email: admin@wellcome.com.sg
Website: www.wellcome.com.sg
CO. REG. NO: 39853800W / GST REG. NO: M9-0001228-R

TAX INVOICE

Mr Chong Wei Cheng Jacky (S9246265Z)
c/o Carz Auto Services Pte Ltd
1 Kaki Bukit Avenue 6 #02-26
AutoBay @ Kaki Bukit
Singapore 417883

NO: 29596

DATE: 24/05/2019

REF	DESCRIPTION	UNIT PRICE	AMOUNT
RA NO: 31189	Being rental charges for One Unit Nissan NV 350 (M) No: GBG 7386E for period 14/05/19 to 18/05/19	4 Days x \$130	S\$ 520.00

SUB TOTAL SGD S\$ 520.00

ADD 7% GST S\$ 36.40

GRAND TOTAL SGD S\$ 556.40

WELLCOME MOTOR AGENCIES

E.&O.E.

Customer Copy

All cheque payment should be made
within 7 days to WELLCOME
MOTOR AGENCIES

Authorised Signature

Thank You
For Renting

inv 29591

Carz Auto Alex



wellcome motor agencies

68 KAKI BUKIT AVENUE 6 #02-02 ARK @ KB SINGAPORE 417896
TEL: (65) 6344-4012 FAX: (65) 6345-3140
Email: wma88@singnet.com.sg Website: www.wellcome.com.sg
admin@wellcome.com.sg

RA No: 31189

CO. REG. NO: 39853800W
GST REG. NO: M9-0001228-R

DATE: 17/5/19

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS

Name: Chong Wei Cheng Jacky
Address: BIK 24 MAITILUP DR #11-183 (5) 730024
Name & Address of Employer:
IC/PP No: DL No: S9246265Z
Date of Birth: Date of Issue/Expiry:
Nationality: PL of Issue:
Occupation: Driving Exp:
Tel No:(O) (R) (HP)

VEHICLE'S PARTICULARS

VEHICLE NO: 6897385 REPL. VEH. NO:
MAKE/MODEL: NISSAN NV350 (M)
MILEAGE OUT: MILEAGE OUT
DATE OUT: 14/5/19 DATE OUT
TIME OUT: 1615 TIME OUT
HIRE/PERIOD EXPIRY:

DRIVER'S PARTICULARS

Name:
Address:
IC/PP No: DL No:
Date of Birth: Date of Issue/Expiry:
Nationality: PL of Issue:
Occupation: Driving Exp:
Tel No:(O) (R) (HP)

Rental Charges

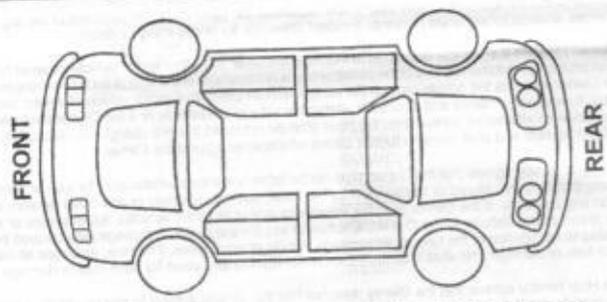
Daily	4	@ \$ 130	per day	520
Weekly		@ \$	per week	
Monthly		@ \$	per month	
Hours		@ \$	per hour	
Others		@ \$		
CDW		@ \$	per day/week/month	
PAI		@ \$	per day/week/month	

DELIVERY SERVICE

PETROL/DIESEL LEVEL

OUT	E	1/4	1/2	3/4	F
IN	E	1/4	1/2	3/4	F

Extension of Rental
Repairs/Damages
Collection Service
MISC
GST @ 7% 36.40
TOTAL CHARGES S\$ 556.40



HIRER'S SIGNATURE & STAMP
DRIVER'S SIGNATURE

SECURITY DEPOSIT
ADVANCE RENTAL PAID
BY: CASH NETS CHEQUE BILL CARD
CHEQUE/CARD NO:
EXPIRY DATE
AMOUNT DUE REFUND
REFUND RECEIVED S\$ BY RECEIVER

I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

IMPORTANT

- Only persons above 24 and below 65 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES.
- Use of the vehicle for illegal purpose (for instance: In connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of 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 owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle.
- The hirer is responsible for the first S\$ 2000/ third party excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

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 deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES 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 In	Checked By	Remarks
18/5/19	11.00hrs			

Signature of HIRER / DRIVER



LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. G8B2670T AND SKX 3157E
AT/ALONG JUNCTION OF FUSIONOPOLIS WAY AYER RAJAH AVE
ON 07 DAY March MONTH 2019 YEAR

- I/We, the owner of vehicle no. G8B 2670T hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.

Dated this 14 day May month 2019 year

Signature : 

Name : CASSEROLE CATERING SERVICES PTE LTD

NRIC/ROC No. : 201580426 E

Address : 17, Chin Bee Crescent

Singapore 619898.

Company Stamp

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