Focus Auto Pte Ltd Business Reg. No. 201004495R GST Reg. No. 201004495R Tel: 6886 9097 Fax: 6481 9095 Email: claims@focusauto.com.sg

Date :

16/10/2019

Your ref:

PC901

Our ref: SJZ4505D BY E-MAIL / MAIL

WITHOUT PREJUDICE

M/S India International Insurance Pte Ltd

64 Cecil Street, #04/60-00, IOB Building

Singapore 049711

Dear Sir/Madam,

ACCIDENT INVOLVING: (SJZ4505D & PC90J) ALONG JALAN BUKIT MERAH

DOA:

10/08/2019

TIME:

0820 HOURS

We refer to the above matter and write on behalf of KAA GENERAL CONTRACTORS PTE LTD, the registered owner of WC8442S in respect of the above accident.

We are instructed that the above accident was caused by your insured's negligent driving / or management of your insured vehicle. Your insured's vehicle SKS7013L collided onto the rear portion of our client vehicle WC8442S. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows : -

Total Amount:		\$	15,596.00
 Cost of Repair Loss of Rental GIA Search 	(\$10200 + 7% GST) (26 days × \$180)	\$ \$ \$	10,914.00 4,680.00 2.00

Enclosed are the following documents for your perusal.

- 1) Driver's driving license / Identity card
- 2) Certificate of Insurance
- 3) GIA report
- 4) GIA Search

(PC90J)

- 5) Original repair claim
- 6) Car Rental Agreement / Receipt

The demand herein is in respect of our client's for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice any claim in respect of personal injuries.

Kindly acknowledge receipt of the above said documents within 7 days and your favourable reply is deeply appreciated.

Yours faithfully,

Jenny Koh

Focus Auto Pte Ltd

Business Reg. No: 201004495R GST Reg. No: 201004495R No 1 Kaki Bukit Ave 6 Autobay #02-50 Singapore 417883

Date: 16/10/2019

TW PREMIUM AUTOMOBILE PTE LTD

C/O NO 1 KAKI BUKIT AVENUE 6 AUTOBAY #02-48/50 SINGAPORE 417883

MOTOR VEHICLE NO: SJZ4505D

TOYOTA WISH 1.8A

REPAIR CLAIM

\$ 10,200.00

LUMP SUM

Sub-total: \$ 10,200.00

7% GST: \$ 714.00

Total: \$ 10,914.00

SINGAPORE DOLLARS: TEN THOUSAND NINE HUNDRED AND FOURTEEN ONLY.



DEPOSIT TRANSFER FROM SKR4181Y

210 TURF CLUB ROAD, THE GRAND STAND CAR MALL LOT A8, SINGAPORE 287995 CO REG: 201320430G TEL: 64650030 FAX: 64650017 EMAIL: LEASING@TECKWEI.COM.SG

LEASE AGREEMENT NO.: TW - SJZ4	1505D PERSON IN CHARGE: BEN KOH
DATE: 17/6/19	Schedule
Company" which shall include its success registered address at 210 Turf Club Road L	s, TW Premium Automobile Pte Ltd (hereinafter referred to as "the ssors-in-title and assigns), identified as the Lessor and having our Lot A8 The Grandstand Car Mall Singapore 287995 AND YOU, the de (which shall include your successors-in-title and assigns):-
NAME OF HIRER(S) (IN FULL) NRIC/PASSPORT/RC/RB NO. ADDRESS TELEPHONE EMAIL	GOPAL S/O KIRUBA GARANE S7133988B BLK 239 BUKIT BATOK EAST AVENUE 5 #04-171 S650239 87994361
NAME OF HIRER(S) (IN FULL) NRIC/PASSPORT/RC/RB NO. ADDRESS TELEPHONE EMAIL	
1. DESCRIPTION OF VEHICLE (* REGISTRATION NO. MAKE / MODEL ENGINE NO. CHASSIS NO.	"THE VEHICLE") : SJZ4505D : TOYOTA WISH 1.8A : 2ZRA635621 : JTDGG20W905001385
Date, Time and Mileage for Collect Date, Time and Mileage for Return: Petrol Out	ion: 17/6/19 (date) 1339 (time) (mileage) (date) (time) (mileage) Empty / ½ tank / ½ tank / ½ tank / Full* (Vehicle must be returned with same level of petrol)
2. PERIOD OF LEASE ("LEASE P	ERIOD")
Daily/Weekly/Monthly/Yearly* Bas From17/6/19 ("Commer * delete where not applicable	sis "ncement Date") to <u>8/7/19</u> ("End Date")
3. LEASE CHARGES Amount S\$ 400 per day (collectively, "Lease Charges") pay	/week/month/year* exclusive of Goods and Services Tax ("GST") rable in advance on the day of each day/week/month/year*

("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

* delete where not applicable

4.	DEPOSIT		
	Amount: S\$	500	(exclusive of GST

5. INSURANCE, ROAD TAX AND MAINTENANCE

You agree to pay the s following insurance co	um of S\$ verage fo	r the Vel	on C	naintenance and servicing of the Vehicle. Commencement Date for the Company to arrange the full details of the insurance policy will be provided to rms and conditions of the insurance policy.
Excess Amount		SS	2000	(per accident per claim) in Singapore
Insurance Coverage		Thire	l Party Iniu	ry and Death Only /

Third Party Injury, Death and Damage Only / Comprehensive Insurance Policy /

Others ____ __(specify)*

Coverage Amount S\$ (specify)

6. PURPOSE OF USE

Personal social domestic use / others*

If others, please specify: GRAB / GO JEK / OTHER PLATFORM

7.

 $\frac{\textbf{EARLY TERMINATION}}{\textbf{You shall be liable to the Company for early termination as provided under the Terms and Conditions}$ annexed hereto.

8. PAYMENT

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

^{*} delete where not applicable

^{*} delete where not applicable

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer

Name:

Designation:

Company Stamp:

Signed for and on behalf of TW PREMIUM AUTOMOBILE PTE LTD

Name:

Designation:

Company Stamp:



Certificate of Insurance

\$1,112.80

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5098714530-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle Chassis Number

: SJZ4505D

: JTDGG20W905001385

2. Name of Policyholder

: TW PREMIUM AUTOMOBILE PTE LTD

3. Effective Date of Insurance

: 26 May 2019

4. Expiry Date of Insurance

25 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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 as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

ADDITIONAL EXCESS : N/A WEI CREDIT PTE LTD Co. Reg. No. 200512300K 210 Turf Club Road, The Grandstand UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO Lot AB Singapore 287995 Tel: 6465 0020 Fax: 6465 0017 INSURE WITH COE : N/A NCD PROTECTION : NO Email: info@teckwel.com.sg PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD SUM INSURED : N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Venicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Maiaysia).

Agency

FOI NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.	to holdy condent to the drenning of this report at the confidence of the report coning made and	PERSON
AND RESIDENCE OF STREET	ACCIDENT STATEMENT	
Date Of Report	13/08/2019 16:18	
Date Of Accident	10/08/2019 08:20	
Exact Location Of Accident	JALAN BUKIT MERAH	
Country/State of Loss	SINGAPORE	
THE RESIDENCE OF RESIDENCE AND ADDRESS.	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ4505D	
Insured/Policyholder		
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD	
Co Reg No	201320430G	
Email Address	NOEMAIL	
Mobile Phone No		

OFFICE-91119581

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA Model WISH

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5098714530-01

Cover Note Number

Driver

Name of Driver GOPAL S/O KIRUBA GARANE

 NRIC No
 S7133988B

 Date Of Birth
 16/09/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/10/1993

Driving Experience 25 YEARS AND 9 MONTHS

Gender MALE

Mobile Number +65-87994361

Fax Number

Contact Number

EMail Address RENGAMMALGOPAL@YAHOO.COM

Address BLK 239 BUKIT BATOK EAST AVE 5 #04-171

Postcode 650239

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

YES

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: M RENGAMMAL D/O MUTHUSAMY

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

YES

NO

Circumstances of Accident

PLEASE SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO NO

Was there any audio recorded?

Details of Witness 1

Name UNKNOWN Phone Number 96460614

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC90J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG ZHENGWEN
NRIC/Passport Number S8509710E

Contact Number 91161985

NA Address NA

NA Postcode

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

GOPAL S/O KIRUBA GARANE Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SJZ4505D

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address BLK 239 BUKIT BATOK EAST AVE 5 #04-171

Postcode

DETAILS OF INJURED PERSON 2

•M RENGAMMAL D/O MUTHUSAMY Name

Approximate Age Injuries Sustain

SJZ4505D Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address BLK 239 BUKIT BATOK EAST AVE 5 #04-171

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:

- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (il) 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
- 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.
- 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

SKETCH PLAN	Jalan Bukit Mayon		
DESCRIBE CIRCUM	ASTANCES OF T	HE ACCIDENT	Vehicle B: PC90J
		Refer to police	
		Report No:	7/2019 0811/2019

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) A

AP. M. Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

NP 428A



please return to LTA, 10 Sin Ming Drive, Singapore 575701. Authority (LTA). It must be surrendered to the LTA on request. If found This card is not transferable and is the property of the Land Transport

Type

Description

TAXI VL

U

03

Issue Date

19/12/2001 21/09/1994



210 TURF CLUB ROAD, THE GRAND STAND CAR MALL LOT AS, SINGAPORE 287995 CO REG.; 201320438G TEL.: 64630030 FAX; 64650017 FMAIL · I FASINC®/TECKWELCOM.SG

VEHICLE RENTAL AGREEMENT

Hirer's Particular	ni del anno	Veh No: 677145650	Replace Veh No: S303514 61
Name (as in 1/0) (10 P)	MI. JOKIRUBAGI	ARADI Mileage Out.	Mileage Out:
NIRC / PASSPORT No:		Make & Model, TEYOTA	Make & Model: TOYO TA
Address (Res): BK		Auto/Manual: WISH 1-8 A	Auto/Manual: UNSH 1-8A
East Ave 5 1	404-1715(650	OUT : Date	OUT : Date /0/08/19
Name & Address of Employ	en	OUT - Time	OUT Time 11 4 Square
		RENTAL CHARGES	
Occupation:	Driving Exp:	Daily	180 00
U/L No:	D/L Type: Local/Inter		100 .0
Pass Date:	Date of Birth :	Monthly	
Tel: (O)(R)	(HP)	Hours	
ADDITIONAL DRIVER'S		Others	
Name: (as in I/C)		CDW	
NIRC / PASSPORT No:		PAI	
Pass Date:	Date of birth:	Delivery Service	
Address (Res)	3713.07.09.00	Delivery Service	Sub - Total S # 6% C CC
	Tel/HP	Refundable Deposit	Sub-Total \$ 4680 00
14			
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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-19-130528

Date of Request:

13/08/2019

Your Ref No:

Online Purchase

Focus Auto Pte Ltd 1 Kaki Bukit Ave 6 #02-48/50 Autobay Singapore 417883

Dear Sir/Madam,

Enquiry Date

13/08/2019

Enquiry By

Lau Lee Chung

TP Vehicle No.

PC90J

Accident Date

10/08/2019

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:

[X] GIRO [] Cash [] Cheque