



WITHOUT PREJUDICE

Our Ref: SKT 7892K

Your Ref: SJM 8971H

29th October 2019

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AIG Asia Pacific Insurance Pte Ltd

Dear Vic,

Accident Involving: SKT 7892K and SJM 8971H

Date of Accident: 11 October 2019

Location of Accident: Along Race Course Road

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$	5,750.00	
Add Loss of Rental	\$	1,883.20	8 Days - Unique Tourist Inv#222828 2 Days PRS + 5 Repair Days Agreed + 1 Sunday
Total	\$	7,633.20	
Add LTA Search Fee	\$	7.45	
GRAND TOTAL	\$	7,640.65	

Kindly pay the Grand Total Amount of **\$7,640.65** to:

Team AutoPro Pte Ltd
160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you.



Regards
Adel (Ms)

PROFORMA INVOICE



ATTENTION:
Golden Landscape And Construction Pte Ltd

PI Number	P1910-0545
PI Date	29-Oct-2019
Vehicle No.	SKT 7892K
Accident Date	11-Oct-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SKT 7892K	COR Lump Sum		\$ 5,750.00

Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 5,750.00
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Authorized Signature



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.

ACCIDENT STATEMENT

Date Of Report	11/10/2019 17:11
Date Of Accident	11/10/2019 12:25
Exact Location Of Accident	ALONG RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7892K
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Insured/Policyholder

Name Of Registered Owner	GOLDEN LANDSCAPE AND CONSTRUCTION PTE LTD
Co Reg No	201222616E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90272508
Alternative Phone No	OFFICE-90272508

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3031191900
Cover Note Number	

Driver

Name of Driver	KANNAN SUDHAKARAN
NRIC No	S8061474H
Date Of Birth	03/07/1980
Occupation	INDOOR
Date Of Driving Pass	28/11/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90272508
Fax Number	
Contact Number	OFFICE-90272508
Email Address	NOEMAIL

Address	54 SENGKANG SQUARE #15-11
Postcode	544832
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 - OPENING DOOR OF VEHICLE
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)	5
Passenger 1	NAME: : ARCHANA VELMURUGAN GENDER: : FEMALE
Passenger 2	NAME: : SHAJITHA BEGAM SIRAJUDEEN GENDER: : FEMALE
Passenger 3	NAME: : PRIYADARSHINI KARHIKEGAN GENDER: : FEMALE
Passenger 4	NAME: : THAGUMANARAN PORSELVI GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	SJM8971H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KANNAN SUDHAKARAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKT7892K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.



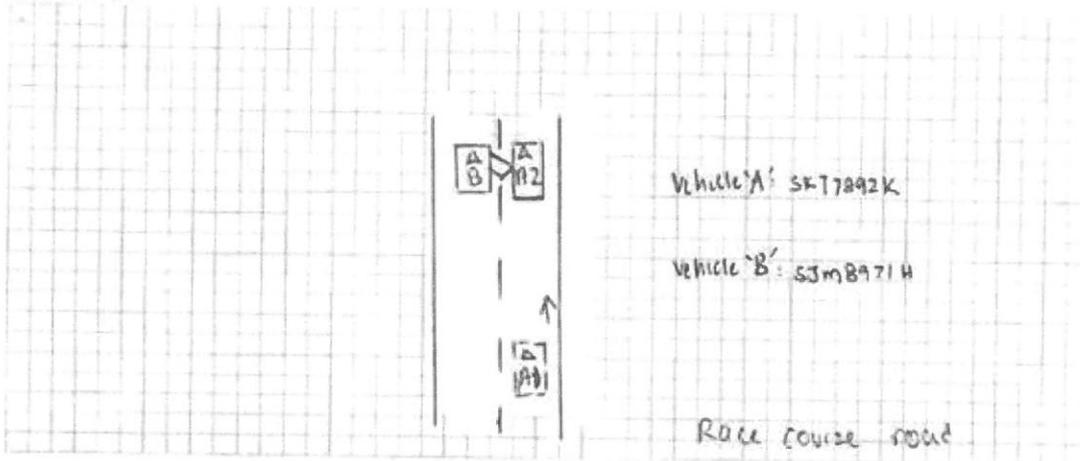
Policyholder's Signature
Date & Time:

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

11/10/2015
[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling along my designated lane along race course road. As i was travelling along, i realised suddenly felt a huge impact on my left. I jammed brake as i didn't know what has happen. I alymed only to realised that vehicle 'B' has opened his car door and without looking and hence colliding with my vehicle. That is all.

DECLARATION

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



Policyholder's Signature
Date & Time:

H. S...

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

11/01/2019
[Signature]

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

To : Team AutoPro Pte Ltd
CRN : 201811621K
located at : 160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: SK78971 H
and SJM8971 H and
and and
@ Race course Road
dated 11/10/19.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you 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.

4. I/We further authorize you 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 you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions 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.

Yours faithfully,

K. S. M. 

Claimant Signature & Co's Stamp (if applicable)

Date:

CERTIFICATE OF INSURANCE

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 No.	DMPCSN3031171900	Engine No : B5254T94738381 Chassis No: YV1CZ2457E1706402
1. Index Mark and Registration Number of Vehicle	SKT7892K	
2. Name of Policy Holder	GOLDEN LANDSCAPE & CONSTRUCTION PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 APRIL 2019	NAMED DRIVERS EX SECT. I.....S\$1,000.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	29 APRIL 2020	EX ON WINDSCREEN.....S\$100.00
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 as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : OCBC BANK LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8061474H



Name
KANNAN SUDHAKARAN

சு சுதாசுரன்

Race
INDIAN

Date of birth
03-07-1980

Sex
M

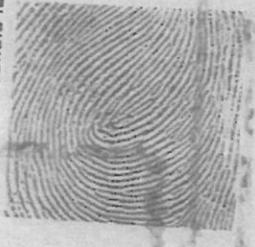
Country of birth
INDIA

S8061474H

9014763



NRIC No. S8061474H



Nationality
INDIAN

Date of issue
02-03-2009

**54 SENGKANG SQUARE #15-11
SINGAPORE 544832**

NRIC No: S8061474H

Date: 08/07/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8061474H**
Name: **KANNAN SUDHAKARAN**

Birth Date: **03 Jul 1980**

Issue Date: **17 Nov 2008**



001676493C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

- Class 1 Motorcycles <= 200 CC
- Class 2 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors <= 2500 kg
- Class 3 Heavy motor cars and motor tractors > 2500 kg

VALID UNTIL

28 Nov 2016

28 Nov 2016

21 Oct 2014

S8061474H

S / No. 9000210241



Licence No: S8061474H

NP 428A



友立旅遊服務私人有限公司
UNIQUE TOURIST SERVICE (PTE) LTD

1, Rochor Road, #02-574,
 Rochor Centre Singapore 180001
 Tel: 6292 7656 Fax: (65) 6293 97
 E-mail: unigtour@singnet.com.sg
 STB LIC TA/00076

Co. Reg. No.: 197401067R
 GSTReg. No.: M2-0019671-6

Golden Landscape and Construction Pte Ltd
 3 Ang Mo Kio Street 62
 # 07-28 Link @ AMK
 Singapore 569139

20, Sin Ming Lane,
 #08-51, Midview City
 Singapore 573968
 Tel: 6292 7656

TAX INVOICE

NO. **222828**

21.10.2019

Singapore, _____ 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Audi Q3 2.0 Auto
 Registration no. SKL 1390 L self driven
 as from 11.10.2019 to 19.10.2019.

8 days at \$220.00 per day

\$ 1760.00

\$ 1760.00

Add GST at 7%

\$ 123.20

Amount Due

\$ 1883.20

(SIN DOLLARS: ONE THOUSAND EIGHT HUNDRED EIGHTY THREE AND CENTS
 TWENTY ONLY)

Standard Rated Supplies:\$ 1760.00

Total Amount of GST:\$ 123.20

AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: uniqtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

OUR REF # SKT7892K RA No. 22505

VEHICLE NO.

SKL 1390 Z

MAKE/MODEL

AUDI Q3

NAME OF HIRER Golden Landscape and construction pte ltd
 ADDRESS 3 Ang Mo Kio Street
 642 # 07-28 LINK @ AMK SINGAPORE 569134
 OFFICE TEL _____ RES TEL _____ HP _____
 NAMED DRIVER Kannan Sudhakaran
 OCCUPATION _____ NATIONALITY S'PORE
 PASSPORT / NRIC S8061474H DATE OF BIRTH 03/07/1980
 DRIVING LIC NO. S 806 1474 H
 PLACE OF ISSUE S'PORE DATE PASS/EXPIRY 1.28.11.06

DATE OUT 11/10/19 TIME OUT 1400HRS
 PETROL OUT E 1/4 1/2 3/4 F
 DATE IN 19/10/19 TIME IN 1320HRS
 PETROL IN E 1/4 1/2 3/4 F
 RENTAL RATES: \$ _____ ¢ _____
 MONTHLY @ \$ _____
 WEEKLY @ \$ _____
 DAILY 8 @ \$ 220/ 1760 00
 C.D.W. FEE _____
 PETROL CONSUMPTION _____
 DELIVERY CHARGE _____
 COLLECTION CHARGE _____
 SUB-TOTAL _____
 GST @ 7% 123 20
 RENTAL DEPOSIT _____
 TOTAL: 1883 20

ADDITIONAL NAMED DRIVER _____
 ADDRESS K. Sm _____ SINGAPORE _____
 OFFICE TEL _____ RES TEL _____ HP _____
 OCCUPATION _____ NATIONALITY _____
 PASSPORT / NRIC _____ DATE OF BIRTH _____
 DRIVING LIC NO _____
 PLACE OF ISSUE _____ DATE PASS/EXPIRY _____

DEPOSIT REFUND _____
 PAYMENT BY: BILL CO / CREDIT CARD / CASH
 ATTENDED BY: *[Signature]*
 OF UNIQUE TOURIST SERVICE (PTE) LTD

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS
 A. COLLISION DAMAGE WAIVER (CDW) AT \$ _____ PER DAY / WEEK / MONTH "X"
 B. SURCHARGE OF \$ _____ FOR USE IN MALAYSIA FROM _____ TO _____ "X"
 * THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR \$ 1200/

NOTE: HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.
 YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS
 PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

REPLACEMENT VEHICLE NO:
 1. _____ ON _____ TIME _____
 2. _____ ON _____ TIME _____
 3. _____ ON _____ TIME _____

DATE: _____ SIGNATURE OF HIRER *[Signature]*

DATE: _____ SIGNATURE OF HIRER *[Signature]*





Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 11 Oct 2019 / 16:32:45

Receipt Date/Time : 11 Oct 2019 / 16:32:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191011-002366

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SJM8971H As at 11 Oct 2019/12:25:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SJM8971H Enquiry Fee 20191011163204783148	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx8855		Credit Card: Visa/MasterCard	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.