

Focus Auto Pte Ltd  
UEN No. 201004495R  
GST Reg. No. 201004495R  
Tel : 6886 9097 Fax : 6481 9095  
Email : [claims@focusauto.com.sg](mailto:claims@focusauto.com.sg)

Date : 03/05/2021

BY E-MAIL / MAIL

Your ref : SHA6774K

Our ref : YP3469G

WITHOUT PREJUDICE

M/S India International Insurance Pte Ltd  
64 Cecil Street, #04/60-00, IOB Building  
Singapore 049711

Dear Sir/Madam,

**ACCIDENT INVOLVING : ( YP3469G & SHA6774K ) ALONG GUILLEMARD ROAD**

**DOA: 07/10/2019**

**TIME: 2015 HOURS**

We refer to the above matter and write on behalf of UNIVERSAL DISPLAYS PTE LTD, the registered owner of YP3469G 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 SHA6774K collided onto the rear portion of our client vehicle YP3469G. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows : -

1. Cost of Repair	(\$1800 + 7% GST)	\$	1,926.00
2. Loss of Used	(4 days × \$180)	\$	720.00
3. Buy 3rd party's GIA report		\$	29.00

**Total Amount:** \$ 2,675.00

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 (SHA6774K)
- 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  
Claims Executive  
HP: 8139 9800  
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 : 03/05/2021

### **UNIVERSAL DISPLAYS PTE LTD**

C/O NO 1 KAKI BUKIT AVENUE 6

AUTOBAY #02-48/50

SINGAPORE 417883

MOTOR VEHICLE NO : YP3469G

mitsubishi fuso FK62FMZ1RDEB

REPAIR CLAIM

\$ 1,800.00

### **LUMP SUM**

Sub- total : \$ 1,800.00

7% GST : \$ 126.00

**Total : \$ 1,926.00**

SINGAPORE DOLLARS : ONE THOUSAND NINE HUNDRED AND TWENTY-SIX ONLY.

SKETCH PLAN

IMPORTANT NOTICE

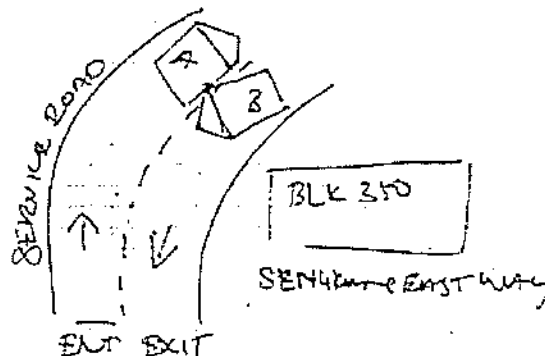
1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.
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' law yers/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 claim and any necessary investigations relating to the claim;  
(ii) investigating the accident and/or my claim;  
(iii) carrying out and/or dealing with my instructions or responding to any enquires by me;  
(iv) administering my claim (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 emails/postal packages; and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A 4BK889E  
B SUR 2815R

Describe Circumstances of the Accident

ON 21/2/21 AT ABOUT 1410 HRS, I WAS DRIVING VEHICLE AC (GRABBER)  
 FROM SERVICE RD BLK 250 SENGUEN EAST WAY TO DELIVER GOODS. THERE  
 WAS CURVE (SERVICE RD) WHILE I PASSED THE CURVE, SUDDELY VEHICLE  
 BC (SIL 2512) FROM OPPOSITE GRAZED ONTO MY VEHICLE RIGHT HAND  
 MY VEHICLE RIGHT HAND AND RIN DAMAGED. EXCHANGES FROM CURVE  
 NO INJURY

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) / Date  
 & Time

Witnessed by Reporting Centre  
 Personnel

21/2/21 / 1410 hrs

Benny

## 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	09/10/2019 09:34
Date Of Accident	07/10/2019 20:15
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3469G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNIVERSAL DISPLAYS PTE LTD
Co Reg No	199407101W
Email Address	MARSHALLTHEAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91596060
Alternative Phone No	OFFICE-67448487

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FIGHTER-7.5 D FK62 SERIES (FK62FMZ1RDEB) (M)
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 GOODS VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1970915
Cover Note Number	

### Driver

Name of Driver	RAMALINGAM RAJAMANI
Passport No/FIN	G7924971N
Date Of Birth	05/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82539755
Fax Number	
Contact Number	
Email Address	MARSHALLTHEAN@YAHOO.COM

Address BLK 602 BEDOK RESERVOIR ROAD  
#04-528 EUNOS RAINBOW  
Postcode 470602

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 SIDE SWIPE

Weather Conditions RAINING

Road Surface WET

#### 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? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 3

Passenger 1  
NAME: : HARUN  
GENDER: : MALE

Passenger 2  
NAME: : SHARIFUL  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MOUNTBATTEN NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 ,  
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3449999 - FAX NO: 64474185

Was notice of Intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT NO. : T20191008/2110

#### 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 SHA6774K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver NG KET CHONG

NRIC/Passport Number	S1228872G
Contact Number	96735089
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	RAMALINGAM RAJAMANI
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	YP3469G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 602 BEDOK RESERVOIR ROAD #04-528 EUNOS RAINBOW
Postcode	470602

## 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.



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.:



B: SHA6774K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there are two circular binder holes punched through the paper. The paper appears to be part of a notebook or a set of loose-leaf papers. There is no handwriting or other markings on the page.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

08-10-2019  
5:55pm

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

09/10/2019  
2:10:15 PM



**SINGAPORE  
POLICE FORCE**



T/20191008/2110

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

1 of 4

Report No. T/20191008/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/10/2019 16:30	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: RAMALINGAM RAJAMANI			Address: APT BLK 602 BEDOK RESERVOIR ROAD #04-528 EUNOS RAINBOW SINGAPORE 470602	
ID Type / ID No.: FIN NO / G7924971N			Contact No.:	Mobile: 82539755
Nationality: INDIAN			Home/Office:	
			Email:	
Sex: Male	Age: 35	Date of Birth: 05/06/1984	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2019 20:00	Type of Location:
Location:  GUILLEMARD ROAD  Junction of Guillemard rd and Nicole highway				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6774K	Car				Seriously Damaged	0
YP3469G	Lorry				Slightly Damaged	2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191008/2110

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

2 of 4

Report No. T/20191008/2110

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NG KET CHONG	ID No.	S1228872G
Related Vehicle	SHA6774K (Car)	Contact No.	96735089
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
<b>Driver</b>			
Name	RAMALINGAM RAJAMANI	ID No.	G7924971N
Related Vehicle	YP3469G (Lorry)	Contact No.	82539755
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/10/2019	Date Discharge	08/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

**Brief Details.**

On 07/10/2019 at about 2000hrs, I was driving my lorry (YP3469G) along guillemard rd towards Nicole highway on the most left lane. I was driving straight, and inside my lane. The traffic light was green for me, as such I proceed as per normal. Suddenly a taxi (SHA6774K) collided into the right side of my vehicle. I am unsure how did it happen.

The taxi then stopped infront of me and we then exchanged particulars.

My vehicle has a dent on the right side of the lorry.

I went to Mount Alvernia hospital on 08/10/2019 and was given 4 days of medical leave due to injury on my neck, lower back, left hand and left leg.

I would like to add that I did have passengers in my lorry during the incident.

Rashid SK Harun

G7061400L

Hp: 87877342

Islam Shariful

G6660320U

Hp: 81241178



**SINGAPORE  
POLICE FORCE**



T/20191008/2110

Police Station Of Origin:

3 of 4

Mountbatten NPP

Report No. T/20191008/2110

60 Dakota Crescent #01-213 SINGAPORE

390060

Tel No: 1800-3449999

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20191008/2110

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

4 of 4

Report No. T/20191008/2110

**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:  
G /  
Sgt 3 NURBIHAYAT BIN ABDUL JALIL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/10/2019 16:30

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No: 65476472

Classification Of Case:

Authentication Stamp:  
NP169

SIGNATURE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G7924971N**  
 Name: **RAMALINGAM RAJAMANI**

Birth Date: **05 Jun 1984**  
 Issue Date: **04 Aug 2015**  
 Valid Till **03/08/2020**

002458516D

SG 50

**S PASS**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: **UNIVERSAL DISPLAYS PTE LTD**

Name: **RAMALINGAM RAJAMANI**  
 S Pass No: **0 33647271** Sector: **MANUFACTURING**

K0878845

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

Class	Vehicle Class	Effective Date
Class 2B	Motorcycles <= 200 CC	18 Jun 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	18 Jun 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	18 Apr 2017

G7924971N S / No. 9000258695

Licence No: G7924971N

NP 428A

**VISIT PASS**  
 Immigration Regulations

Name: **RAMALINGAM RAJAMANI**

FIN: **G7924971N**  
 Date of Birth: **05-06-1984** Sex: **M**  
 Nationality: **INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



**AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Centre #01-21  
Tel: 1800 8804888  
Website: www.axa.com.sg  
GST Registration Number : 199903512M  
customer.care@axa.com.sg

**Original**Agent Code: **04437**Policy No.(if any): **P1970915****Renewal**

SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **CN051465**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

THE COMPANY	<b>AXA INSURANCE PTE LTD</b>
INSURED	<b>UNIVERSAL DISPLAYS PTE LTD</b>
INSURED BUSINESS REGISTRATION NO.	
MAKE AND DESCRIPTION OF VEHICLE	mitsubishi fuso FK62FMZ1RDEB LORRY + CRANE
VEHICLE REGISTRATION NO.	YP3469G
YEAR OF MANUFACTURE	2016
ENGINE NO.	6M60215179
CHASSIS NO.	FK62FMA30111
ENGINE CAPACITY/TONNAGE	3.20 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
VALUE (\$\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>04/08/2019</b> TO: <b>30/06/2020</b>
EXCESS (\$\$)	\$800 (I) ; \$160 (WS)
<b>AXA PREMIUM WORKSHOP?</b>	<b>YES</b>

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by ALLINK INSURANCE AGENCY on 28/06/2019 4:37 pm

Authorised Signature

**Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

**PREMIUM WARRANTY**

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.



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-19-168244

Date of Request: 11/10/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 07/10/2019

Place of Accident: GUILLEMARD ROAD

Client Vehicle No: YP3469G

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



**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-19-168323  
Date of Request: 12/10/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Date of Accident: 07/10/2019  
Vehicle No: YP3469G  
Place of Accident: GUILLEMARD ROAD  
Involving Vehicle No: SHA6774K

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\$)
SHA6774K	GUILLEMARD ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

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