



LONPAC INSURANCE BHD

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

CLAIM NO : 19/19/19/VC05/022632
DATE : 30/03/2020

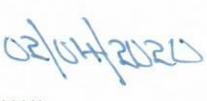
DISCHARGE VOUCHER

I/We, **CK1 ENGINEERING PTE LTD** confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or the owner **YN 7573Y** the sum of Singapore Dollars **ONE THOUSAND NINE HUNDRED AND FORTY THREE ONLY. (\$1,943.00)** in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said **M/s LONPAC INSURANCE BHD** in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my vehicle, **GBA 863Y** on **21 OCT 2019** along/at **KAKI BUKIT AVE 3**.

I /We hereby agree to indemnify and keep indemnify (**SEA TRADING CO PTE LTD /LONPAC INSURANCE BHD**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **M/s FOCUS AUTO PTE LTD**.

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

.....
Signature of vehicle owner/Date

.....
Name of vehicle owner/Date

LETTER OF AUTHORIZATION

DATE : 2/10/2019

To : _____

RE: ACCIDENT INVOLVING VEHICLE NO. G8A 863 Y & YN 7573 Y

ALONG KAKI BUKIT AVENUE 3 ON 2/10/2019

I / WE CKI ENGINEERING PTE LTD of (NRIC / ROC NO.) 20117923H

OF BLK 3026 UBI ROAD | SINGAPORE 408719.

Owner of vehicle no. G8A 863 Y in consideration of M/S **FOCUS AUTO PTE LTD** repairing my / our vehicle G8A 863 Y at my / our instruction and hereby authorize **FOCUS AUTO PTE LTD** to demand claim settle receive whatever amount settled / payable by the Insurance Company and / or third party or to commence legal proceeding. If necessary, under my name, for the cost of repairs, car rental and / or loss of use, etc and to their appointing Solicitor to act for me / us in respect of the said accident / claim and all claimed and / or settled shall belong to them absolutely.

I further agree and undertake to indemnify them against the above mentioned claim cost which may arisen therewith.

Signature of Owner : _____
(Company's chop - if any)



Name of Owner : CKI ENGINEERING PTE LTD

NRIC No : 20117923H

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

Date : 19/11/2019

BY E-MAIL / MAIL

Your ref: YN7573Y

Our ref: GBA863Y

WITHOUT PREJUDICE

M/S Lonpac Insurance BHD

300 Beach Road, #17-04/07, The Concourse
Singapore 199555

Dear Sir/Madam,

ACCIDENT INVOLVING : (GBA863Y & YN7573Y) ALONG KAKI BUKIT AVENUE 3
DOA: 21/10/2019 TIME: 1015 HOURS

We refer to the above matter and write on behalf of **CK1 ENGINEERING PTE LTD**, the registered owner of **GBA863Y** 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 YN7573Y collided onto the side portion of our client vehicle GBA863Y. 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 (\$1600 + 7% GST)	\$	1,712.00
2. Loss of Rental (2 days x \$120)	\$	240.00
3. Buy 3rd party's GIA report	\$	29.00
4. GIA search	\$	2.00
Total Amount:	\$	<u>1,983.00</u>

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 (YN7573Y)
- 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: 19/11/2019

CK1 ENGINEERING PTE LTD

C/O NO 1 KAKI BUKIT AVENUE 6

AUTOBAY #02-48/50

SINGAPORE 417883

MOTOR VEHICLE NO : GBA863Y

TOYOTA DYNA

REPAIR CLAIM

\$ 1,600.00

LUMP SUM

Sub- total : \$ 1,600.00

7% GST : \$ 112.00

Total : \$ 1,712.00

SINGAPORE DOLLARS :

ONE THOUSAND SEVEN HUNDRED AND TWELVE ONLY

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	21/10/2019 17:56
Date Of Accident	21/10/2019 10:15
Exact Location Of Accident	KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA863Y
Insured/Policyholder	
Name Of Registered Owner	CK1 ENGINEERING PTE LTD
Co Reg No	201117923H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68446862

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG19000751
Cover Note Number	

Driver

Name of Driver	KARUPPIAH RAJESHKANNA
NRIC No	F7902848R
Date Of Birth	19/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94557681
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS STATIONARY WAITING FOR TRAFFIC LIGHT TO TURN GREEN. VEHICLE B DRIVING TOWARDS ME HIT ONTO MY REAR RIGHT PORTION.

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 YN7573Y
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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)

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 willful 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.



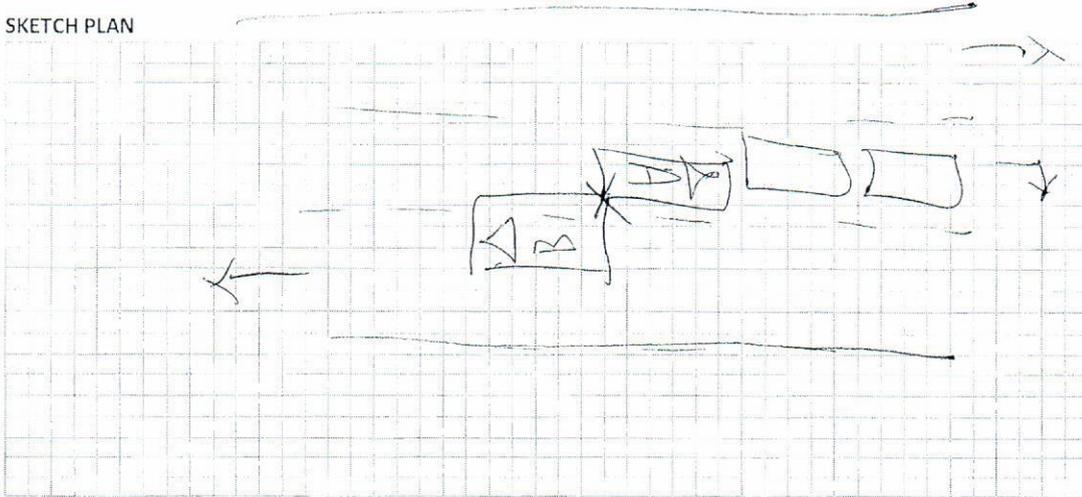
Policyholder's Signature
Date & Time:


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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary waiting for traffic light turn green. Vehicle B driving towards me hit onto my rear right portion.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
CK1 ENGINEERING PTE. LTD.



Name
KARUPPIAH RAJESHKANNA
Work Permit No.
0 31273749 Sector
CONSTRUCTION



K1780605

VISIT PASS
Immigration Regulations

20-09-2019

Name
KARUPPIAH RAJESHKANNA

Download SGWorkPass
App to check status

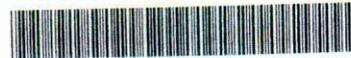


FIN
F7902848R
Date of Birth
19-01-1977 Sex
M
Nationality
INDIAN



MULTIPLE JOURNEY VISA ISSUED

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



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **F7902848R**
Name: **KARUPPIAH RAJESHKANNA**
Birth Date: **19 Jan 1977**
Issue Date: **01 Sep 2016**
Valid Till: **31/08/2021**

002605440A



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	01 Sep 2016

NP 428A



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/Policy Number : DMCG19000751
Vehicle Registration Number : GBA863Y
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : CK1 ENGINEERING PTE LTD
Commencement Date of Insurance : 02/02/2019
Expiry Date of Insurance : 01/02/2020
Excess : EXCESS: (SECTION I)..... S\$ 700.00
 EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
 YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00



Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, 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 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

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)

For and on behalf of **ERGO Insurance Pte. Ltd.**
 Approved Insurer

Authorized Signature

A000523(A000523)	ACR INSURANCE AGENCY	Contact Number: 66462745
Vehicle Chassis Number : JTFAT35Y703000353, Vehicle Engine Number : 1KD1575487		CP1, 09/01/2019 19:03

159 Vehicle Rental LLP

Blk 1 Kaki Bukit Ave 6 #01-54 Autobay@ Kaki Bukit
Singapore 417883
68429089
Company Registration No. T16LL1863K

INVOICE

INVOICE TO

CKI Engineering Pte Ltd
25 Kaki Bukit Road 4
#05-91
Singapore 417800

INVOICE NO. 1533
DATE 18/11/2019

AGREEMENT NO.

0545

DESCRIPTION	QTY	RATE	AMOUNT
GX6470C (T. Dyna)			240.00
Rental Period : 13/11/19 - 15/11/19 (2 days)			
Rental Rate : \$120 / day			

All cheques should be made payable to "159 Vehicle Rental LLP".

BALANCE DUE

S\$240.00

Issued By :



159 VEHICLE RENTAL LLP

1 Kaki Bukit Avenue 6 #01-54 AutoBay @ Kaki Bukit Singapore 417883
 Tel: 6842 9089 HP: 9048 0641 Fax: 6841 2869
 Email: admin@tickhaimotor.com

VRA No.: **0545**

ROC No: T16LL1863K

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>CKI ENGINEERING PTE LTD</u> NRIC/PASSPORT No: <u>201117923H</u> Address (Res) <u>25 Kaki Bukit Road 4 #05-91 S(417800)</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Tel: (O): <u>68446867</u> HP _____ ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res) : _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____	Vehicle No: <u>GX6470C</u> Replace Veh No: _____ Mileage Out: _____ Mileage Out: _____ Make & Model: <u>T. Dyna</u> Auto / Manual: _____ Group: _____ Out : Date <u>13/11/19</u> Time: <u>9.50am</u> HIRE / PERIOD EXPIRY _____ Time: _____ NON-WAIVER EXCESS=\$ <u>4000</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">CHARGES</th> <th></th> <th></th> </tr> <tr> <td>Daily</td> <td><u>2</u> @\$ <u>120</u> per day</td> <td><u>240</u></td> <td><u>00</u></td> </tr> <tr> <td>Weekly</td> <td>@\$ _____ per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@\$ _____ per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@\$ _____ per hour</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td>@\$ _____</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@\$ _____ per day/month</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td>@\$ _____ per day/month</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Delivery/Collection Service</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUB-TOTAL \$</td> <td></td> <td></td> </tr> </table>	CHARGES				Daily	<u>2</u> @\$ <u>120</u> per day	<u>240</u>	<u>00</u>	Weekly	@\$ _____ per week			Monthly	@\$ _____ per month			Hours	@\$ _____ per hour			Others	@\$ _____			CDW	@\$ _____ per day/month			PAI	@\$ _____ per day/month			Delivery/Collection Service				SUB-TOTAL \$			
CHARGES																																									
Daily	<u>2</u> @\$ <u>120</u> per day	<u>240</u>	<u>00</u>																																						
Weekly	@\$ _____ per week																																								
Monthly	@\$ _____ per month																																								
Hours	@\$ _____ per hour																																								
Others	@\$ _____																																								
CDW	@\$ _____ per day/month																																								
PAI	@\$ _____ per day/month																																								
Delivery/Collection Service																																									
SUB-TOTAL \$																																									
VEHICLE CHECK LIST <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> D - DENTS S - SCRATCHES A - ACCIDENTS </div> <div style="text-align: center;"> </div> </div> <p>INDICATE: D - DENTS, S - SCRATCHES, A - ACCIDENTS</p> <p>RIGHT FRONT TOP LEFT</p>	PETROL LEVEL <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Out</td> <td>E</td> <td><u>1/4</u></td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table> EXTENSION Misc. _____ TOTAL CHARGES \$ _____	Out	E	<u>1/4</u>	1/2	3/4	F	In	E	1/4	1/2	3/4	F																												
Out	E	<u>1/4</u>	1/2	3/4	F																																				
In	E	1/4	1/2	3/4	F																																				
ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio/Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges	Hirer's Signature <u></u> Additional Driver's Signature <u></u>																																								

I have read and agree to the terms and condition on both sides of the agreement. If i have presented a charge/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 signature above will be considered to have been made on the charge/credit card voucher. All information I have given 159 VEHICLE RENTAL LLP in connection with this agreement is true.

*** IMPORTANT**

1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
5. **VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY.** AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY 159 VEHICLE RENTAL LLP.

RETURN OF VEHICLE. THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SINGAPORE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO 159 VEHICLE RENTAL LLP 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	CHECKED BY	REMARKS	
<u>14/11</u>	<u>16:20</u>				 SIGNATURE OF HIRER/DRIVER

K. Raghav



**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-19-185659
Date of Request: 11/11/2019

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: 21/10/2019
Place of Accident: KAKI BUKIT AVENUE 3
Client Vehicle No: GBA863Y

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-19-185668

Date of Request: 11/11/2019

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: 21/10/2019

Vehicle No: GBA863Y

Place of Accident: KAKI BUKIT AVE 3

Involving Vehicle No: YN7573Y

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\$)
YN7573Y	KAKI BUKIT AVE 3	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.

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-19-184947

Date of Request: 09/11/2019

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 09/11/2019

Enquiry By Jenny Koh Bian Leng

TP Vehicle No. YN7573Y

Accident Date 21/10/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque