



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

03th March 2020

Our reference: 2001-15

Your reference: SMF7527R

AIG Asia Pacific Insurance Pte Ltd

BY HAND

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : ISHAK BIN OSMAN

Address : BLK 701 HOUGANG AVE 2 #08-27 S(530701)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **09/01/2020** along **HOUGANG AVE 10** involving our client's vehicle registration number **SKU6502M** and vehicle registrations number **SMF7527R** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$ 7,169.00
Loss of Rental	:	\$ 1,080.00
LTA Search Fee	:	\$ 7.45
Purchase 3P GIA Report	:	\$ 29.00
Total	:	\$ 8,285.45

A copy of each of the following supporting documents is enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Certificate of Insurance;
- e) LTA Search;
- f) Purchase 3P GIA Report Invoice;
- g) Letter Of Authorisation;
- h) Tax Invoice;
- i) Satisfaction of Repaired Vehicle;
- j) Rental Agreement & Official Receipt;

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

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,

A handwritten signature in blue ink is positioned to the left of a circular blue stamp. The stamp contains the text "TEAMWORK GARAGE PTE LTD" around its perimeter and a small star in the center.

Teamwork Garage Pte Ltd

Encl.

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	09/01/2020 17:12
Date Of Accident	09/01/2020 06:45
Exact Location Of Accident	HOUGANG AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6502M
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13180/VPZ/R01
Cover Note Number	

Driver

Name of Driver	ISHAK BIN OSMAN
NRIC No	SXXXX065H
Date Of Birth	06/05/1963
Occupation	INDOOR
Date Of Driving Pass	23/08/1983
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93656270
Fax Number	
Contact Number	OFFICE-93656270
EMail Address	NOEMAIL

Address	BLK 701 HOUGANG AVENUE 2 #08-27
Postcode	530701
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NAZURAH BINTE ISHAK GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200109/7007.

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	SMF7527R
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 ISHAK BIN OSMAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKU6502M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name NAZURAH BINTE ISHAK
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKU6502M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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 lodging 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 purposes 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agent(s) (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/PIN No.:

Accident Sketch Plan

SKETCH PLAN

A' SK06502M

B:SAFE+527R

4. UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Highway A-10 while travelling straight vehicle 'B' suddenly change lanes without signalling and I applied emergency brake without making any contact. Out of sudden I felt an impact from the rear portion of my vehicle. When I came down to check, I realised vehicle 'B' collided into the rear portion of my vehicle.

DECLARATION

These facts are the connecting particulars and true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature _____
 It driver is not the policyholder _____
 Date & Time _____

Reporting Centre Personnel: [redacted]
Name: [redacted]
NRIC/FIN No: [redacted]

Police Report



**SINGAPORE
POLICE FORCE**



T/20200109/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

1 of 3

Report No. T/20200109/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 09/01/2020 13:20	Vide Report No.	Station Diary No.
-------------------------------------------	-----------------	-------------------

Informant's Particulars

Name of Informant ISHAK BIN OSMAN			Address APT BLK 701 HOUGANG AVENUE 2 #08-27 SINGAPORE 530701		
ID Type / ID No NRIC NO / S1580065H			Contact No Home/Office: Mobile: 93656270		
Nationality SINGAPORE CITIZEN			Email ishak.osman.786@gmail.com		
Sex Male	Age 56	Date of Birth 06/05/1963	Type of Informant Driver		
Race Malay			Language English		Institution / School Name
Occupation GRAB DRIVER			Driving Licence Information Class		Date of Expiry

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 09/01/2020 06:45	Type of Location
Location HOUGANG AVENUE 10				
Weather		Road Surface	Road Speed Limit	
Traffic Flow		Traffic Control	Traffic Volume	
Type of Collision				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU6502M	Car					0
SMF7527R	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No of Pedestrians injured: Nil	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20200109/7007

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

2 of 3

Report No T/20200109/7007

CONTINUATION OF REPORT

Driver			
Name	ISHAK BIN OSMAN	ID No	S1580065H
Related Vehicle	SKU6502M (Car)	Contact No	93656270
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	03	Degree of Injury	Slight

Brief Details

On the stated date and time, I was travelling along Hougang Avenue 10. While travelling straight, a vehicle unknown suddenly change lane without signalling and I applied emergency brake without any contact with the vehicle unknown. Out of sudden, I felt an impact from the rear portion of my vehicle (SKU6502M). When I came down to check, I realised vehicle (SMF7527R) collided onto the rear portion of my vehicle (SKU6502M).

Police Report



**SINGAPORE
POLICE FORCE**



T/20200109/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T/20200109/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required

Signature Of Interpreter:
Not applicable

Date/Time:
09/01/2020 13:20

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No: 65476172

Classification Of Case:

Authentication Stamp

NP168

[> Back to OneMotoring](#)

Enquire Road Tax Payable / Prerequisite(s) To Fulfil

Please Note :

- Vehicle is on GIRO.
- The information contained herein is correct as at 09 Jan 2020.

Vehicle Particulars

Vehicle No.:	SKU6502M
Current Road Tax Expiry Date:	10 Feb 2020
New Road Tax Start Date:	11 Feb 2020
New Road Tax Expiry Date:	10 Aug 2020

Prerequisites (Updating of records may take about 3 working days)

All prerequisites are fulfilled.

Net Road Tax Amount

	Amount (S\$)
Road Tax Amount:	371.00
Nett Road Tax Amount:	371.00
Amount Payable	

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Nett Road Tax Amount:	371.00	-	371.00

Total Amount Payable	371.00
Late Renewal Fees Payable From	

	Late Renewal Fees (S\$)	Total Amount with Late Renewal Fee (S\$)
11 Feb 2020	50.00	421.00
11 Mar 2020	100.00	471.00
25 Apr 2020	120.00	491.00
11 May 2020	270.00	641.00

[Previous](#)

[OK](#)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	722Z

Vehicle Details

Vehicle No.:	SKU6502M
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	1ZRX520616
Chassis No.:	MR053REH104535663
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$17,804.00
Original Registration Date:	11 Aug 2015
First Registration Date:	11 Aug 2015
Transfer Count:	1
Actual ARF Paid:	\$17,804.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Aug 2025
PARF Rebate Amount:	\$13,353.00

Intended COE Rebate Details

COE Expiry Date:	10 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,889.00
COE Rebate Amount:	\$31,219.00
Total Rebate Amount:	\$44,572.00

The information contained herein is correct as at 09 Jan 2020

OK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1580065H**

Name: **ISHAK BIN OSMAN**

Birth Date: **06 May 1963**

Issue Date: **30 Jun 2003**

000612149E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1580065H**

Name: **ISHAK BIN OSMAN**

اسحق ابن عثمان

Race: **MALAY**

Date of birth: **06-05-1963**

Sex: **M**

Country/Place of birth: **SINGAPORE**

S1580065H

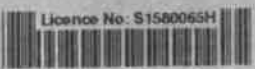


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		23 Aug 1983

NP 428A

Licence No: **S1580065H**



5961841

S1580065H

NRIC No. **S1580065H**


Date of issue: **20-06-2018**

Address: **APT BLK 701 HOUGANG AVENUE 2
#08-27
SINGAPORE 530701**



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	SD19V13180 /VPZ /R01
Form	MZ406C
Date Of Issue	24-OCT-2019
1.Index Mark and Registration No. of Vehicle:	SKU6502M
2.Chassis number of Vehicle:	MR053REH104535663
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2019 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*: Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.	
7.Limitations as to use*: A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
8.Policy does not cover: A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) 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.	
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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Comprehensive,Unlimited Windscreen,Geographical Area - refer memorandum,PHV Extension SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Refer Memorandum - Section I S\$2000,Refer Memorandum - Section II S\$2000,Windscreen Excess S\$100 FINANCE COMPANY: MAYBANK SINGAPORE LTD PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD	

PLSL/-25-OCT-19

S1_CI_T1_T3_OE_Template2-Ver1.

25-OCT-19



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 Jan 2020 / 14:56:59

Receipt Date/Time : 09 Jan 2020 / 14:56:59

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200109-002009

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMF7527R

As at 09 Jan 2020/06:45:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - SMF7527R Enquiry Fee 20200109145616698317	7.00	0.49	7.49
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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

xxxxxxxxxxxx5880 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.



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

2001-15 SKU 6502M
3P

Our Ref No: GR-20-006049
Date of Request: 10/01/2020

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No: SKU6502M
Date of Accident: 09/01/2020
Place of Accident: HOUGANG AVE 10
Involving Vehicle No: SMF7527R

2001-15

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 [X] Cash [] Cheque

TAX INVOICE

Our Ref No: GR-20-006050

Date of Request: 10/01/2020

Your Ref No: WALK IN SEAH

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

Date of Accident: 09/01/2020

Vehicle No: SKU6502M

Place of Accident: HOUGANG AVE 10

Involving Vehicle No: SMF7527R

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SMF7527R	HOUGANG AVE 10	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

LETTER OF AUTHORIZATION

To AIG, Teamwork Garage Pte Ltd (Third party insurance & Workshop)

Claimant Roset Limousine Services Pte Ltd

Dear Sirs,

I/We Roset Limousine Services Pte Ltd owner of vehicle no. SKU6502M

hereby authorize my/our repairer, Teamwork Garage Pte Ltd

act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SKU6502M that was damage pursuant to the accident which occurred at/along

Hougang Ave 10

involving vehicle nos. SME7527 R

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors Teamwork Garage Pte Ltd. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors Teamwork Garage Pte Ltd pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Thank you.

Dated this 03 day of 03 (month) 20 20 (year)

Signature of owner vehicle (claimant):

Name of owner of vehicle (claimant):

NRIC Number (claimant):



Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG BUILDING
78 SHENTON WAY
#08-16 SINGAPORE 079120

Tax Invoice

Invoice number : TI-7461

Date : 03-03-20

Terms : C.O.D.

Vehicle number : SKU6502M

Make / Model : TOYOTA ALTIS

Description	Amount (S\$)
<p>ACCIDENT INVOLVING SKU6520M / SMF7527R ON 09/01/2020 @ HOUGANG AVE 10</p> <p>INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING</p> <p>LUMP SUM REPAIR</p> <p>SINGDOLLARS : SEVEN THOUSAND ONE HUNDRED AND SIXTY-NINE DOLLARS ONLY</p> <p><i>Thank you for your business and have a nice day !</i></p>	\$6,700.00
Reference : 2001-15	Subtotal \$6,700.00
* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD	Add: GST 7% \$469.00
** Please ensure that your vehicle is of good condition upon the point of collection.	Total Inc GST 7% \$7,169.00
	Less: Deposit \$0.00
	Balance Due \$7,169.00

E. & O. E



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE

2001-15

SATISFACTION OF REPAIRED VEHICLE

I/We, Ishak Bin Osman, owner/driver of vehicle No. SIV 6502M declare that the repairs of my/our vehicle has been completed and to my/our satisfaction.

I/We agree that I/we hereby irrevocable absolutely accept the settlement amount and the liability from the third party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be released and payment to the workshop for such repairs in respect of the damages caused in the accident.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Dated this 17 day of Jan (month) 20 20 (year)

@ 17 hrs 00 mins

Name and Signature

K & t Cars

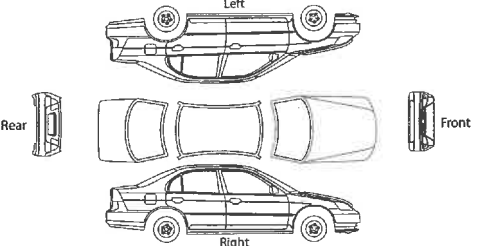
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-04804

Veh. No.: SLH 2016 H	Replace Veh. No.: SKU6502 M
Veh. M / M: Toyota Altis	Replace Veh. M / M: Toyota Altis

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: ROSET LIMOUSINE SERVICES PTE LTD		Name: Ishak Bin Osman	
Address:		Address: BIK 701 Hougang Ave 2 #08-27	
		S(530701)	
I/C:	D.O.B:	I/C: SL580065H	D.O.B: 06/05/1963
Contact:	Pass Date:	Contact: 9365 6270	Pass Date: 23/08/1983

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	



RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	09/01/2020		Date In	17/01/2020	
Time Out	1330		Time In	1700	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL						
Daily	@ \$	120	9	Days @ \$	1080	OUT	E	¼	½	¾	F
Weekly	@ \$			Wks @ \$							
Monthly	@ \$			Mth @ \$		IN	E	¼	½	¾	F
Hours	@ \$			Hrs @ \$							
Inclusive of additional charges (if any)			Amt payable	\$	Petrol Charges		YES	NO	AMT: _____		
					CDW		YES	NO	AMT: _____		
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST						Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:						Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- ❖ Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- ❖ Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- ❖ Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- ❖ Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- ❖ The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- ❖ In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- ❖ In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com
Biz Reg. No.: 53208965X

No.: 3520

OFFICIAL RECEIPT

Date: 03/03/2020

Received from Ishak Bin Osman

The Sum of Dollars One Thousand and Eighty Dollars

Being payment of SLH2016H 09/01/2020 - 17/01/2020

\$1080

K & t Cars



Cheque No.: _____

Authorised Signature