

ApeosPort-V C6680 T2

Transmission Report

G3-ID
Local Name
Company Logo

Date & Time : 31/03/2020 11:42
Page : 1 (Last Page)

The job has been sent.
Original Size: A4



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

D201803/CPL/JN



23rd March 2020
Our reference: 2002-03
Your reference : SH6389Y

MS First Capital Insurance Limited
6 RAFFLES QUAY
#21-00
SINGAPORE(048580)



BY HAND

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : ROSET LIMOUSINE SERVICES PTE LTD
Address : BLK 53 PAYA UBI INDUSTRIAL PARK #03-47 S(408934)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 01 FEBRUARY 2020 Along JUNCTION OF PUNGGOL FIELD & EDGEPALE PLAINS involving our client's vehicle registration number SKT8794D and vehicle registrations number SH6389Y 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	:	\$ 2,996.00
Loss Of Rental	:	\$1,020.00
Purchase 3P GIA Report Fee	:	\$ 29.00
3P Search Fee	:	\$ 7.49

Total	Claim No.: <u>D20 000 803</u> Date: <u>31/03/2020</u>	\$4,052.49
	O+C : <u>2000.10A</u>	
	TEL: 6507 3848	
	<input checked="" type="checkbox"/> We are looking into your claim and will revert soon.	
	<input type="checkbox"/> We wish to re-inspect your / your client's vehicle.	
	Please give us 1 week notice on date/time/place.	
	Kindly quote our Claim No. in future correspondence	

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	9164	868442474	3-31; 11:41	37 Secs	1/1	G3		Completed



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

D201803/C7PL/JN



23th March 2020

Our reference: 2002-03

Your reference : SH6389Y

MS First Capital Insurance Limited

6 RAFFLES QUAY

#21-00

SINGAPORE(048580)



BY HAND

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3P Search Fee	:	\$ 7.49

MS First Capital Insurance Limited

Total

Claim No.: D20 000 803 Date: 31/03/2020
O-I-C : Jaron Lee
TEL: 6507 3848

\$4,052.49

☒ We are looking into your claim and will revert soon.

☐ We wish to re-inspect your / your client's vehicle.

Please give us 1 week notice on date/time/place.

Kindly quote our Claim No. in future correspondence

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

- a) Our Client's Accident Report / Police Report;
- b) COE/PARF Certificates;
- c) Certificate of Insurance;
- d) Owner / Driver's IC & Driving License;
- e) Letter Of Authorisation;
- f) Tax Invoice;
- g) Purchase 3P GIA Report Invoice;
- h) 3P Search Invoice;
- i) Rental Form & Rental 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,



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	03/02/2020 18:34
Date Of Accident	01/02/2020 18:45
Exact Location Of Accident	JUNC PUNGGOL FIELD & EDGEDALE PLAINS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8794D
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	WISH 1.8 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	SABARUDIN BIN MOHAMED SALLEH
NRIC No	SXXXX305F
Date Of Birth	15/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81390715
Fax Number	
Contact Number	OFFICE-81390715
Email Address	NOEMAIL

Address	BLK 442A BUKIT BATOK WEST AVENUE 8 #14-867
Postcode	651442
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

REFER TO STATEMENT.

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	SH6389Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SABARUDIN BIN MOHAMED SALLEH
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKT8794D
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 on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 the (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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) For complying with requirements under my regulations, laws or court orders.



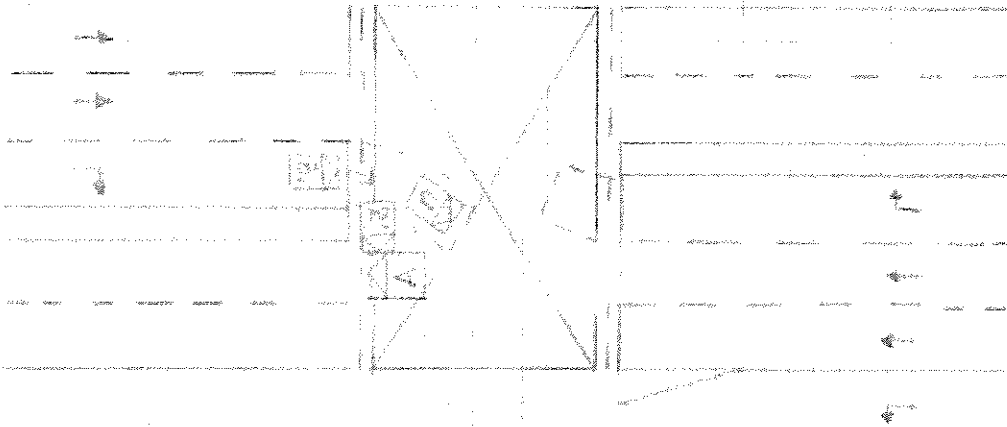
Policy holder's signature
Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



A: SKT 8794D B: SH6389Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Punggol Field as the traffic was in my favour. There was a vehicle unknown waited in the box before turning to Edgedale Plains. Out of sudden, vehicle B behind the vehicle unknown decided to make an u-turn and collide onto my front right portion of my vehicle.

DECLARATION

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



Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

722Z

Vehicle Details

Vehicle No.:

SKT8794D

Vehicle to be Exported:

No

Intended Deregistration Date:

03 Feb 2020

Vehicle Make:

TOYOTA

Vehicle Model:

WISH 1.8 CVT

Primary Colour:

Grey

Manufacturing Year:

2015

Engine No.:

2ZRB585788

Chassis No.:

JTDGG20W60J002534

Maximum Power Output:

105.0 kW (140 bhp)

Open Market Value:

\$23,454.00

Original Registration Date:

25 Jun 2015

First Registration Date:

25 Jun 2015

Transfer Count:

2

Actual ARF Paid:

\$19,836.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

24 Jun 2025

PARF Rebate Amount:

\$14,877.00

Intended COE Rebate Details

COE Expiry Date:

24 Jun 2025

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$71,509.00

COE Rebate Amount:

\$38,555.00

Total Rebate Amount:


\$53,432.00

The information contained herein is correct as at 03 Feb 2020

OK

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:	SKT8794D
2.Chassis number of Vehicle:	JTDGG20W60J002534
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*:	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p>
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>
<p>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).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p></p> <p>Authorised Signature</p>	
<p>For Information only:</p> <p>COVERAGE : Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV Extension</p> <p>SUM INSURED: MARKET VALUE AT THE TIME OF LOSS</p> <p>EXCESS: Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100</p> <p>FINANCE COMPANY: DBS BANK LTD</p> <p>PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD</p>	

PLSL/25-OCT-19

S1_CI_T1_T3_OE_Template2-Ver1.

25-OCT-19

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7603305F**
 Name: **SABARUDIN BIN MOHAMED SALLEH**

Birth Date: **15 Feb 1976**
 Issue Date: **10 Apr 2003**

000373063D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7603305F

Name: **SABARUDIN BIN MOHAMED SALLEH**

Race: **MALAY**
 Date of birth: **15-02-1976**
 Country of birth: **SINGAPORE**

Sex: **M**

Land Transport Authority

VOCATIONAL LICENCE
 Licence No: **S7603305F**
 Name: **SABARUDIN BIN MOHAMED SALLEH**

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TDVL
 33 888 88888
 261026

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 2B	Motorcycles up to 500 CC	19 Apr 1999
Class 2A	Motorcycles between 501 CC and 800 CC	23 Jul 2000
Class J	Motor cars up to 2000 kg with not more than 7 passengers, exclusive of the driver and motor tractors/tractors up to 1500 kg	03 Jun 2003

S7603305F

S / No: 9000096084

Licence No: S7603305F

3847801

NRIC No: **S7603305F**

Date of Issue: **28-02-2006**

Address: **APT BLK 442A BUKIT BATOK WEST AVENUE 8 #14-867 SINGAPORE 651442**

NRIC No: **S7603305F** Date: **08/07/2018**

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

Type	Description	Issue Date
12	TAXI VL	18/07/2018

LETTER OF AUTHORIZATION

To MS First Capital Insurance Ltd (Third party insurance & Workshop)
Claimant Rosett Limousine Services Pte Ltd

Dear Sirs,

I/We, Rosett Limousine Services Pte Ltd owner of vehicle no. SKT8794D
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. SKT8794D that was damage pursuant to the accident which occurred at/along Junction of Punggol Field & Edgedale plains involving vehicle nos. SKT8794D & SH6389Y

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies TEAMWORK GARAGE PTE LTD the above mentioned accident due to me/us to my/our repairer/solicitors. I/We hereby authorize you to forward and release all compensation settlement TEAMWORK GARAGE PTE LTD cheques(s) due to the settlement to my/our repairer/solicitors 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 23 day of March (month) 20 20 (year)

Signature of owner vehicle (claimant) [Signature]

Name of owner of vehicle (claimant) Rosett Limousine Services Pte Ltd

NRIC Number (claimant) [Blank]



Bill To:

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY #21-00

SINGAPORE 048580

Tax Invoice

Invoice number : TI-7516

Date : 23/3/2020

Terms : C.O.D.

Vehicle number : SKT8794D

Make / Model : TOYOTA WISH

Description	Amount (S\$)
ACCIDENT INVOLVING SKT8794D / SH6389Y ON 01/02/2020 @ JUNCTION OF PUNGGOL FIELD & EDGEDALE PLAINS	
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$2,800.00
SINGDOLLARS : TWO THOUSAND NINE HUNDRED AND NINETY SIX DOLLARS ONLY	
Thank you for your business and have a nice day !	

Reference : 2002-03

* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD

** Please ensure that your vehicle is of good condition upon the point of collection.

E. & O. E

Subtotal \$2,800.00

Add: GST 7% \$196.00

Total Inc GST 7% \$2,996.00

Less: Deposit \$0.00

Balance Due \$2,996.00




2002-03 SKT8794D

TAX INVOICE

3P

Our Ref No: GR-20-020823

Date of Request: 05/02/2020

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: SKT8794D

Date of Accident: 01/02/2020

Place of Accident: PUNGGOL FILED

Involving Vehicle No: SH6389Y

DESCRIPTION	AMOUNT (\$)
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



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-20-020826

Date of Request: 05/02/2020

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: 01/02/2020

Vehicle No: SKT8794D

Place of Accident: JUNC PUNGGOL FIELD & EDGEDALE PLAINS

Involving Vehicle No: SH6389Y

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\$)
SH6389Y	JUNC PUNGGOL FIELD & EDGEDALE PLAINS	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

> Back to OneMotoring

Enquire Road Tax Payable / Prerequisite(s) To Fulfil

Please Note :

- The information contained herein is correct as at 03 Feb 2020.

Vehicle Particulars

Vehicle No.:	SKT8794D
Current Road Tax Expiry Date:	24 Jun 2020
New Road Tax Start Date:	25 Jun 2020
New Road Tax Expiry Date:	24 Dec 2020

GIRO Deduction Details

This vehicle is on GIRO payment for road tax.

The vehicle owner will receive an notification about 1 month before the vehicle's road tax expires.

Please meet all the prerequisites for road tax renewal by the deadline stated in the notification.

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

Sufficient Insurance Coverage :	Yes
Vehicle Inspection Required :	Yes

Net Road Tax Amount

			Amount (S\$)
Road Tax Amount:			488.00
Nett Road Tax Amount:			488.00
Amount Payable			

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Nett Road Tax Amount:	488.00	-	488.00

Total Amount Payable			488.00
----------------------	--	--	--------

Late Renewal Fees Payable From

	Late Renewal Fees (S\$)	Total Amount with Late Renewal Fee (S\$)
25 Jun 2020	50.00	538.00
25 Jul 2020	100.00	588.00
08 Sep 2020	120.00	608.00
25 Sep 2020	270.00	758.00

Previous

OK



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

Print Date/Time : 03 Feb 2020 / 12:36:53

Receipt Date/Time : 03 Feb 2020 / 12:36:53

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200203-001285

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 - SFU9333Z				
As at 21 Jan 2020/21:30:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
1	Insurance Enquiry - SFU9333Z Enquiry Fee 20200203123603916383	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - FBE7467R				
As at 23 Jan 2020/15:50:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
2	Insurance Enquiry - FBE7467R Enquiry Fee 20200203123603965645	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMA1886U				
As at 01 Feb 2020/11:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SMA1886U Enquiry Fee 20200203123604012059	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SH6389Y				
As at 01 Feb 2020/18:45:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
4	Insurance Enquiry - SH6389Y Enquiry Fee 20200203123604065060	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		28.00	1.96	29.96
Rounding Difference				0.01
Total Amount Payable				29.95
Paid By				
		xxxxxxxxxxxx5880	Credit Card: Visa/MasterCard	29.95
Total				29.95
Cash Change				0.00
Tendered Amount				29.95
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

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.: 3544

OFFICIAL RECEIPT

Date: 15 Feb 2020

Received from Roset Limousine Services Pte Ltd

The Sum of Dollars One thousand and twenty dollars only

Being payment of SLA4730C Toyota Wish 10 Feb 2020 - 15 Feb 2020

\$ 1020

Cheque No.: _____

K & t Cars



Authorised Signature

K & t Cars

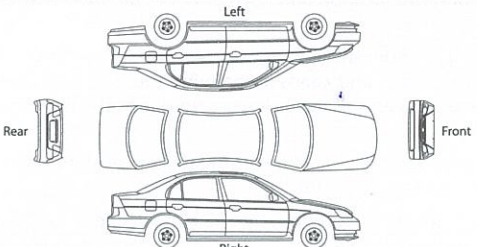
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-04884

Veh. No.: SLA4730C	Replace Veh. No.: SKT8794D
Veh. M / M: Toyota wish	Replace Veh. M / M: Toyota Wish

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR
Name:	Roset Limousine Services Pte Ltd	Name:	Sabarudin Bin Mohamed Salleh
Address:	Blk 53 Paya Ubi Industrial Park #03-47 S(408934)	Address:	Blk 442A Bukit Batok West Ave 8 #14-867 S(651442)
I/C:	D.O.B: —	I/C:	S7603305F
Contact:	Pass Date: —	Contact:	8139 0715
			D.O.B: 15 Feb 1976
			Pass Date: 3 June 2023

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

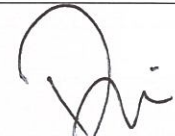
RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	10 Feb 2020		Date In	15 Feb 2020	
Time Out	1100		Time In	1430	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL						
Daily	@ \$	170	6	Days @ \$	1020	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$			Wks @ \$							
Monthly	@ \$			Mth @ \$		IN	E	1/4	1/2	3/4	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)