

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

Date : 24/03/2020

BY E-MAIL / MAIL

Your ref: SME3076G

Our ref: SLR9631H

WITHOUT PREJUDICE

M/S AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way, #07-16

Singapore 079120

Dear Sir/Madam,

ACCIDENT INVOLVING : (SLR9631H & SME3076G) ALONG CLEMENTI MALL EXIT GANTRY

DOA: 21/02/2020 TIME: 1200 HOURS

We refer to the above matter and write on behalf of TW PREMIUMAUTOMOBILE PTE LTD, the registered owner of SLR9631H 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 SME3076G collided onto the side portion of our client vehicle SLR9631H. 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	(\$2400 + 7% GST)	\$	2,568.00
2. Loss of Rental	(5 days × \$120)	\$	600.00
3. Buy 3rd party's GIA report		\$	29.00
4. GIA Search		\$	2.00

Total Amount: \$ 3,199.00

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 (SME3076G)
- 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: 24/03/2020

TW PREMIUMAUTOMOBILE PTE LTD

C/O NO 1 KAKI BUKIT AVENUE 6

AUTOBAY #02-48/50

SINGAPORE 417883

MOTOR VEHICLE NO : SLR9631H

MAZDA 3 SEDAN 1.5 A

REPAIR CLAIM

\$ 2,400.00

LUMP SUM

Sub- total : \$ 2,400.00

7% GST : \$ 168.00

Total : \$ 2,568.00

SINGAPORE DOLLARS : TWO THOUSAND FIVE HUNDRED AND SIXTY-EIGHT 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	24/02/2020 16:22
Date Of Accident	21/02/2020 12:00
Exact Location Of Accident	CLEMENTI MALL EXIT GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9631H
Insured/Policyholder	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	2XXXXX430G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63882323

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5100669355-01
Cover Note Number	

Driver

Name of Driver	REZAKI BIN YASIN
NRIC No	SXXXX620D
Date Of Birth	04/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1999
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86005066
Fax Number	
Contact Number	
Email Address	REZZATROY@GMAIL.COM

Address	BLK 705 CLEMENTI WEST STREET 2 #06-235
Postcode	120705
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.D/20200222/47016;

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	SME3076G
Vehicle Make/Model/Colour	MITSUBISHI / ATTRAGE 1.2 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YOW SEOK FUN
NRIC/Passport Number	SXXXX590A
Contact Number	96882320
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	REZAKI BIN YASIN
Approximate Age	45
Injuries Sustain	
Injured person in which vehicle?	SLR9631H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 705 CLEMENTI WEST STREET 2 #06-235
Postcode	120705

Accident Sketch Plan

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 revocate 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 Federally 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 the report to the insurers, you hereby consent to the viewing of this report at the centre and to permit 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 investigation 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 making 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 goods as well as on the external cover of parcels/prepaid packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";
- (b) all Insurers 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 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:

IOAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 416933
Tel: 67416697 Fax: 67483305
Email: vac@vicom.com.sg

Reporting Centre Representative's Signature
Name:
Workstation: 2411

11 25

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Re: L. Polk Report no. 5 A/2000-002/7016

DECLARATION

100-443886-100



Page 2 of 4

Signature _____
 Date _____

IDAC KAKI BUKIT (YAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415935
 Tel: 67416697 Fax: 67492305
 Email: vank@vacom.com.sg

Report to Centre for Social Justice
Name: _____
Matri-File No: _____

11-25



SINGAPORE POLICE FORCE



D/20200222/7016

1 of 2

POLICE REPORT (NP299)

Report No. D/20200222/7016

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 22/02/2020 20:13	Vide Report No.	Station Diary No.
Name Of Informant REZAKI BIN YASIN	Address APT BLK 705 CLEMENTI WEST STREET 2 #06-235 SINGAPORE 120705	
ID Type / ID No. NRIC NO / S7409620D	Contact No. Home/Office: Mobile: 86005066	
Nationality SINGAPORE CITIZEN	Email Address rezzatroy@gmail.com	
Occupation Private Hire Driver	Sex Male	Age 45
Institution/School Name	Date of Birth 04/04/1974	Race Malay
Date/Time Of Incident 22/02/2020 12:00	Language English	
	Location Of Incident 441B CLEMENTI AVENUE 3 UOB CLEMENTI MALL SINGAPORE 122441	

Brief details.

On the above mentioned date and time, I was driving my vehicle SLR9631H, going to exit Clementi Mall's carpark.

SME3076G was in front of me and was stuck at the gantry due to cashcard issues for quite some time.

While waiting for said vehicle to resolve the issues, I was not noticing what was going on in front.

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: 22/02/2020 20:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20200222/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200222/7016

Suddenly, there was a massive impact from the front of my vehicle causing my head to snap forwards and backwards.

I realised that SME3076Z had reversed into my vehicle.

Later that afternoon, I started feeling muscle soreness on my neck and back areas. As such, I went to my family clinic at Unihealth 24-Hr Clinic (Jurong East) for treatment and was given 4 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

22/02/2020 20:13

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7409620D**
 Name: **REZAKI BIN YASIN**

Birth Date: **04 Apr 1974**
 Issue Date: **17 Apr 2003**

1000396284G



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7409620D**

Name: **REZAKI BIN YASIN**

Race: **MALAY**
 Date of birth: **04-04-1974** Sex: **M**
 Country of birth: **SINGAPORE**





FOR CLAIMS &
GIA REPORTING ONLY

Land Transport Authority

VOCATIONAL LICENCE
 Licence No : **S7409620D**
 Name : **REZAKI BIN YASIN**

Card Issue Date : **26/12/2017**
 Please visit www.lta.gov.sg to check
 the status of this vocational licence



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Feb 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1999
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Oct 1999

Licence No. **S7409620D**

NP 428A

3556538

NRIC No. **S7409620D**

Date of issue: **07-06-2004**

APT BLK 705 CLEMENTI WEST STREET 2 #06-235
 SINGAPORE 120705
S7409620D 02/05/2014



FOR CLAIMS &
GIA REPORTING ONLY

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
13	PRIVATE HIRE CAR VL	26/12/2017

Certificate of Insurance

\$ 1,476.60

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 Number: 5100669355-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLR9631H**
Chassis Number : JM6BN22A8H0162516
2. Name of Policyholder : TW PREMIUM AUTOMOBILE PTE LTD
3. Effective Date of Insurance : 11 May 2019
4. Expiry Date of Insurance : 10 May 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貸私人有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road, The Grandstand
Lot A8 Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

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)

Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 06 May 2019 16:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

*EXTENSION OF 6 MONTHS CONTRACT,
LAST WEEK FREE RENTAL OF \$380



210 TURF CLUB ROAD, THE GRAND STAND CAR MALL LOT A8, SINGAPORE 287995
CO REG : 201320430G TEL : 64650030 FAX : 64650017
EMAIL : LEASING@TECKWEI.COM.SG

LEASE AGREEMENT NO.: TW-SLR9631H

PERSON IN CHARGE: LARRY

DATE: 14/5/19

Schedule

This is a Rental Agreement made between us, **TW Premium Automobile Pte Ltd** (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A8 The Grandstand Car Mall Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : REZAKI BIN YASIN
NRIC/PASSPORT/RC/RB NO. : S7409620D
ADDRESS : BLK 705 CLEMENTI WEST ST 2 #06-235 S120705
TELEPHONE : 86005066
EMAIL : REZZATROY@GMAIL.COM

NAME OF HIRER(S) (IN FULL) :
NRIC/PASSPORT/RC/RB NO. :
ADDRESS :
TELEPHONE :
EMAIL :

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SLR9631H
MAKE / MODEL : MAZDA 3
ENGINE NO. : AS PER LOGCARD
CHASSIS NO. : AS PER LOGCARD

Date, Time and Mileage for Collection: 14/5/19 (date) 1PM (time) (mileage)
Date, Time and Mileage for Return: (date) (time) (mileage)
Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full*
(Vehicle must be returned with same level of petrol)

2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly* Basis
From 15/5/19 ("Commencement Date") to 14/11/19 ("End Date")

*EXTEND TILL 14/5/20

* delete where not applicable

3. LEASE CHARGES

Amount S\$ 380 per day/week/month/year* exclusive of Goods and Services Tax ("GST")
(collectively, "Lease Charges") payable in advance on the WED day of each day/week/month/year*

("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

* delete where not applicable

4. **DEPOSIT** 500
Amount: S\$ (exclusive of GST)

5. **INSURANCE, ROAD TAX AND MAINTENANCE**

The Company will be responsible for the road tax, maintenance and servicing of the Vehicle. You agree to pay the sum of S\$_____ on Commencement Date for the Company to arrange the following insurance coverage for the Vehicle. The full details of the insurance policy will be provided to you and you undertake to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : S\$ 3000 (per accident per claim) in Singapore
Insurance Coverage : Third Party Injury and Death Only /
Third Party Injury, Death and Damage Only /
Comprehensive Insurance Policy /
Others _____ (specify)*

Coverage Amount : S\$ _____ (specify)

* delete where not applicable

6. **PURPOSE OF USE**
~~Personal social domestic use~~ / others*
If others, please specify : GRAB/GOJEK/OTHER PLATFORM

* delete where not applicable

7. **EARLY TERMINATION**

You shall be liable to the Company for early termination as provided under the Terms and Conditions annexed hereto.

8. **PAYMENT**

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer



Name:
Designation:
Company Stamp:

Signed for and on behalf of
TW PREMIUM AUTOMOBILE PTE LTD



Name:
Designation:
Company Stamp:

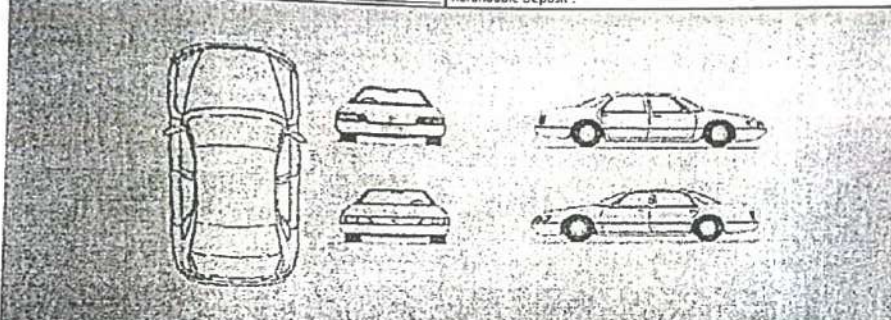


TW Premium Automobile Pte Ltd

210 TURF CLUB ROAD, THE GRAND STAND CAR MALL, LOT A8, SINGAPORE 287995
CO REG: 201320430G TEL: 64640830 FAX: 64658917
EMAIL: LEASING@TWEL.COM.SG

VEHICLE RENTAL AGREEMENT

Hirer's Particular		Veh No: SLR9631H		Replace Veh No: SLR45234	
Name: (as in I/C) <u>REZAKI BIN YASIN</u>		Mileage Out:		Mileage Out:	
NIRC / PASSPORT No: <u>S74096200</u>		Make & Model: <u>MAZDA3</u>		Make & Model: <u>MAZDA3</u>	
Address (Res): <u>81K 705 Clementi West</u>		Auto/Manual: <u>SEDAN 1.5A</u>		Auto/Manual: <u>SEDAN 1.5A</u>	
Name & Address of Employer:		OUT : Date		OUT : Date <u>05/03/2020</u>	
		OUT : Time		OUT : Time <u>12:30pm</u>	
Occupation:		RENTAL CHARGES			
D/L No:		Daily		\$120 00	
Pass Date:		Weekly			
Tel: (O) (R) (HP)		Monthly			
		Hours			
		Others			
		CDW			
		PAI			
		Delivery Service			
		Sub - Total \$		600 00	
		Refundable Deposit :			



COLLECTION OF VEHICLE				RETURN OF VEHICLE			
CHECKED OUT BY	MILEAGE OUT IN KM	FUEL LEVEL		IN DATE	TIME AT	MILEAGE IN KM	FUEL LEVEL
		%					%
				CHECKED IN BY			

 Hirer's Signature	 Additional Driver's Signature
--	-----------------------------------

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving Licence(s) is/are current and not disqualified from driving.

*IMPORTANT

1. ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.

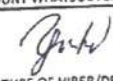
2. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY.

TW PREMIUM AUTOMOBILE PTE LTD

3. IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :

- shall report all accidents involving the said vehicle to the Owner immediately;
- shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner);
- shall report to the police within 24 hours from the occurrence, following types of accident :
 - injury case;
 - non-injury case involving a Government vehicle, or damage to Government property;
 - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport no./Name of driver, Vehicle number, Log card and Vehicle road tax information);
 - non-injury case involving a pedestrian or cyclist

RETURN OF VEHICLE-THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TW PREMIUM PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARK	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER
09/03/20	3:10pm				NIL	



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-20-033719
Date of Request: 26/02/2020

Your Ref No: SLR9631H MAZDA3

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

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 21/02/2020
Place of Accident: CLEMENTI MALL EXIT GANTRY
Client Vehicle No: SLR9631H

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



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-20-033723

Date of Request: 26/02/2020

Your Ref No: SLR9631H MAZDA3

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

Dear Sir/Madam,

Date of Accident: 21/02/2020
Vehicle No: SLR9631H
Place of Accident: CLEMENTI MALL EXIT GANTRY
Involving Vehicle No: SME3076G

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\$)
SME3076G	CLEMENTI MALL EXIT GANTRY	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:

☒ [X] 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-20-031740

Date of Request: 24/02/2020

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 24/02/2020
Enquiry By Jenny Koh Bian Leng
TP Vehicle No. SME3076G
Accident Date 21/02/2020

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