

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

13th June 2020

Our reference: 2003-31 Your reference: SMN5262A

AIG Asia Pacific Insurance Pte Ltd

BY HAND

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant: YEO BOON SIANG

Address

: 70 FLORENCE ROAD #05-07 S(549561)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 13/03/2020 along **ROCHOR ROAD TOWARDS BEACH ROAD** involving our client's vehicle registration number **SKQ4273H** and vehicle registrations number **SMN5262A** 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:-

Total	:	\$ 3,885.45
Purchase 3P Report	;	\$ 29.00
LTA Search Fee	1	\$ 7.45
Loss of Rental	:	\$ 960.00
Cost of Repair	0	\$ 2,889.00

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) Letter Of Authorisation;
- e) Tax Invoice;
- f) Satisfaction of Repaired Vehicle;
- g) Certificate of Insurance;
- h) Purchase 3rd Party Report Tax Invoice;
- i) LTA Search Tax Invoice
- 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,

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 witholding 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	14/03/2020 12:14
Date Of Accident	13/03/2020 15:20
Exact Location Of Accident	ALONG ROCHOR RD TOWARDS BEACH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number Insured/Policyholder	SKQ4273H
Name Of Registered Owner	YEO BOON SIANG
NRIC No	SXXXX897J
Email Address	NOEMAIL

Mobile Phone No (LOCAL) +65-98782313 Alternative Phone No OTHERS-98782313

Vehicle Particulars

Manufacturer MAZDA

Model 6-2.0 4-DOOR SEDAN 2.0L SP.6EAT (A)

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?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

MT/00346031

Cover Note Number

Driver

YEO BOON SIANG Name of Driver

SXXXX897J NRIC No. 08/10/1974 Date Of Birth OUTDOOR Occupation **Date Of Driving Pass** 08/02/2003

17 YEARS AND 1 MONTH **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-98782313

Fax Number

OTHERS-98782313 Contact Number

NOFMAIL **EMail Address**

70 FLORENCE ROAD Address

#05_07

3

NO

NO

2

YE\$

549561 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YEŞ Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: PAX 1

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address **SINGAPORE**

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Contact

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YE\$

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SMN5262A

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLM981H

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 YEO BOON SIANG

Approximate Age

Injuries Sustain KNEE AND NECK

Injured person in which vehicle?

SKQ4273H YES

Were seat belts wom?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Plan

Sietch Plan		, , , , , , , , , , , , , , , , , , ,	
			Vehicle A-See42714
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انا			C- SLM981H
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
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		Refer -to	
		police report	
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DECLARATION	enione sen form in overtradities.		
Please be added that you have may Please be added that you have may Page the day of constance, thirtly shall	enions are true in every respect. Howe a footsyn (14) days chapt whereby A your policy for home details.	the China against own policy must be a	codes which the scientisted dissistants
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Posperidos Signatura Cata & Time:	Culyer's Stateburg (If diluter is part the policyhol Culye (a Tillnes		nutre Personnells Signature

Sketch Plan #2

SICETCH PLAN

IMPORTANT NOTICE

- I. 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 resorting 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 aforeseld.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, 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)
 - [1] 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")
- 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
- 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.
- 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.
- 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)

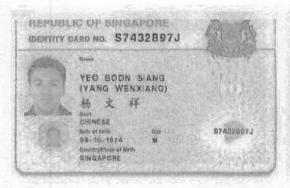
Date & Time:

Reporting Centre Personnel's Signature

Names

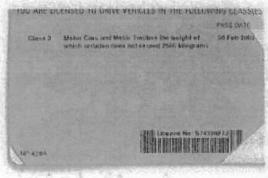
NRIC/FIN No.:

Driving License & NRIC









18

POLICE REPORT



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

1 of 3 Report No. T/20200314/7005

REPORT OF A TRAFFIC ACCIDE	BUT	

	e Report N 20 11:20	Nade:	Vide Report No.: A/20200313/0675	Station Diary No.:	
Informa	nt's Partice	ulars			
	Informant: ON SIANG		Address: 70 FLORENCE ROAD #05-07 SINGAPORE 549561		
ID Type NRIC NO	/ ID No.:) / S74328	97J	Contact No.: Home/Office: Mobile: 98782313		
National SINGAP	ty: ORE CITIZ	EN	Email: yeo.boon.siang@gmail.com		
Sex: Male	Age: 45	Date of Birth; 08/10/1974	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nan English		
Occupation: Sales and marketing manager		g manager	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2020 15:20	Type of Location Flyover
Location: ROCHOR RO	PAD	Road Surface:		Road Speed Limit:
		1 Dry		
Clear Traffic Flow:		Dry Traffic Control:		Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKQ4273H	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR HID			0
SLM981H	Car	MAZDA		Grey		0
SMN5262A	Car	SKODA		White		0

POLICE REPORT



T/20200314/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200314/7005

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ4273H	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00346031/03	27/11/2016	26/11/2020

Details of Perso	n Involved		Tractical Exists Ac	10 - 20 mg	Fest day	
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL	AND SHAPE	Use of Ped	Pedestrian Crossing: NA		
Passenger	国际 医皮肤 医原		- Sunger;			
Name	Unknown Passenger	10-17		ID No.		NIL
Related Vehicle	SKQ4273H (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g e &	Class; NIL Date of Expiry: NIL
Date Treatment	NIL Date			narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	egree of Injury NIL		
Driver					A SECUL	
Name	YEO BOON SIANG			ID No	A Park	S7432897J
Related Vehicle	SKQ4273H (Car)			Contact No.		98782313
Hospital/Clinic	NIL			Class Drivin Licent Expiry	q	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	Constitution Carlo
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	Sligh	t e

Brief Details.

On 13th March 2020 about 1520hrs, my vehicle was stationary waiting for the traffic light at Rochor Road towards Beach Road. Out of a sudden, I felt an impact at the rear portion of my vehicle. I came down and realised that I was involved in a chain collision total there were 3 cars involved. Vehicle bearing with the carplate (SLM981H) has collided with the vehicle (SMN5262A) which resulting in the vehicle (SMN5262A) to thrust forward and hit onto my vehicle rear portion. After the accident, my neck and knee felt painful and went to see a doctor. I would also like to state that there was a female passenger in car.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200314/7005

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

NP168

n making this report has ingPass. No signature is	S T be	Signature Of Officer Recording The Report: Not applicable
	D 1	Signature Of Interpreter: Not applicable
	C	Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433
		TP / TPHQ / MARIAH BINTE ZAKARIA





1 of 3

Report No. T/20200314/7005

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

REPORT OF A TRAFFIC ACCIDE	NT	ľ
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Date/Time Report Made: 14/03/2020 11:20			Vide Report No.: A/20200313/0675	Station Diary No.:	
Informant	s Particu	lars			
Name of Int YEO BOOM			Address: 70 FLORENCE ROAD #05	i-07 SINGAPORE 549561	
ID Type / ID NRIC NO /	No.: S743289	7J	Mobile: 98782313		
Nationality: SINGAPOR	RE CITIZE		Email: yeo.boon.siang@gmail.com	m	
Sex: Male	Age: 45	Date of Birth: 08/10/1974	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation Sales and r		manager	Driving Licence Information Class:	n: Date of Expiry:	

General Informa	ation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2020 15:20	Type of Location: Flyover
Location:				
ROCHOR ROA	D			
				Dood Coord Limits
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:	· -	Traffic Volume: Moderate
Type of Collisio	n:			Anyone conveyed by ambulance: Yes

the second second second second second second	enicie involved	Province and the second of the control of the second	Model	Golor -	Candition	No of Passenge
Vehicle No SKQ4273H	Car	Make MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR HID	White	Conducts	0
SLM981H	Car	MAZDA		Grey		0
SMN5262A	Car	SKODA		White		0





2 of 3

Report No. T/20200314/7005

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

CONTINUATION OF REPORT

Details of Ve	nicle insurance			and the second
Véhiele No≕	Insurance Company	Insurance No 🚓 🚽	Effective	Expity Date
	DIRECT ASIA INSURANCE		27/11/2016	26/11/2020
	(SINGAPORE) PTE. LTD.			

Any Pedestrian Ir			Hee of Dos	do etrien	Cross	ing: NA
No. of Pedestrian Passenger	s injurea: NIL		Use of Peo	Jesii lai i	CIUSS	ilig. NA
Name	Unknown Passenger			ID No.		NIL
Related Vehicle	SKQ4273H (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl		NIL	
	ted Medical Leave	NIL	Degree of	Injury	NIL	entalised Secondary of Managarian Indian de 120 December 1888
.Driver					200	
Name	YEO BOON SIANG			ID No.	•	S7432897J
Related Vehicle	SKQ4273H (Car)	<u> </u>	·. <u>-</u>	Conta	ct No.	98782313
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	Sligh	t

Brief Details.

On 13th March 2020 about 1520hrs, my vehicle was stationary waiting for the traffic light at Rochor Road towards Beach Road. Out of a sudden, I felt an impact at the rear portion of my vehicle. I came down and realised that I was involved in a chain collision total there were 3 cars involved. Vehicle bearing with the carplate (SLM981H) has collided with the vehicle (SMN5262A) which resulting in the vehicle (SMN5262A) to thrust forward and hit onto my vehicle rear portion. After the accident, my neck and knee felt painful and went to see a doctor. I would also like to state that there was a female passenger in car.





3 of 3

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

Report No. T/20200314/7005

CONTINUATION OF REPORT

Sketch Plan	an	Pla	h	tc	ke	S
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Authentication Stamp

NP168

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: 14/03/2020 11:20
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

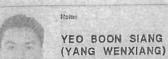
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	897.
Vehicle Details	3772
Vehicle No.:	SKQ4273H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	16 Mar 2020
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR HID
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	PY20463874
Chassis No.:	JM6GJ1031F0146916
Maximum Power Output:	138.0 kW (185 bhp)
Open Market Value:	\$22,647.00
Original Registration Date:	27 Nov 2014
First Registration Date:	27 Nov 2014
Transfer Count:	0
Actual ARF Paid:	\$18,706.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2024
PARF Rebate Amount:	\$13,094.00
Intended COE Rebate Details	
COE Expiry Date:	26 Nov 2024
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$72,201.00
COE Rebate Amount:	\$33,800.00
Total Rebate Amount:	\$46,894.00

The information contained herein is correct as at 14 Mar 2020

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7432897J



杨文祥 CHINESE Date of birth

Date of birth 5th

OB-10-1974 M

Country/Place of birth

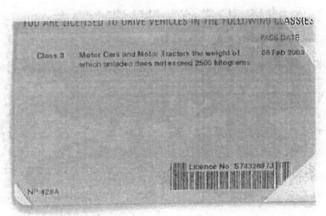
SINGAPORE



VEO BOON SIANG (YANG WENXIANG)

But Date 08 Feb 2003





LETTER OF AUTHORIZATION

Го	AIG &	PTE LTD	(Third party insurance	& Workshop)
Claimant	Yeo Boon Si	ang		
Dear Sirs,				
I/We, Y	eo Boon Siang	owner of ve	hicle no. SKQ4	1273H
S S	ze my/our repairer,	TEAMWORK GA		
		PTE LTD		te and/or rental
	agent and proceed on behalf fouse ("claim") for my/our vehic			
to	the accident	which	occurred	at/along
Rochor	Road towards	Beach Road		
involving vehic	cle nos SMN 5262 A			
authorized and	ation rettlement cheques (see AMWORK GARAGE It assigned to collect the said concknowledge that any settlement without admission of liability	ompensation monies. nent the workshop may re	each on my/our behalf i	s on a without
I/We acknowle	edge that the Discharge Vouch	ner applies only to my/our p	property damage and wi	Il not affect any
	l injuries claim(s) involved an			
	hould not be used as an evide			nvolved and/or
other uninsure	ed losses claim arising of the s	ubject matter in the action.		
Thank you.				
Dated this	day of	(month) 20	(year)	
	wner vehicle (claimant)			- Pe - H
Name of owne	r of vehicle (claimant)			
ATITITY A leves la con	(claimant)			



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-23/24 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

(TEL)(65) 6844 2475(FAX) (65) 6844 2474 (E-MAIL) claims@teamworkgarage.com

UEN

201015366H

GST Reg

201015366H

Bill To:

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

Tax Invoice

Invoice number:

TI-7685

Date:

13/6/2020

Terms:

C.O.D.

Vehicle number:

SKQ4273H

Make / Model:

MAZDA 6

Description	Amount (S\$)
ACCIDENT INVOLVING SKQ4273H / SMN5262A ON 13/03/2020 @ ROCHOR ROAD TOWARDS BEACH ROAD	
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$2,700.00
SINGDOLLARS: TWO THOUSAND EIGHT HUNDRED AND EIGHTY NINE DOLLARS ONLY	
Thank you for your business and have a nice day !	
Reference: 2003-31 Subtotal	\$2,700.00
* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD Add: GST 7%	\$189.00
** Please ensure that your vehicle is of good condition upon the point of collection. Total Inc GST 7%	\$2,889.00
Less: Deposit	\$0.00
E. & O. E Balance Due	\$2,889.00



SATISFACTION OF REPAIRED VEHICLE

wehicle No. SKQ42331 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 this21 day of	I/We,			, ow	ner/driver of
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	vehicle No.			repairs of my/our veh	icle has been
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@ 15 hrs 00 mins	will not affect a a later date. Fur to any personal	ny of the personal in ther the settlement te injuries claim(s) inv	juries claim(s) inv rms herein should	olved and/or uninsured l not be used as an evidence	osses claim in ce to prejudice
@ 15 hrs 00 mins					
@ 15 hrs 00 mins					
@ 15 hrs 00 mins	Dated this	21 day of	03	(month) 20 20	(year)
Name and Signature	(a) n	rs mins			
Name and Signature					
Name and Signature					
Name and Signature					
Name and Signature					
Name and Signature					
Name and Signature		CE.	*		
Name and Signature	Name and Cime	oturo			
VED PORTE DAME					



Contact us at

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act") Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore) Road Transport Act, 1987 (Majaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.

MT/00346031/03

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

SKQ4273H

Chassis No.

JM6GJ1031F0146916

2) Name of Policy Holder

Yeo, Boon Siang

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

27/11/2019 00:00

4) Date/Time of Expiry of Insurance

26/11/2020 23:59

5) Persons or Classes of Persons Entitled to Drive

- (a) Any named person under the policy who is driving on the Policyholder's permission.
- (b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use'

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured

: Market Value

Own Damage Excess

S\$ 600.00 (before any applicable GST)

Windscreen Excess

S\$ 100.00 (before any applicable GST)

Choice of workshop

DirectAsia approved workshops

Finance company / Hire Purchase

:

Main driver

Yeo, Boon Siang

Named driver

None

Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the

main/named drivers above.

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 Com pensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on:

11/10/2019

Edip Okur (Chief Underwriting Officer)



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

2003-31 SKQ4273 H

TAX INVOICE

Our Ref No:

GR-20-045372

Date of Request:

17/03/2020

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:

SKQ4273H

Date of Accident:

13/03/2020

Place of Accident:

ROCHOR RD

Involving Vehicle No: SMN5262A, SLM981H

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



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-20-045374

Date of Request:

17/03/2020

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:

13/03/2020

Vehicle No:

SKQ4273H

Place of Accident:

ALONG ROCHOR RD TOWARDS BEACH RD

Involving Vehicle No: SMN5262A

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\$)
SMN5262A	ALONG ROCHOR RD TOWARDS BEACH RD	14.00	1	13.08
GST Amount				0.92
Total Amount Du	e (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 [X] Cash [] Cheque

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 14 Mar 2020 / 15:28:35

Receipt Date/Time: 14 Mar 2020 / 15:28:35

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200314-001351

Previous Receipt No.:

S/N	Item Description/		Amount	GST	Amount
	Business Transaction Reference		Before	Amount	After GST
	No.		GST (S\$)	(S\$)	(S\$)
Resu	It of Insurance Enquiry - SMN5262A				
As at	13 Mar 2020/15:20:00				
Insura	ance Co: AIG ASIA PACIFIC INSURAI	NCE PTE. LTD.			
1	Insurance Enquiry - SMN5262A				
	Enquiry Fee		7.00	0.49	7.49
	20200314152713182799	Out Total	7.00	0.40	7.40
		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
		Totai			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.

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.: 3613

OFFICIAL REC	EIPT	Date: 13	JUN 2020
Received fromYe The Sum of Dollars	O	d Sixty Dollars only	<u> </u>
Being payment of	SKU 8397 L (14/03	3/2020 to 21/03/.	
\$ 960\$		K & t Ca	ars
Cheque No.:		Authorised Sic	V

K&t(

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934

Tel: 6844 5938 Fax: 6285 5228 Email: kntcars@gmail.com

VEHICLE RENTAL AGREEMENT

NO.: KT-04644

Veh. No.: Replace Veh. No.: SKU 8397L SKQ 4273H Replace Veh. M / M: Mazda 6 Veh. M/M: Nissan sylphy

Biz Reg. No.: 53208965X				
HIRER'S PARTICULAR	SAME AS HIRER DRIVER'S PARTICULAR			
Name: Yeo Boon Siana	Name:			
Address: 70 Plorence Road #05-07	Address:			
8 (549 561)				
I/C: \$7432 897J D.O.B: 08/10/1974	I/C: D.O.B:			
Contact: 9878 23/3 Pass Date: 08/02/2003	Contact: Pass Date:			

left ®		A – ACCIDENT	Hirer's acceptance		
		C – CRACKED			
Rear	Fron	D – DENTS	Driver's acceptance		
	Right	S – SCRATCHES			

		RENT	TAL DETAILS		
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	14/03/2020		Date In	21/03/2020	
Time Out	1200		Time In	1500	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL						
Daily	@\$	120		\$	960	OUT	E	1/4	1/2	3/4	F
Weekly	@\$		Wks @	\$					- 11-		
Monthly	@\$		Mth @	\$		IN	E	1/4	1/2	3/4	F
Hours	@\$		Hrs @	\$	The set District						
*Inclusive of additional charges (if any)			Petrol Ch	arges	YES	NO	AMT:				
		Amt payable*	* \$ 960	CDW		YES	NO	AMT:			
Payment: □ CASH □ NETS □ CHQ □ VISA □ 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

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.
- the 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.

ACKNOWL	LEDGEMENT	
X	Standard Andrews Andre	
Signature of hirer / driver (company stamp if any)	For and on behalf of K & t CARS (authorised signature on	ıly)