

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S • DON TAN

Our ref: AS.191591.dt (sm)
Your ref: To be advised

08 SEP 2020

COMFORT TRANSPORTATION PTE. LTD.
383 SIN MING DRIVE
GAS BUILDING
SINGAPORE 575717

BY CERTIFICATE OF POSTING

INDIA INT'L INS PTE. LTD.
64 CECIL STREET
#04/05/06-02 IOB BUILDING
SINGAPORE 049711
ATTENTION: MOTOR CLAIMS DEPARTMENT

BY PDX

Dear Sirs,

ACCIDENT INVOLVING SJU 1722P AND SHA 3782G ALONG CTE TOWARDS RANGOON ROAD ON 16 DECEMBER 2019

We refer to the above matter.

We act for **ORANGE CARS**, the owner of motor vehicle **SJU 1722P** involved in the captioned accident.

We were instructed by our client to claim damages against you in connection with a road traffic accident on **16 DECEMBER 2019 ALONG CTE TOWARDS RANGOON ROAD** involving our client's motor vehicle **SJU 1722P** and your motor taxi **SHA 3782G** driven by you or your authorized driver and/or your insured at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your 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:

a)	Cost of Repair (inclusive 7% GST)	S\$ 5,029.00
b)	Rental (7 X \$120) inclusive of PRS / Weekends / PH	S\$ 840.00
c)	Survey Report	S\$ 572.00
d)	LTA & GIA Search	S\$ 36.49
e)	Costs (inclusive 7% GST)	S\$ 1,070.00
	Total	S\$ 7,547.49

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

- a) Our client's GIA Report;
- b) Our client's Traffic Police Report;
- c) A copy of LTA & GIA search;
- d) A copy of Rental Agreement and Invoice;
- e) A copy of Repair Tax Invoice;
- f) A copy of Survey Report & Invoice;
- g) A copy of Certificate of Insurance;
- h) A copy of PARF/COE Rebate for Registered Vehicle.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 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.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,



CHIA S ARUL LLC

Enc.

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	17/12/2019 19:36
Date Of Accident	16/12/2019 15:15
Exact Location Of Accident	CTE TWDS RANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1722P
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	
Driver	
Name of Driver	QUEK YEW SENG
NRIC No	S1181146I
Date Of Birth	20/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85693676
Fax Number	
Contact Number	OFFICE-85693676
Email Address	NOEMAIL

Address	BLK 496G TAMPINES AVENUE 9 #07-500
Postcode	523496
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	RAINING
Road Surface	WET

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191216/2174

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3782G
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 QUEK YEW SENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJU1722P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

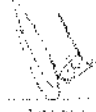
IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GSA 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 filing of this report to the insurers, you hereby consent to the archiving of this report in the Centre and to copies of this report being made available elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

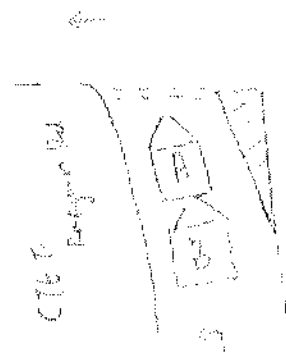
- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data (personal information set out in this form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and/or release such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (insurers) who have led a car/vehicle(s) involved in this accident shall be collectively referred to as the "Insurer(s)", the Insurer's lawyer/law firms, the Ministry of the Attorney General of Singapore and any relevant government agency/department such as the police, for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, records, reports of claims to me, which could involve disclosure of certain personal data about me to help about delivery of the same as well as to the external cover of envelopes/cover packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively, the "Purposes").
- (b) all insurers(s) who have insured vehicle(s) involved in this accident and/or Insurer's lawyer/law firms may/are permitted to collect, use, disclose and/or process my Personal Information for use in any of the above Purposes.
- (c) my Personal Information may/are collected, stored by one of the insurers and/or (b) to their third party, for the purposes of administering my claims (including the making of correspondence, statements, records, reports of claims to me, which could involve disclosure of certain personal data about me to help about delivery of the same as well as to the external cover of envelopes/cover packages); and/or
- (d) my Personal Information may also be collected and used to complete claims history for the purpose of fraud detection, investigation and/or development or present and/or future claims.
- (e) the information so collected under (a) above may be shared/disclosed:
 - (i) to all insurers and/or any other third parties that assist in processing, investigating, administering, settling, fraud regulation, law enforcement and government agencies in accordance with the need for such use;
 - (ii) for complying with applicable law and/or regulations, laws of other countries.


 Policyholder's Signature
 Date & Time


 Authorized Driver's Signature
 Date & Time


 Insurer's Signature
 Date & Time

Accident Sketch Plan



(A) SH 2224
(B) SH 5826

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along C166 to Portman Rd. I stopped my vehicle at the que in my lane. Suddenly vehicle B came from behind and hit into the rear portion of my vehicle.


Whole accident was captured by my vehicle built-in video recorder.

DECLARATION

I hereby declare that the above information is true and correct.


 I, the driver, declare that the above information is true and correct.
 Date & Time


 I, the witness, declare that the above information is true and correct.
 Date & Time


 I, the police officer, declare that the above information is true and correct.
 Date & Time

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191216/2174

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7618999

Report No: T/20191216/2174

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	SHA3782G (M/Taxi)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver:				
Name	QUEK YEW SENG		ID No.	S11811461
Related Vehicle	SJU1722P (Car)		Contact No.	85693676
Hospital/Clinic	W.Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/12/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

While I was driving my Grab Car SJU1722P along Balestier Road and I was stopping at the Bend before Rangoon Road, when a M/Taxi Sha3782G hit me from the rear.

I was given 3 days MC as I sustained injuries on my back and shoulders and was given 3 days MC

My car sustained damages - dents and scratches to its rear portion. I have an in car camera

Accident Sketch Plan

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-58 SINGAPORE
520481
Tel No: 1800-7818999

T/20191215/2174

1 of 1

Report No. T20191215/2174

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G/
Sr Staff Sgt MOHAMMAD ABDULGHANI BIN
MOHD ADNAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/12/2019 18:38

Officer In Charge Of Case:
TP / AEIT /
SIANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP188



SINGAPORE
POLICE

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines North NRP
461 Tampines Street 44 #01-05 SINGAPORE
520881
Tel No: 1800-7818099

MINISTRY OF DEFENCE

Report No: 1/2019/20114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 18/12/2019 18:38		Video Report No	Station Duty No 39
Informant's Particulars			
Name of Informant QUEK YEW SENG		Address APT BLK 486G TAMPINES AVENUE 9 #07-500 SINGAPORE 523496	
ID Type / ID No NRIC NO / S11811481		Contact No. Home/Office Mobile: 85693675	
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 63	Date of Birth 20/04/1956	Type of Informant Driver
Race Chinese		Language	Institution / School Name
Occupation GRAB DRIVER		Driving Licence Information Class: 2B, 2A, 2, 3 Date of Expiry	

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 16/12/2019 15:15	Type of Location Bend
Location Along Road 1 RANGOON ROAD				
Weather Raining		Road Surface Wet		Road Speed Limit
Traffic Flow Two Way		Traffic Control Not Controlled		Traffic Volume Light
Type of Collision Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHA3752G	M/Taxi				Slightly Damaged	0
SJU1722P	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE

11111111111111111111

Police Station: 11111111111111111111
11111111111111111111
11111111111111111111 SINGAPORE

Tel No: 11111111111111111111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made

16/12/2019 15:15

Vehicle Report No.

Station Diary No.

33

Name of Informant

QUICK YEW SENG

Address

APT BLK 496G TAMPINES AVENUE 9 #07-500 SINGAPORE
523496

ID Type / ID No.

NRIC NO / 511811451

Contact No

Home/Office

Mobile 85893676

Nationality

SINGAPORE CITIZEN

Email

Sex

Male

Age

63

Date of Birth

20/04/1956

Type of Informant

Driver

Race

Chinese

Language

Institution / School Name

Occupation

GRAB DRIVER

Driving Licence Information

Class: 2B,2A,2,3

Date of Expiry

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 16/12/2019 15:15	Type of Location Band
Location: Along Road 1 RANGOON ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3782G	M/Taxi				Slightly Damaged	0
SJU1722P	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191216/2174

2 of 3

Police Station Of Origin
Tampines North NPP
451 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No. 1800-7818999

Report No. T/20191216/2174

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	SHA3782G (M/Taxi)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	QUEK YEW SENG	ID No.	S11811461
Related Vehicle	SJU1722P (Car)	Contact No.	85693676
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	16/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

While I was driving my Grab Car SJU1722P along Balesier Road and I was stopping at the Bend before Rangoon Road, when a M/Taxi Sha3782G hit me from the rear.

I was given 3 days MC as I sustained injuries on my back and shoulders and was given 3 days MC.

My car sustained damages - dents and scratches to its rear portion. I have an in car camera.



SINGAPORE
POLICE FORCE

NON-ACCIDENTAL DAMAGE REPORT

Police Branch of Origin
Insurance: NORTHERN
151 Tampines Street 44 #01-56 SINGAPORE
620451
Tel No: 1800 7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt MOHAMMAD ABDULGHANIE BIN
MOHD ADNAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No: 65476414

Authentication Stamp

NE 168

Signature Of Informant:

Date/Time

16/12/2019 18:38

Classification Of Case:



SINGAPORE
POLICE FORCE

Enquire Vehicle & Owner Information (Vehicle No. SHA3782G As At 16 Dec 2019 / 15:15:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: AS.191474,DT

Current Owner Details

Owner ID Type: Company
Owner ID: 199303821R
Owner Name: COMFORT TRANSPORTATION PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 383
Registered Street Name: SIN MING DRIVE
Registered Unit No.: -
Registered Building Name: GAS BUILDING
Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHA3782G
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Insurance Company Name: INDIA INT'L INS PTE LTD



Thank you!

Chia See Kim Angela Sharon has successfully logged out.

Your last login date and time was 06 Feb 2020, 14:44:16.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.1	Asset Type2	Asset ID3	Asset Owner ID4	Transaction Type5	Transaction Amount15
1	Vehicle	SHA3782G	-	18,19 Enquire Veh Owner Info (Others) by Law Firm	7.49



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-19-209219

Date of Request: 19/12/2019

Your Ref No: WALK IN HENG

A-TEC AUTOMOTIVE PTE LTD
1 KAKI BUKIT AVE 6 #02-11 AUTOBAY
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SJU1722P

Date of Accident: 16/12/2019

Place of Accident: RANGOON RD

Involving Vehicle No: SHA3782G

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-19-209220

Date of Request: 19/12/2019

Your Ref No: WALK IN HENG

A-TEC AUTOMOTIVE PTE LTD
1 KAKI BUKIT AVE 6 #02-11 AUTOBAY
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 16/12/2019

Vehicle No: SJU1722P

Place of Accident: CTE TWDS RANGOON RD

Involving Vehicle No: SHA3782G

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\$)
SHA3782G	CTE TWDS RANGOON RD	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

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875

Email: dreamcarzleasing@gmail.com

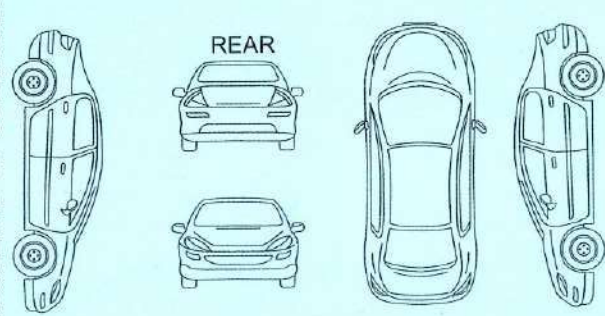
Tel: +65 6384 5206 Fax: +65 6384 5205

DEL
DREAM CARZ LEASING
PTE LTD

VHA No: 2550

ROC No: 201433037R

VEHICLE RENTAL AGREEMENT


HIRER'S PARTICULAR Name: (as in I/C) <u>QUEK YEW SENG.</u> NRIC/PASSPORT No: <u>S11811462</u> Address (Res): <u>111 Blk 496 Gempines Ave 9 #17-500</u> <u>CS 523496</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: <u>41yrs</u> Driving Licence No: <u>S11811462</u> D/L Type: <u>Local</u> / International Issue Date: <u>7/10/2003</u> Date of Birth: <u>24/4/1956</u> Tel: (O) _____ (R) _____ HP / PG: <u>95693676</u>		Vehicle No: <u>SLN195182</u> Replace Veh No: <u>301722P</u> Mileage Out: _____ Mileage Out: _____ Make & Model: <u>TOYOTA VIOS</u> Auto / Manual Group: _____ Out : Date <u>17/12/09</u> Time: <u>11:00 hrs</u> HIRE / PERIOD EXPIRY _____ Time: _____ NON-WAIVER EXCESS = \$ <u>2500/2000</u>																																																							
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res) _____ Driving Licence No: _____ D/L Type : Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		CHARGES <table border="1"><tr><td>Daily</td><td>7</td><td>@ \$ 120</td><td>per day</td><td>840</td><td>00</td></tr><tr><td>Weekly</td><td></td><td>@ \$</td><td>per week</td><td></td><td></td></tr><tr><td>Monthly</td><td></td><td>@ \$</td><td>per month</td><td></td><td></td></tr><tr><td>Hours</td><td></td><td>@ \$</td><td>per hour</td><td></td><td></td></tr><tr><td>Others</td><td></td><td>@ \$</td><td></td><td></td><td></td></tr><tr><td>CDW</td><td></td><td>@ \$</td><td>per day/month</td><td></td><td></td></tr><tr><td>PAI</td><td></td><td>@ \$</td><td>per day/month</td><td></td><td></td></tr><tr><td colspan="4">Delivery/ Collection Service</td><td></td><td></td></tr><tr><td colspan="4">SUB-TOTAL \$</td><td>840</td><td>00</td></tr></table>		Daily	7	@ \$ 120	per day	840	00	Weekly		@ \$	per week			Monthly		@ \$	per month			Hours		@ \$	per hour			Others		@ \$				CDW		@ \$	per day/month			PAI		@ \$	per day/month			Delivery/ Collection Service						SUB-TOTAL \$				840	00
Daily	7	@ \$ 120	per day	840	00																																																				
Weekly		@ \$	per week																																																						
Monthly		@ \$	per month																																																						
Hours		@ \$	per hour																																																						
Others		@ \$																																																							
CDW		@ \$	per day/month																																																						
PAI		@ \$	per day/month																																																						
Delivery/ Collection Service																																																									
SUB-TOTAL \$				840	00																																																				
VEHICLE CHECK LIST INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS  RIGHT FRONT TOP LEFT ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Class <input type="checkbox"/> CD <input type="checkbox"/> Cartridges		PETROL LEVEL <table border="1"><tr><td>Out</td><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr><tr><td>In</td><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table> EXTENSION Misc. _____ TOTAL CHARGES \$ _____		Out	E	1/4	1/2	3/4	F	In	E	1/4	1/2	3/4	F																																										
Out	E	1/4	1/2	3/4	F																																																				
In	E	1/4	1/2	3/4	F																																																				
Hirer's Signature _____		Additional Driver's Signature _____																																																							
		Authorised Person Signature _____																																																							

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/ credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/ credit card voucher. All information I have given Dream Carz Leasing Pte Ltd in connection with this agreement is true.

*IMPORTANT

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

RETURN OF VEHICLE, THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN* SINGAPORE OF HIRER / DRIVER * FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO Dream Carz Leasing Pte Ltd AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>24/12/09</u>	<u>4pm</u>				

DREAM CARZ LEASING PTE LTD

Company Registration: 201433037R

8 Kaki Bukit Ave 4, #04-20, Premier, Singapore 415875 Tel: (65) 63845206 Fax: (65) 63845205
Email: dreamcarzleasing@gmail.com

INVOICE

GUEK YEW SENG
APT BLK 496G TAMPINES AVE 9
#07-500
SINGAPORE 523496

Invoice No: 10880
Invoice Date: 4/3/2020
Due Date: 4/3/2020
VHA No: 2550

Description

Rental for 7 Days @ \$ 120.00 per Day \$ 840.00

Vehicle No SLN9518Z

Vehicle Description TOYOTA VIOS

Rental Period 17/12/2019 to 24/12/2019

Total Amount Payable \$ 840.00



A-Tec Automotive Pte Ltd

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875

Company Reg No: 201227298M

GST Reg No: 201227298M

EMAIL :atec_automotive@yahoo.com.sg

TEL: 6384-5206

FAX: 6384-5205

NAME	Orange Cars	DATE	05-03-20
		PROFORMA TAX INVOICE	7298853
		JOB NO.	
ADDRESS	: 105 Kaki Bukit Ave 1	VEHICLE NO.	SJU1722P
	#03-03	MAKE&MODEL	Toyota Vios
	Singapore 415943	TERM	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1	Lump Sum Repair As Per Surveyor Report			\$ 4,700.00
SUB-TOTAL				\$ 4,700.00
ADD GST 7%				\$ 329.00
TOTAL AMOUNT				\$ 5,029.00

IMPORTANT

Please remit payment within 7 days from the due date

All cheques must be made payable to **A-TEC AUTOMOTIVE PTE LTD**

This a computer generated document.No signature is required.



SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6636 4628 Fax : 6636 4638 E-mail : office@sincereappraisal.com.sg

INVOICE

Orange Cars
C/O A-Tec Automotive Pte Ltd
8 Kaki Bukit Avenue 4
#04-20 Premier
Singapore 415875

Invoice No: 160120-688-19
Our ref: 688/TP/2019
Date: 16/1/2020

Claim Type: Third Party
Vehicle Reg No: SJU1722P
Vehicle Make/Model: Toyota Vios E Auto

Date of Loss: 16/12/2019
Claimant: Orange Cars

Description	Amount (S\$)
1. Professional Fee (including Transport, 32 Photographs and Miscellaneous charges)	572
Total	572

Singapore Dollar: Five hundred and seventy two dollars only.

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 688/TP/2019

Date: 16/1/2020

REFERENCE

Date of loss: 16/12/2019
Claimant: Orange Cars

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJU1722P	Make &	Toyota
Reg date:	20/11/2009	Model	Vios E Auto
Colour:	Silver	Engine No:	1NZX980496
Type:	Motor Car	Chassis No:	MR053HY9305133319
Type of Claims:	Third Party	Odometer No:	270360km
		Engine Cap:	1497cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

CONDITION OF TYRES

Front Left Size:	Kapsen 185/60R15 70%	Front Right Size:	Kapsen 185/60R15 70%
Rear Left Size:	Kapsen 185/60R15 70%	Rear Right Size:	Kapsen 185/60R15 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

Parts	Repairer S\$	Adjuster S\$
	\$ 3,405.28	\$ 3,405.28
Labour	\$ 2,990.00	\$ 2,470.00
Calculated Cost (S\$) :	\$ 6,395.28	\$ 5,875.28

Recommended Lump Sum Repair Cost (S\$) : \$ 4,700.00

Date of Assignment: 17/12/2019
Date Inspected: 17/12/2019
Est. repair Period: 08 days

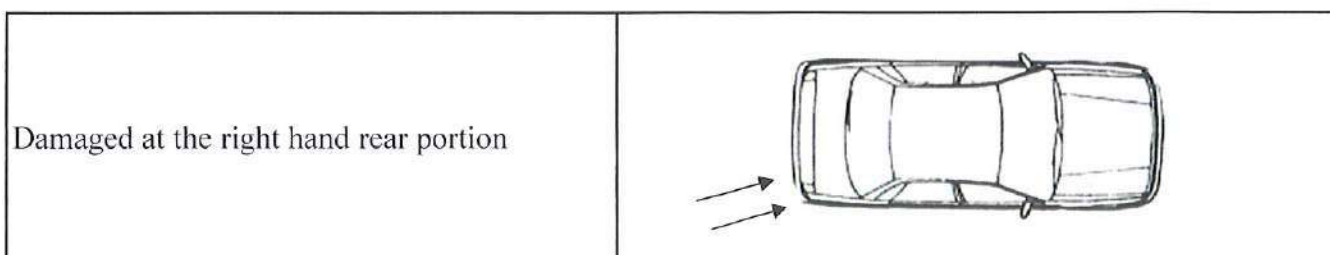
Inspected At: A-Tec Automotive Pte Ltd
8 Kaki Bukit Avenue 4
#04-20 Premier
Singapore 415875

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6636 4628 Fax : 6636 4638 E-mail : office@sincereappraisal.com.sg

POINT OF IMPACT



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along CTE Expressway towards Rangoon Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the right hand rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$6,395.28. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$4,700.00.

We have not authorised the repair. Under normal circumstances, estimated **08** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy	cracked/dented	\$ 589.30	\$ 589.30 ✓
2	1	Rear bumper right bracket	bent/necessary	\$ 41.70	\$ SVC 41.70 X
3	1	Rear bumper right retainer	bent/necessary	\$ 44.20	\$ 44.20 ✓
4	1	Rear bumper right reflector	bent/necessary	\$ 58.60	\$ SVC 58.60 X
5	1	Rear right taillamp	cracked	\$ 385.60	\$ 385.60 ✓
6	1	Rear exhaust muffler assy	bent	\$ 769.20	\$ SVC 769.20 X
7	2	Rear exhaust muffler rubber mounting	necessary	\$ 36.30	\$ SVC 36.30 X
8	1	Rear bootlid weatherstrip	necessary	\$ 168.70	\$ SVC 168.70 X
9	1	Rear bootlid lock mechanism	necessary	\$ 106.20	\$ SVC 106.20 X
10	1	Rear bootlid lock catch	necessary	\$ 62.40	\$ SVC 62.40 X
11	1	Rear end lower panel	dented	\$ 483.20	\$ Repair 483.20 X
12	1	Rear end lower panel top garnish	bent	\$ 88.30	\$ SVC 88.30 X
				\$ 2,833.70	\$ 2,833.70
Less 25%				\$ 708.43	\$ 708.43
				\$ 2,125.28	\$ 2,125.28

Special Nett Items

1	10	Rear bumper clips	necessary	\$ 50.00	\$ 30 ✓ 50.00
2	1	Rear no plate with garnish	necessary	\$ 80.00	\$ SVC 80.00 X
3	1	Rear end lower panel sealant	necessary	\$ 80.00	\$ SVC 80.00 X
4	4	Rear end lower panel top garnish clips	necessary	\$ 20.00	\$ SVC 20.00 X
5	2	Rear bumper reverse sensor	malfunction	\$ 250.00	\$ 200 ✓ 250.00
6	1	Rear bumper lower spoiler	dented/warped	\$ 680.00	\$ 400 ✓ 680.00
7	1	Rear bumper lower spoiler sealant	necessary	\$ 80.00	\$ 30 ✓ 80.00
8	10	Rear bumper lower spoiler clips	necessary	\$ 40.00	\$ 10 ✓ 40.00
				\$ 1,280.00	\$ 1,280.00

Total parts

\$ 3,405.28 \$ 3,405.28

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount	
1	Labour for panel beating, cut, weld, straighten rear and rear right affected area and replace rear and rear right damaged parts.	\$ 1,200.00	\$ 1,000.00	500 ✓
2	To putty and spray painting rear and rear right portion.	\$ 1,200.00	\$ 1,000.00	500 ✓
3	To check rear lighting and wiring.	\$ 50.00	\$ 30.00	✓
4	To remove and install rear inner trim to facilitate the repair.	\$ 140.00	\$ 120.00	30 ✓
5	To apply anti rust proofing to rear right affected area.	\$ 120.00	\$ 100.00	30 ✓
6	Towing service.	\$ 100.00	\$ 80.00	×
7	To remove and install rear bumper reverse sensor.	\$ 80.00	\$ 60.00	30 ✓
8	To remove and install rear exhaust muffler assy.	\$ 100.00	\$ 80.00	×
Total labour :		\$ 2,990.00	\$ 2,470.00	

4 repair days

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 3,405.28	\$ 3,405.28
Total labour :	\$ 2,990.00	\$ 2,470.00
Total repair cost :	\$ 6,395.28	\$ 5,875.28

Adjusted Repair Cost (Lump Sum Repair)	\$ 4,700.00
-----------------------------------------------	--------------------