

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

Date : 23/11/2020

BY E-MAIL / MAIL

Your ref : SLW7304P

Our ref : SJS1047R

WITHOUT PREJUDICE

M/S AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way, #07-16
Singapore 079120

Dear Sir/Madam,

ACCIDENT INVOLVING : (SJS1047R & SLW7304P) ALONG UPPER THOMSON ROAD (SLIP ROAD)

DOA : 28/10/2020

TIME : 1530 HOURS

We refer to the above matter and write on behalf of OP3 CREATIVE PTE LTD, the registered owner of SJS1047R 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 SLW7304P collided onto the rear portion of our client vehicle SJS1047R. 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 (\$7000 + 7% GST)	\$	7,490.00
2. Loss of Rental (17 days x \$120)	\$	2,040.00
3. Buy 3rd Party's GIA report	\$	29.00
4. Buy 3rd Party Insurer's Search Fee	\$	2.00

Total Amount: \$ 9,561.00

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 (SLW7304P)
- 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
Claims Executive
HP: 8439 9800

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: 23/11/2020

OP3 CREATIVE PTE LTD

C/O NO 1 KAKI BUKIT AVENUE 6

AUTOBAY #02-48/50

SINGAPORE 417883

MOTOR VEHICLE NO : SJS1047R

HONDA CIVIC-1.6 (A)

REPAIR CLAIM

\$ 7,000.00

LUMP SUM

Sub- total : \$ 7,000.00

7% GST : \$ 490.00

Total : \$ 7,490.00

SINGAPORE DOLLARS : SEVEN THOUSAND FOUR HUNDRED AND NINETY 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 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. 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	29/10/2020 18:45
Date Of Accident	28/10/2020 15:30
Exact Location Of Accident	UPPER THOMSON ROAD (SLIP ROAD)
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1047R
Insured/Policyholder	
Name Of Registered Owner	OP3 CREATIVE PTE LTD
Co Reg No	2XXXXX542R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98103463
Alternative Phone No	OFFICE-98103463
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	I WAS JUST TRAVELLING AT SLIP ROAD EXIT TOWARDS UPPER THOMSON ROAD.
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 CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	GA508328/1
Cover Note Number	
Driver	
Name of Driver	GOH BOON CHUAN
NRIC No	SXXXX585C
Date Of Birth	20/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2002
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98103463
Fax Number	
Contact Number	

Address BLK 218B, BOON LAY AVENUE, #05-279
 Postcode 642218
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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? NO
 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I was travelling at slip road exit to Upper Thomson Road on 28 October 2020 at about 1530 hours. While waiting for the traffic to clear at the main road, Vehicle B banged me from behind. I am not feeling well after the accident and went to consult the doctor. I was then given three (3) days of MC.

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 SLW7304P
 Vehicle Make/Model/Colour KIA SORENTO
 Details Of Properties FRONT
 Vehicle Category PRIVATE CAR
 Name of Driver TOH HUNG BIN
 NRIC/Passport Number
 Contact Number 97483879
 Address

2.00	GIAS	132483	29/10/2020
440.00	V-TECH	22864	31/10/2020 - 5 th
50.00	ISLAND RECOVERY	1239799	28/10/2020
15.00	GIAS	132931	30/10/2020
14.00	GIAS	132934	30/10/2020
232.00	KOON SING	10074930	02/11/2020 - 7 th
753.00			
2,040.00	ULTIMATE 17X\$120	RA3772	13/11/2020
-850.00	ULTIMATE 17X\$50	RA3772	13/11/2020
1,190.00			
1,943.00			

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	GOH BOON CHUAN
Approximate Age	40
Injuries Sustain	NOT FEELING WELL AFTER THE ACCIDENT.
Injured person in which vehicle?	SJS1047R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	218B BOON LAY AVENUE #05-279
Postcode	642218

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **immediately** the details of the accident in respect of the claim process.
2. This form must be completed by the Insured and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to terminate the policy.
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 reported to the Police for investigation.
6. The report will be forwarded by the Insurers to the Data Privacy Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that record of this report will for a fee be made available upon application by interested parties.
7. By the completion of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I/We, the undersigned, agree and declare that:

- (a) My/ourself, my/ourself and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and/or process my personal data/personal information for 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 investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my obligations or responding to my insurers for the;
 - (iv) administering my claims (including the making of reference statements, incident 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 envelope/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers, lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/ can be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firms) which may be situated 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 (a) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in investigating, investigating, controlling or managing fraud, litigation, 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
Date & Time:

Reporting Centre Personnel's Signature
Name:
NR/PH No:

2010/10/20 15:50:00

PLAN

JUNE 1982 (2000)

H2315 104 R
57 31 1981 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. 116081029/1015

DECLARATION

I/we declare that the information given is true in every respect.


 Declarant's Signature
 Date & Time


 Declarant's Signature
 Date & Time 11/15/12 12:00 PM

 Registrar's Certificate and Signature
 Name
 Date & Time



SINGAPORE POLICE FORCE



T/20201029/7015

1 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201029/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 12:42			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: GOH BOON CHUAN			Address: 218B BOON LAY AVENUE #05-279 SINGAPORE 642218			
ID Type / ID No.: NRIC NO / S8014585C			Contact No.:		Mobile: 98103463	
Nationality: SINGAPORE CITIZEN			Email: alexgoh@op3creative.com			
Sex: Male	Age: 40	Date of Birth: 20/05/1980	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Building and construction project manager			Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2020 15:30	Type of Location: SLIP ROAD
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJS1047R	Car					0
SLW 7304 P	Car	KIA	SORENTO	Grey	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20201029/7015

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201029/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH BOON CHUAN	ID No.	S8014585C
Related Vehicle	SJS1047R (Car)	Contact No.	98103463
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2020	Date	28/10/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling at slip road exit to Upper Thomson Road on 28 October 2020 at about 1530hrs. While waiting for the traffic to clear at the main road, Vehicle B banged me from behind.

I am not feeling well after the accident and went to consult doctor. I was given three (3) days MC.



**SINGAPORE
POLICE FORCE**



T/20201029/7015

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408855

Tel No: 65470000

Report No. T/20201029/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
29/10/2020 12:42

Classification Of Case:

Authentication Stamp

NP103

FOR CLAIMS &
GIA REPORTING ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8014585C



Name
GOH BOON CHUAN
(WU WENQUAN)
吴文泉
Race
CHINESE
Date of Birth
20-05-1980
Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8014585C



Name
GOH BOON CHUAN
(WU WENQUAN)
Birth Date: 20 May 1980
Issue Date: 26 Oct 2013



FOR CLAIMS &
GIA REPORTING ONLY

4801989



NAME: S8014585C

Date of Issue
15-07-2010

AP | BLK 218B BOON LAY AVENUE #05-279
SINGAPORE 642218


License No: S8014585C Date: 22/02/2018

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

EFFECTIVE DATE

Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 14 Jun 2002

License No: S8014585C



NP 425A



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 01730

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	OP3 CREATIVE PTE LTD	Certificate number	GA508328 / 1
Cover	Comprehensive	Chassis number	JHMF0462096200555
Plan name	Essential	Engine number	R16A14001761
WCD applicable	0%		
Vehicle registration number	SJS1047R		
Period of Insurance	from 24/10/2019 to 28/01/2021 (both dates inclusive)		
Finance loan company	N/A		

Persons or classes of persons entitled to drive*

(a) Any Named Driver as stated in the Policy:

1. GOH BOON CHUAN

(b) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 500.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorised Driver
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undetected *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

N/A

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

ULTIMATE CAR RENTAL

1 KAKI BUKIT AVE 6, #02-50 AUTOBAY@KAKI BUKIT

SINGAPORE 417883

Business Reg. No. 53100391D

Email : ultimate_car_rental@yahoo.com.sg

Tel No. : 6844 4620 Fax No. : 6844 4625

BILL TO

FOCUS AUTO PTE LTD

1 KAKI BUKIT AVE 6

#02-48/50 AUTOBAY @ KAKI BUKIT

SINGAPORE 417883

Tel : 6844 4620 Fax : 6844 4625

RA3772 RENTAL 28/10/20-13/11/20

TP : SJS1047R

INVOICE

NO. : INV004269

DATE : 13/11/2020

P/O REF. : SFN9629H

TERMS : 30 days

PAGE : 1

NO.	CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
1	SFN962 9H	TOYOTA ALTIS 1.6 AT	17 DAY	120.00			2,040.00

SINGAPORE TWO THOUSAND FORTY ONLY

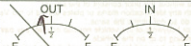
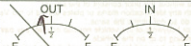
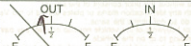
SUBTOTAL	2,040.00
DISCOUNT	0.00
NETT	2,040.00
TAX	0.00
GRAND	SS 2,040.00



FOR ULTIMATE CAR RENTAL

CUSTOMER SIGNATURE & STAMP

VEHICLE RENTAL AGREEMENT No. RA 3772

HIRER'S PARTICULARS Name: <u>GUY BOW ANAN</u> Address: <u>BK 218B TANJUN PRAHAU</u> <u>#65-279</u> <u>SINGAPORE 642218</u> Contact Person: <u>Tel: 9810 3463</u>		Vehicle No: <u>STN9629-14</u> Replace Veh No: Mileage Out: _____ Mileage In: _____ Make & Model: <u>2004 ALFA</u> Make & Model: Auto / Manual: <u>ALFA</u> Auto / Manual: OUT: Date <u>28/10/07</u> OUT: Time <u>18.35 p.m.</u> HIRE EXPIRY _____ TIME EXPIRY _____																																																				
DRIVER'S PARTICULARS Name: <u>GUY BOW ANAN</u> Address: <u>BK 218B TANJUN PRAHAU</u> <u>#65-279</u> <u>SINGAPORE 642218</u> Tel No: _____ H/P No: <u>9810 3463</u> P.P./I.C. No: <u>88014585 C</u> D/L NO: _____ Date of Birth: <u>20/05/1980</u> Date of Issue / Expiry: _____ Nationality: _____ Pl. Of Issue: _____ Occupation: _____ Driving Exp: _____		<table border="1"> <thead> <tr> <th colspan="2">RENTAL CHARGES</th> <th></th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td><u>17 DAYS @ \$120</u></td> <td><u>2,040.00</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUB-TOTAL \$</td> <td></td> </tr> <tr> <td colspan="2">  </td> <td></td> </tr> <tr> <td colspan="2">EXTENSION</td> <td></td> </tr> <tr> <td colspan="2">Collection Service</td> <td></td> </tr> <tr> <td colspan="2">Misc.</td> <td></td> </tr> <tr> <td colspan="2">ESTIMATED TOTAL RENTAL \$</td> <td><u>2,040.00</u></td> </tr> <tr> <td colspan="3">Sales Person Code: _____</td> </tr> <tr> <td colspan="3"> Hirer is responsible for the first \$ <u>4,000</u> excess for collision / damage to first party. (i.e) ULTIMATE CAR RENTAL Vehicles (including windscreen) and also first \$ <u>4,000</u> excess for collision/damage to third party's vehicles for each and every accident / damage * Additional Excess Loading _____ HIRER'S Signature _____ Additional Driver's Signature _____ </td> </tr> </tbody></table>		RENTAL CHARGES			Daily	<u>17 DAYS @ \$120</u>	<u>2,040.00</u>	Weekly	@ \$		Monthly	@ \$		Hours	@ \$		Others	@ \$		CDW	@ \$		PAI	@ \$		Delivery Service			SUB-TOTAL \$						EXTENSION			Collection Service			Misc.			ESTIMATED TOTAL RENTAL \$		<u>2,040.00</u>	Sales Person Code: _____			Hirer is responsible for the first \$ <u>4,000</u> excess for collision / damage to first party. (i.e) ULTIMATE CAR RENTAL Vehicles (including windscreen) and also first \$ <u>4,000</u> excess for collision/damage to third party's vehicles for each and every accident / damage * Additional Excess Loading _____ HIRER'S Signature _____ Additional Driver's Signature _____		
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I/We agree to the terms and conditions above, overleaf and that all information given is true and correct in all respect. My/Our Driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLES IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY ULTIMATE CAR RENTAL.
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORISED 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 reported to the owner)
 - shall report to the police within 24 hours from the occurrence, the following types of accidents:
 - injury case;
 - non-injury case involving a Government vehicles or damage to Government property;
 - non-injury case involving a foreign vehicle (to obtain their motor insurance, policy, Passport No./Name of the 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 ULTIMATE CAR RENTAL 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	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER
13/11	16:00					



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-20-132931

Date of Request: 30/10/2020

Your Ref No: SJS 1047 R

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

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 28/10/2020

Place of Accident: UPP THOMSON RD (SLIP RD)

Client Vehicle No: SJS1047R

DESCRIPTION	AMOUNT (\$S)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

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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-20-132934

Date of Request: 30/10/2020

Your Ref No: SJS 1047 R

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

Dear Sir/Madam,

Date of Accident: 28/10/2020

Vehicle No: SJS1047R

Place of Accident: Upper Thomson Road (Slip Road)

Involving Vehicle No: SLW7304P

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\$)
SLW7304P	Upper Thomson Road (Slip Road)	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.

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Date:

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RECORDS MANAGEMENT CENTRE**

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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

RECORDS MANAGEMENT CENTRE

TAX INVOICE

Our Ref No: GR-20-132483

Date of Request: 29/10/2020

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 29/10/2020
Enquiry By Jenny Koh Bian Leng
TP Vehicle No. SLW7304P
Accident Date 28/10/2020

DESCRIPTION	AMOUNT (\$S)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

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Date:

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