



# CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS INDUSTRIAL PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

Date: 20 November 2020

Our Ref: CT 2011-004

Your Ref: SGN2817R

**First Capital Insurance Ltd**  
**Motor Claims Department**  
30 Robinson Road  
#10-01/02 Robinson Towers  
Singapore 048546

**BY POST**

Dear Sir/Mdm

ACCIDENT INVOLVING SGN 2817 R / SHA 9112 B ALONG CTE TOWARD BUKIT TIMAH (LANE 3)  
ON 6/11/2020

Please refer to the above mentioned accident.

We are writing in on the behalf of Tamizh Selvam Munusamy the registered owner of motor vehicle number SGN 2817 R which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SHA 9112 B**. As a result of which, our client have suffered loss and expenses.

(Remark: The number of repair days approved by Surveyor is not inclusive of Saturday, Sunday and Public Holiday.)

We are instructed by our client to claim for :

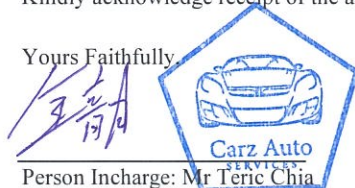
1.	Cost of Repair (6 Days) ( <b>Agree with Surveyor</b> )	\$	2,675.00	(\$2500 with 7% gst)
2	Loss of Rental (4 & half days)	\$	675.00	(150 x 4 & half days)
3	LTA Search Fee	\$	7.45	
<b>TOTAL AMOUNT</b>		\$	<b>3,357.45</b>	

We hereby enclosed the following documents for your consideration :

- ( A ) Original Final Repair Bill
- ( B ) GIA Report Lodged by Our Client
- ( C ) Owner/ Driver Nric/ Driving Licence
- ( D ) Certificate of Insurance
- ( E ) LTA Search Invoice / Rental Agreement and Invoice
- ( F ) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

Yours Faithfully



Person Incharge: Mr Teric Chia

Job Title: Motor Claim

Mobile: 65 8725 4540

Email: teric@carzauto.com.sg



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UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

**First Capital Insurance Ltd**  
**Motor Claims Department**  
30 Robinson Road  
#10-01/02 Robinson Towers  
Singapore 048546

## FINAL REPAIR BILL

Date : 9/11/2020

Vehicle Number : SGN2817R  
Make/Model : TOYOTA WISH  
Date of Accident : 6/11/2020

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### REPAIR COST

	\$ 2,500.00
7% GST	\$ 175.00
<b>GRAND TOTAL</b>	<b><u>\$ 2,675.00</u></b>

ISSUED BY



Person Incharge: Mr Teric Chia  
Job Title: Motor Claim  
Mobile: 65 8725 4540  
Email: teric@carzauto.com.sg

*for Insurance*

## 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	09/11/2020 16:02
Date Of Accident	06/11/2020 20:00
Exact Location Of Accident	ALONG CTE TWDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN2817R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAMIZH SELVAM MUNUSAMY
NRIC No	SXXXXX931F
Email Address	TAMIZH@SANKYU.COM.SG
Mobile Phone No	(LOCAL) +65-97363536
Alternative Phone No	OFFICE-97363536

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900234991
Cover Note Number	

### Driver

Name of Driver	TAMIZH SELVAM MUNUSAMY
NRIC No	SXXXXX931F
Date Of Birth	31/08/1973
Occupation	INDOOR
Date Of Driving Pass	07/06/2011
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97363536
Fax Number	
Contact Number	OFFICE-97363536
Email Address	TAMIZH@SANKYU.COM.SG

Address	BLK 782A WOODLANDS CRESCENT #05-303
Postcode	731782
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

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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)	2
Passenger 1	NAME: : NA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 06/11/2020 AT ABOUT 2000HRS. I WAS DRIVING MY VEHICLE BEARING REGISTRATION NUMBER SGN2817R ALONG CTE TOWARDS THE EXIT OF BUKIT TIMAH ROAD. I WAS TRAVELLING AT ON LANE 2 OF THE LANE ROAD AT A SPEED OF ABOUT 60KM/H. AT THE MATERIAL TIME, THERE WAS HEAVY TRAFFIC AND THE VEHICLES IN FRONT OF ME CAME TO AN ABRUPT STOP SUDDENLY. I HAD MANAGED TO STOP MY VEHICLE IN TIME HOWEVER FELT A COLLISION FROM MY REAR. I LATER DISCOVERED THAT A TAXI BEARING REGISTRATION NUMBER SHA9112B THAT WAS TRAVELLING BEHIND ME LANE 4 WAS INTENDING TO FILTER TOWARDS LANE 2 WHEN TRAFFIC CAME TO A STOP AND HE COULD NOT STOP IN TIME. AT THE TIME OF THE INCIDENT, MY WIFE HAD EXPERIENCED SOME PAIN AND HER LEFT HEAD HOWEVER WE BOTH AGREED TO PURSUE THE MATTER WITH OUR INSURANCES. HOWEVER, ON 07/11/2020, MY WIFE WOKE UP FEELING SOME DISCOMFORT ON HER NECK AND SHOULDERS, SHE HAS SINCE VISITED NORWOOD MEDICAL CLINIC WHERE SHE RECEIVED 5 DAYS MC. I WISH TO STATE THAT I DON NOT HAVE ANY IN VEHICLE CAMERA INSTALLED.

#### 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	SHA9112B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

MR TEO

NRIC/Passport Number

Contact Number

90730503

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

KAVITHA ARUMUGAM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Accident Sketch Plan


### SKETCH PLAN

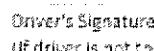
#### IMPORTANT NOTICE

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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 aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary 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")
- (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 GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Accident Sketch Plan

### SKETCH PLAN



A: 3CIN23AF

B: 3HA91DB

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report

7/20801/04/2048

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No. \_\_\_\_\_

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S7388931F**

Name: **TAMIZH SELVAM MUNUSAMY**

Birth Date: **31 Aug 1973**

Issue Date: **10 Aug 2016**

002597271D

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7388931F**

Name: **TAMIZH SELVAM MUNUSAMY**

தமிழ் செல்வம்

Race: **INDIAN**

Date of birth: **31-08-1973**

Sex: **M**

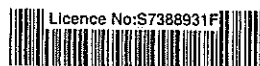
Country/Place of birth: **MALAYSIA**

9343064

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	07 Jun 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	07 Jun 2011

NP 428A



9343064

NRIC No. **S7388931F**

Nationality: **MALAYSIAN**

Date of issue: **04-09-2014**

APT BLK 782A WOODLANDS CRESCENT #05-303  
SINGAPORE 731782

NRIC No: **S7388931F** Date: **20/01/2020**

SINGAPORE 134786





# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : TAMIZH SELVAM MUNUSAMY  
Period of Insurance : 14 Nov 2019 To 13 Nov 2020  
Engine No. : 1ZZ2699748  
Chassis No. : ZNE100326963

Vehicle No. : SGN2817R  
Policy No. : 1900234991  
Endorsement No. :  
Issued Date : 12 Nov 2019

### ABOUT THE COVER

Make/Model : TOYOTA WISH MPV

Engine Capacity/Tonnage : 1,794.00 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2006

Insuring with COE/PARF : Yes

Age Condition : All Age Condition

Limitation as to use\* :

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

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAMIZH SELVAM MUNUSAMY - \$600 (Own Damage), \$600 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503972000

INSURHUB LLP

9 TEMASEK BOULEVARD 31/F SUNTEC TOWER 2

SINGAPORE 038989

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

De Shun Marcus Leow

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 Nov 2020 / 18:48:58

Receipt Date/Time : 09 Nov 2020 / 18:48:58

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-201109-003475

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SHA9112B As at 06 Nov 2020/20:00:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED			
1	Insurance Enquiry - SHA9112B Enquiry Fee 20201109184721176482	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	526471XXXXXX7266	eNETS Credit Card		7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.



## wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896  
Tel: 6344-4012 Fax: 6345-3140 Email: admin@wellcome.com.sg  
Website: www.wellcome.com.sg  
CO. REG. NO: 39853800W / GST REG. NO: M9-0001228-R

### TAX INVOICE

Mr Tamizh Selvam Munusamy (S7388931F)  
c/o Carz Auto Services Pte Ltd  
1 Kaki Bukit Avenue 6 #02-26  
AutoBay @ Kaki Bukit  
Singapore 417883

NO: 11-30555

DATE: 18/11/2020

REF	DESCRIPTION	UNIT PRICE	AMOUNT
RA NO: 31808	Being rental charges for One Unit Toyota Wish 1.8 (A) No: SLX 8163S for period 09/11/20 @1100Hrs to 13/11/20 @1745Hrs	4½ Days x \$150	S\$ 675.00
SUB TOTAL SGD			S\$ 675.00
ADD 7% GST			S\$ 47.25
GRAND TOTAL SGD			S\$ 722.25

E.&O.E.

WELLCOME MOTOR AGENCIES

Customer Copy

All cheque payment should be made  
within 7 days to WELLCOME  
MOTOR AGENCIES

Authorised Signature

Thank You  
For Renting





# wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896  
Tel: (65) 6344-4012 Fax: (65) 6345-3140  
Email: admin@wellcome.com.sg Website: www.wellcome.com.sg

RA No: 31808

CO. REG. NO: 39853800W  
GST REG. NO: M9-0001228-R

DATE: 9/11/20 - 11 Am

## VEHICLE RENTAL AGREEMENT SGV 2817 R

HIRER'S PARTICULARS		
Name:	Tamizh Selvan Munusamy	
Address:	Blk 782A Woodland Crescent #05-303	
Name & Address of Employer:		
IC/PP No:	57398931F	
DL No:		
Date of Birth:	31/08/1973	
Date of Issue/Expiry:	4/Sep/2014	
Nationality:	Malaysian	
PL of Issue:	Singapore	
Occupation:	Manager	
Driving Exp:	4yr	
Tel No:(O)	(R)	(HP)

DRIVER'S PARTICULARS		
Name:		
Address:		
IC/PP No:	DL No:	
Date of Birth:	Date of Issue/Expiry:	
Nationality:	PL of Issue:	
Occupation:	Driving Exp:	
Tel No:(O)	(R)	(HP)

A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES	

HIRER'S SIGNATURE & STAMP	DRIVER'S SIGNATURE

VEHICLE'S PARTICULARS	
VEHICLE NO:	SLX 8183 S
REPL. VEH. NO:	
MAKE/MODEL:	Toyota Wish 1.8 (A)
MILEAGE OUT:	
DATE OUT:	9/11/20
TIME OUT:	11 Am
HIRE/PERIOD EXPIRY:	

Rental Charges	
Daily	4 1/2 @ \$ 150 per day
Weekly	@ \$ per week
Monthly	@ \$ per month
Hours	@ \$ per hour
Others	@ \$
CDW	@ \$ per day/week/month
PAI	@ \$ per day/week/month

DELIVERY SERVICE	SUB-TOTAL S\$
------------------	---------------

PETROL/DIESEL LEVEL	
OUT	E 1/4 1/2 3/4 F
IN	E 1/4 1/2 3/4 F

Extension of Rental	
Repairs/Damages	
Collection Service	
MISC	
GST @ 7%	47.25
TOTAL CHARGES S\$	722.25

SECURITY DEPOSIT	
ADVANCE RENTAL PAID	
BY: CASH NETS CHEQUE BILL CARD	
CHEQUE/CARD NO:	
EXPIRY DATE	
AMOUNT DUE	REFUND

REFUND RECEIVED S\$	BY RECEIVER
---------------------	-------------

I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/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/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

### IMPORTANT

- Only persons above 23 and below 70 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 WELLCOME MOTOR AGENCIES.
- Use of the vehicle for illegal purpose (for instance: 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 per day, inclusive of CDW and/or PAI where applicable.
- In case of accident, the hirer shall report to owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle.
- The hirer is responsible for the first S\$ 2000 excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

**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 deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks	Signature of HIRER / DRIVER
13/11/2020	17:45	21720			





# CARZ AUTO SERVICES PTE LTD

ROC: 201409457D

## LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SGN 2817R AND SHA 9112 B  
AT/ALONG CTE Toward Bukit Timah (Lane 3)  
ON 6 DAY 11 MONTH 2020 YEAR

- a) I/We, the owner of vehicle no. SGN 2817R hereby instruct and authorize you to commence repair to the said vehicles.
- b) You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- c) You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- d) Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- e) In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- f) In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- g) If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- h) I/we have read and understand the above statement and agreed.

Dated this 09 day 11 month 2020 year

Signature : [Signature]  
Name : Tamizh Selvan Manusamy  
NRIC/ROC No. : S7388931F  
Address : Blk 782A Woodlands Crescent  
#05-303 Singapore 731782

Company Stamp