

NATIONAL Assessment Centre Services. part 1 Jan 2005 SW0820050005

Date In: 28/12/2020 13:46	Job description	Date & Time Completed	Done by
Ref No: 1358/INC000145317	SAS e-filing		
Veh No: SDY 6460K	E-mail (w/ job sheet, A/C sheet)		
D.O.A: 22/12/2020 14:48	I-Motor Claims Form	MD111576001	28/12/2020
OD: TP: Reporting Only	I-Motor W/O (with: OD sheet, TP sheet)		13: JX
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SCL 8380B INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoiced: YES ( ) / NO ( ); Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date: \_\_\_\_\_

NA2100501	1) ALT: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Author: _____	For claiming against INC Only (w/ 10 Jan 2005)		
Call: _____	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	OR:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: DV / Collect Excess Coordination \$20		
	TP (NI) / TP (w/ INC) against INC \$0		
	9) N12: Idea Mobile		
	Invoice dated _____	Fee Charged _____	
	Invoice dated _____	Fee Charged _____	

# 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 Submission	28/12/2020 13:46 (SGT)
Date of Accident	22/12/2020 14:45 (SGT)
Exact Location of Accident	Siglap Rd, Singapore
Additional Location Information	TOWARDS MARINE PARADE ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6460R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KIRALY PRIVATE LIMITED
Company Reg No	2XXXXX081C
Email Address	sansiong1993@hotmail.com
Mobile Phone No	(Phone) +65-92385010
Alternative Phone No	+65-92385010

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119049969
Cover Note Number	-

### DRIVER

Name of Driver	KOGILAVANI RICHARDS
NRIC No	SXXXX190C
Date Of Birth	12/07/1972
Occupation	Indoor

Date Of Driving Pass	14/01/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92385010
Alt. Phone Number	-
Email Address	sansiong1993@hotmail.com
Address	7 JALAN KUANG
Address complement	-
Postcode	488866
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RICHARDS
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SCL8380B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

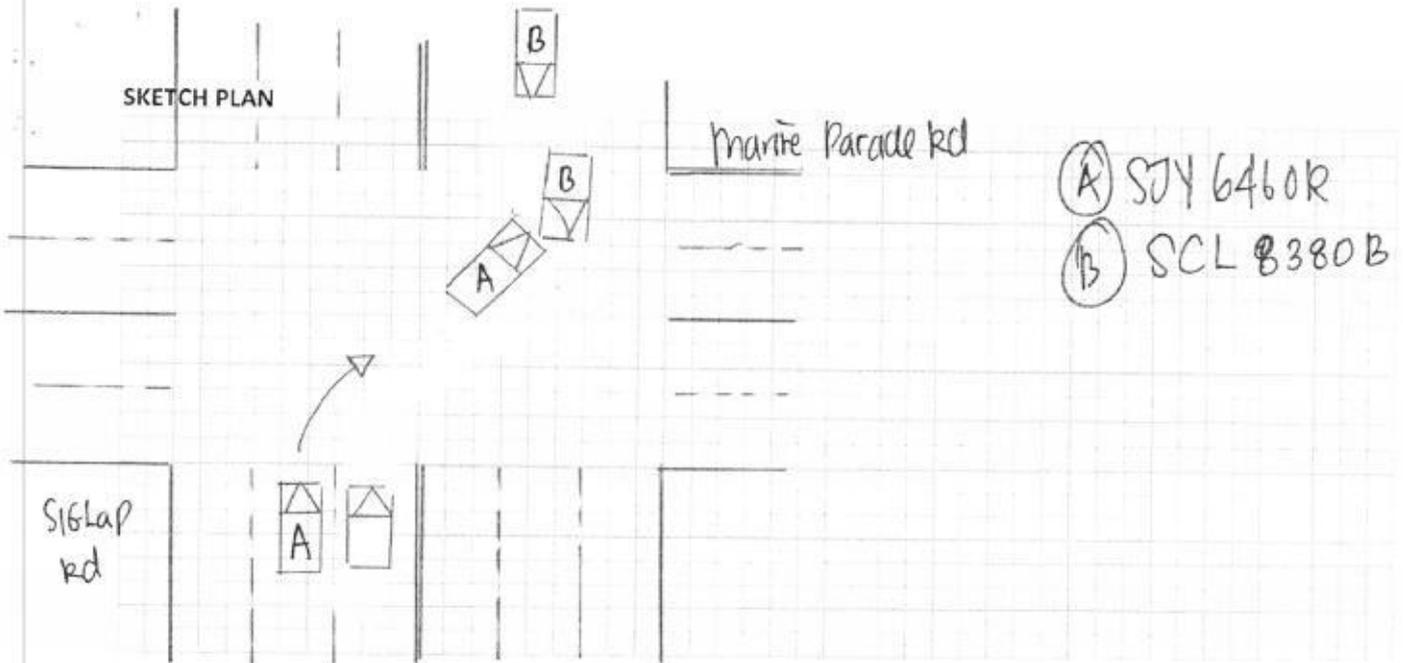


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



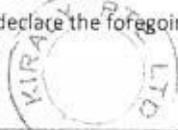
- (A) SJY 6460R
- (B) SCL 8380B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22.12.2020 at about 14:45hrs, I was travelling along Siglap Rd Junction towards Marine Parade Road. Upon reaching the junction, I slow down & stop. Once the traffic turn green, I start to move and turn left. While heading to my right, all of a sudden I felt an hard impact on my front position. Then I realised a vehicle SCL 8380B had collided onto my vehicle. The traffic was on my favor. Even the turn on my right was turning together.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

*[Handwritten Signature]*  
28/12/2020  
*[Handwritten Signature]*

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

51214

Date of Accident : 22/12/2020 Accident Time: 14:45hrs (24-HR-Format)  
 Accident Place : Sislap Rd Toward Marine Parade Rd (T-Junction)  
 Vehicle No. (Car Plate No.) : SJY6460R Make/Model: Audi  
 Insurance Company : \_\_\_\_\_ Policy No: \_\_\_\_\_  
 Owner or Company Name /IC No. : KIRALY Private Limited (501412081C)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 89308469 Company Tel  
 DRIVER'S Name / IC No. : KOGILAVANI Richards (57225190C)  
 DRIVER'S Date Of Birth : 12-07-1972 DRIVER'S License Pass Date 14-01-2009  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
 DRIVER'S Address : 7 Jalan Kuang S (488866)  
 DRIVER'S Contact No./ Alt No. : 1) 9238 5010 2) \_\_\_\_\_  
 DRIVER'S Occupation :  INDOOR  OUTDOOR (e.g. working inside or outside office)  
 Email Address : lavani Richards 99@gmail.com  
 Weather & Road Surface :  CLEAR & DRY  RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only  Claim Other Party  Claim Own Insurance  
 Number of Passengers (Including Driver): ~~2 pax include driver~~ 2 for  
 Was there any video Captured by car camera: YES  NO  
 Exact purpose for which vehicle was being used at the time of accident:  Private use  Work/purpose  
 Any Injury (If YES, Pls state): Neck back Pain

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SU 8380B (A16)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

① Mr. Richards - male

**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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119049969

Cover : drivo CLASSIC

- |  |                          |
|--|--------------------------|
| 1. Index mark and Registration Number of Vehicle   | : SJY6460R               |
| Chassis Number   | : WAUZZ24F4AN066293      |
| 2. Name of Policyholder  | : KIRALY PRIVATE LIMITED |
| 3. Effective Date of Insurance   | : 14 Sep 2020            |
| 4. Expiry Date of Insurance  | : 19 Sep 2021            |
| 5. Persons or Classes of Persons entitled to drive#  |                          |
| (a) The Policyholder.  |                          |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                          |
| 6. Limitations as to Use#  |                          |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.   |                          |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

**TECK WEI CREDIT PTE LTD**  
Co. Reg. No. 200512300K  
210 Turf Club Road  
The Grandstand, Lot A8  
Singapore 287995  
Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

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

Agency : TECK WEI CREDIT PTE. LTD. (00000572499)  
Date of Issue : 14 Sep 2020 10:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**Claim Handling**

Accident MT/1115176

Policy No.	5119049969	Vehicle No.	SJY6460R	GST Registration No.
Certificate No.				
Policyholder Name	KIRALY PRIVATE LIMITED			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92385010	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

**Accident Details**

Report Date	28/12/2020 13:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/12/2020	Time of Accident hh:mm	14:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SISLAP ROAD TOWARDS MARINE PARADE ROAD			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	28/12/2020 13:52:06 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#06-43 PREMIER @ KAKI BUKI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-607	Related Policy Number	5112197006-01	

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	KOGILAVANI RICHARDS	Driver NRIC	S7225190C	Driving Experience
Register Date of Driver License	14/01/2009	Driver Age	48	Contact No.(Home)
Contact No.(Mobile)	92385010	Contact No.(Office)		Address 3
Address 1	7 JALAN KUANG	Address 2	# EAST VIEW GARDEN	Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJY6460R	Driver Insurer Comp.

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type \*

Contact No.(Mobile)		Insured Name	KIRALY P
Email Address		Contact No. (Home)	
Claim Description		OI Vehicle Number	SJY6460I
Preferred Workshop		SJY6460R / SCL8380B ON 22 Dec 2020	
Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred Workshop, Name unknown	Date Registered	28/12/2020 13:53
Date Registered		Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

**Attachment**

Accident No.

MT/1115176

Claim No.

001

Last Doc. Received

Yes  No

Upload Date

28/12/2020 13:55

Path \*

No file chosen

Category \*

Please Select

Confidential

NO

Please Select

NO

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:55	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:55	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE :S) o n 28 Dec 2020 13:55	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:55	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:55	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:55	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:53	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:53	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:53	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:53	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:53	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:53	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 13:53	SAS	Normal	SAS 200

**Video List**

Uploaded By/Date

Folder Date

File Name





KPL A6 16 OCT - 2 DEC

16/10 - 2/11 = \$800  
3/11 - 2/12 = \$2000  
extends 2 months till 2/2/21

Total \_\_\_\_\_ day @\$ \_\_\_\_\_ per day

Security Deposit: \_\_\_\_\_ By: KPL - UOB

24 HOURS HOTLINE: 9869 3087 / 9423 3975

**VEHICLE HIRING AGREEMENT**

**HIRER / DRIVER'S PARTICULARS**

Name (as in I/C): KOGILAVANI RICHARDS  
 NRIC/Passport No.: S7225190C  
 Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & Address of Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
 Driving Exp: \_\_\_\_\_ Passed Date: \_\_\_\_\_  
 Driving License No.: \_\_\_\_\_  
 D/L Type: Local / International / Others: \_\_\_\_\_  
 Tel: (C) \_\_\_\_\_ H/P \_\_\_\_\_

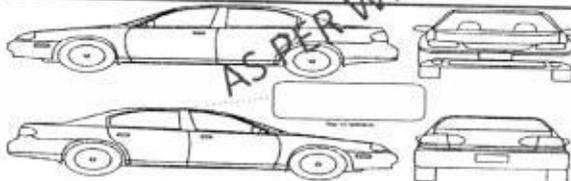
*Lavani R*  
Hirer's Signature

Rented Vehicle No.: SJY6460R

Hirer's Own Vehicle No.: \_\_\_\_\_

2nd Driver's Signature \_\_\_\_\_

Make & Model: AUDI A6  
 Date/Time Out: 16/10/20 Mileage: \_\_\_\_\_  
 Petrol Level Out: E / 1/4 / 1/2 / 3/4 / F  
 Date/Time In: 2/2/21 Mileage: \_\_\_\_\_  
 Petrol Level In: E / 1/4 / 1/2 / 3/4 / F



AS PER NRIC / DRIVING LICENSE

AS PER WHATSAPP

I have read and agree to the terms and condition on both sides of this agreement. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to your account. All information that I have given to Kiraly Group in connection with this agreement is true.

**Important**

1. Only persons above 23 & below 65 yrs of age with more than 2 yrs driving experience authorised licensed and signing this agreement may drive this vehicle.
2. All vehicles are supplied with petrol and should be returned with petrol level likewise. A service charge of \$10 on top of the petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
3. No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as full day rental.
4. Use of vehicle for illegal purpose (For instance: in connection with theft, drug pedalling or trafficking, smuggling) is strictly prohibited.
5. Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of Kiraly Group. The hirer is liable for a penalty fee of \$200 in additional to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
6. The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines, and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
7. The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount to be paid immediately in the event of an accident.
8. Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200-\$400.
9. Any punctured tyres, empty petrol tank, loss of vehicle's key or locked key inside a vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-hours Emergency Service is called upon to respond to such occurrence, the hirer shall bear the cost of such response at \$100.00 per trip.
10. In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
11. The hirer/driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
12. I understand and agree to the personal data collection statement.

Hirer's Signature *Lavani R*

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 081C

### Vehicle Details

Vehicle No.: SJY6460R  
Vehicle to be Exported: No  
Intended Deregistration Date: 31 Dec 2020  
Vehicle Make: AUDI  
Vehicle Model: A6 2.0T FSI MU CVT ABS D/AB HID 2WD 4DR  
  
Primary Colour: Grey  
Manufacturing Year: 2010  
Engine No.: BPJ194336  
Chassis No.: WAUZZZ4F4AN066293  
Maximum Power Output: 125.0 kW (167 bhp)  
Open Market Value: \$44,489.00  
Original Registration Date: 20 Sep 2010  
First Registration Date: 20 Sep 2010  
Transfer Count: 2  
Actual ARF Paid: \$44,489.00

### Intended PARF Rebate Details

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 19 Sep 2030  
COE Category: E - Open Category  
COE Period(Years): 10  
PQP Paid: \$34,935.00  
COE Rebate Amount: \$33,954.00  
**Total Rebate Amount: \$33,954.00**

The information contained herein is correct as at 23 Dec 2020

OK

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SN 0820CJ0005 Vehicle Registration No: SJY 6460R  
Name (as shown in NRIC) : KOSILARANI Richards NRIC/FIN/Passport No : ST225190C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 7 Jalan Kuang Singapore (489866)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9238 5010  
Email Address : \_\_\_\_\_  
Date of Accident : 22-12-2020 Time of Accident : 14:45hrs  
Place of Accident : Singlap Rd Tmd Marine Parade Rd  
Insurance Company : NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend email add: sansion61443@hotmail.com

G  
Policyholder / Driver's Signature  
Date:

[Signature] 14/01/2021  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: