



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

18th March 2021

Our reference: 2102-49

Your reference: SFT5007Y

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : Roset Limousine Services Pte Ltd

Address : 53 Ubi Avenue 1 #03-47 Paya Ubi Industrial Park S(408570)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 21/12/2021 along **PIE** involving our client's vehicle registration number **SFT5007Y** and vehicle registrations number **SKU3418T** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$ 3,798.50
Loss of Rental (\$120 x 7 days)	:	\$ 840.00
LTA Search Fee	:	\$ 7.45
Total	:	\$ 4,636.95

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

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Tax Invoice;
- f) LTA Search Tax Invoice;
- g) Certificate of Insurance;
- h) Rental Vehicle Receipt No.3899
- i) Official Rental Vehicle Agreement No.KT-05234

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



Teamwork Garage Pte Ltd

Encl.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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 17:40 (SGT)
Date of Accident	27/12/2020 10:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT5007Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	2XXXXX722Z
Email Address	fathu1993@gmail.com
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	(Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD20V13101/VPZ/R02
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FATHURRAHMAN BIN MAIDEEN
NRIC No	SXXXX812E
Date Of Birth	22/09/1993
Occupation	Outdoor

Date Of Driving Pass	17/06/2016
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92369578
Alt. Phone Number	-
Email Address	fathu1993@gmail.com
Address	BLK 261 BOON LAY DRIVE
Address complement	#05-541
Postcode	640261
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201228/7005.

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	SKU3418T
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EU JUN WEN BENJAMIN
NRIC No	SXXXX646G
Contact Number	(Phone) +65-92707091
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD FATHURRAHMAN BIN MAIDEEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SFT5007Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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.

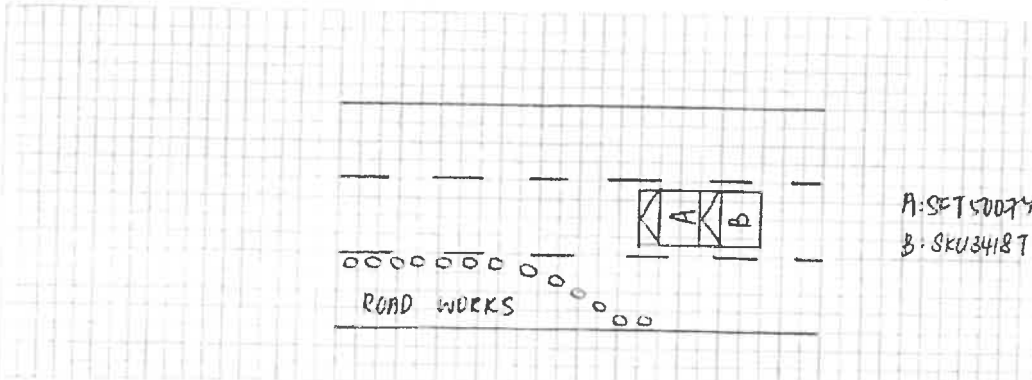


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20201228/7005

1 of 3

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

Report No. T/20201228/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2020 09:32	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: MUHAMMAD FATHURRAHMAN BIN MAIDEEN			Address: 261 BOON LAY DRIVE #05-541 SINGAPORE 640261	
ID Type / ID No.: NRIC NO / S9334812E			Contact No.:	Mobile: 92369578
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: fathu1993@gmail.com	
Sex: Male	Age: 27	Date of Birth: 22/09/1993	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: Software and applications developer and analyst nec			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2020 10:45	Type of Location: Flyover
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage 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	Conditio	No of
SFT5007Y	Car					0
SKU3418T	Car	KIA		Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20201228/7005

2 of 3

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

Report No. T/20201228/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FATHURRAHMAN BIN MAIDEEN	ID No.	S9334812E
Related Vehicle	SFT5007Y (Car)	Contact No.	92369578
Hospital/Clinic	ONECARE CLINIC BOON LAY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	27/12/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	EU JUN WEN BANJAMIN	ID No.	S8731646G
Related Vehicle	SKU3418T (Car)	Contact No.	92707091
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Incident happen at PIE towards changi before toa payoh exit. There was road works on lane3. I was driving on lane 2 (SFT5007Y) and cars are filtering from lane 3 to lane 2. I slow down to allow cars from lane 3 to come to lane 2. As the front car front right tire as come to my lane I slow down, but the car(SKU3418T) behind me did not slow down and rear ended me.

**SINGAPORE
POLICE FORCE**

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



T/20201228/7005

3 of 3

Report No. T/20201228/7005

CONTINUATION OF REPORTSketch 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 / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

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

Date/Time:
28/12/2020 09:32

Classification Of Case:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	722Z

Vehicle Details

Vehicle No.:	SFT5007Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	3ZZ4934996
Chassis No.:	MR053ZEE106155932
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,853.00
Original Registration Date:	01 Oct 2009
First Registration Date:	01 Oct 2009
Transfer Count:	2
Actual ARF Paid:	\$17,853.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	30 Sep 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,743.00
COE Rebate Amount:	\$11,073.00
Total Rebate Amount:	\$11,073.00


Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Dec 2020

OK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9334812E




Name
MUHAMMAD FATHURRAHMAN BIN MAIDEEN
محمد فتح الرحمن بن مايدين

Race
JAVANESE-MALABARI

Date of birth
22-09-1993

Sex
M



Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S9334812E**
Name:
MUHAMMAD FATHURRAHMAN BIN MAIDEEN

Birth Date: **22 Sep 1993**
Issue Date: **17 Jun 2015**

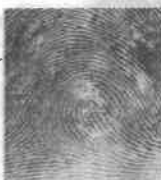


SG 50

5456016



NRIC No. **S9334812E**



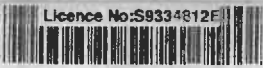
Date of issue
12-10-2015

Address
**APT BLK 261 BOON LAY DRIVE
#05-541
SINGAPORE 640261**

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

		EFFECTIVE DATE
Class 2A	Motorcycles between 201 CC and 400 CC	23 Oct 2018
Class 2B	Motorcycles <= 200 CC	05 Jun 2018
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2800 kg	17 Jun 2015

S9334812E S / No.9000338360



NP 428A

LETTER OF AUTHORIZATION

To : AIK and Teamwork Garage Pte Ltd (Third party insurance & Workshop)
Claimant : Roset Limousines Services Pte Ltd

Dear Sirs,

I/We, Roset Limousine Services Pte Ltd owner of vehicle no. SFT 5007 Y
hereby authorize my/our repairer, Teamwork Garage Pte Ltd
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or
loss of use ("claim") for my/our vehicle no. SFT 5007 Y that was damage pursuant to the
accident _____ which _____ occurred _____ at/along
PIE

involving vehicle nos. SKU3418T

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies
pertaining the above mentioned accident due to me/us to my/our repairer/solicitors
Teamwork Garage Pte Ltd. I/We hereby authorize you to forward and release all
compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors
Teamwork Garage Pte Ltd pertaining to above said accident whom I/we
authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice
and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the
personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein
should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured
losses claim arising of the subject matter in the action.

Thank you.

Dated this _____ day of _____ (month) 20____ (year)

Signature of owner vehicle (claimant): [Signature]

Name of owner of vehicle (claimant): Roset Limousine Services Pte Ltd

NRIC Number (claimant): 200406722Z



CUSTOMER'S SIGNATURE

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 28 Dec 2020 / 17:29:00

Receipt Date/Time : 28 Dec 2020 / 17:29:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201228-004129

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 - SKU3418T				
As at 27 Dec 2020/10:45:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKU3418T Enquiry Fee 20201228172804322563	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SJV4982E				
As at 27 Dec 2020/12:15:00				
Insurance Co: AVIVA LTD				
2	Insurance Enquiry - SJV4982E Enquiry Fee 20201228172804413819	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - GBD2219D				
As at 26 Dec 2020/23:10:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
3	Insurance Enquiry - GBD2219D Enquiry Fee 20201228172804503650	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SHC2349X				
As at 28 Dec 2020/10:50:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
4	Insurance Enquiry - SHC2349X Enquiry Fee 20201228172804568042	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		28.00	1.96	29.96
Rounding Difference				0.01
Total Amount Payable				29.95
Paid By				
512972XXXXXX5903		eNETS Credit Card		29.95
Total				29.95
Cash Change				0.00
Tendered Amount				29.95
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

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)

Certificate No	SD20V13101 /VPZ /R02										
Form	MZ406C										
Date Of Issue	20-OCT-2020										
1.Index Mark and Registration No. of Vehicle:	SFT5007Y										
2.Chassis number of Vehicle:	MR053ZEE106155932										
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD										
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2020 00:00 AM										
5.Date of Expiry of Insurance:	31-OCT-2021 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>										
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.</p>										
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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 are not to be included under these headings.</p>										
<p>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.</p>											
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  _____ Authorised Signature											
<p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Third Party Only, Geographical Area - refer memorandum</td> </tr> <tr> <td>SUM INSURED:</td> <td></td> </tr> <tr> <td>EXCESS:</td> <td>Refer Memorandum - Section II S\$2000</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>DBS BANK LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>NEWSTATE STENHOUSE (S) PTE LTD</td> </tr> </table>		COVERAGE :	Third Party Only, Geographical Area - refer memorandum	SUM INSURED:		EXCESS:	Refer Memorandum - Section II S\$2000	FINANCE COMPANY:	DBS BANK LTD	PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD
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PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD										

PLSL/20-OCT-20

S1_CI_T1_T3_OE_Template2-Ver1.

20-OCT-20

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com
Biz Reg. No.: 53208965X

No.: 3899

OFFICIAL RECEIPT

Date: 18/03/2021

Received from Roset Limousine Services Pte Ltd

The Sum of Dollars Eight Hundred and Forty Dollars Only

Being payment of SKJ 580 J (27/12/2020 to 02/01/2021)

\$ 840

K & t Cars

Cheque No.: _____





Authorised Signature

K & t Cars

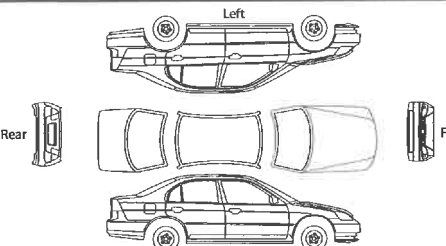
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-05234

Veh. No.: SKJ580J	Replace Veh. No.: SFT5007Y
Veh. M / M: Toyota Vios	Replace Veh. M / M: Toyota Corolla

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: Roset Limousines Services Pte Ltd		Name: Muhammad Fathurrahman Bin Maideen	
Address: 53 Ubi Ave 1 #03-47 Paya Ubi Industrial Park S(408934)		Address: B1K 261 Boon Lay drive #05-541 S(640241)	
I/C: 200406722Z	D.O.B:	I/C: S9334812E	D.O.B: 22/09/1993
Contact:	Pass Date:	Contact: 92369378	Pass Date: 17/6/2015

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	




RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	27/12/2020		Date In	02/01/2021	
Time Out	1400		Time In	1200	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL						
Daily	@ \$	120	7	Days @ \$	840	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$			Wks @ \$							
Monthly	@ \$			Mth @ \$		IN	E	1/4	1/2	3/4	F
Hours	@ \$			Hrs @ \$							
Inclusive of additional charges (if any)			Amt payable \$ 840		Petrol Charges		YES	NO	AMT: _____		
					CDW		YES	NO	AMT: _____		
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST						Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:						Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- ❖ Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- ❖ Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- ❖ Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- ❖ Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- ❖ The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- ❖ In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- ❖ In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 	
Signature of hirer / Driver (company stamp if any)	For and on behalf of K & t CARS (authorised signature only)