



**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](mailto:claims@teamworkgarage.com)  
GST Register No: 201015366H

15<sup>th</sup> Apr 2021

Our reference: 2012-52

Your reference: GBD2219D

**AIG Asia Pacific Insurance Pte Ltd**

**BY HAND**

78 Shenton Way

#08-16

Singapore 079120

**Attn: Motor Claims Department**

Dear Sir/ Madam,

Claimant : LIM ENG SAN

Address : BLK 170 BUKIT BATOK WEST AVE 8 #22-361 S(650170)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **26/12/2020** along **CTE Twds SLE Before YCK Exit** involving our client's vehicle registration number **SKS6999Z** and vehicle registrations number **GBD2219D** 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	:	\$ 17,655.00
Loss of Rental	:	\$ 2,100.00
LTA Search	:	\$7.49
Total	:	\$ 19,762.49

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 Invoice;
- g) Certificate Insurance;
- h) Rental Vehicle Receipt;
- i) Official Rental Vehicle Agreement;
- j) Satisfaction Form;

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 18:03 (SGT)
Date of Accident	26/12/2020 23:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	twds sle before yio chu kang exit
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6999Z
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ENG SAN
NRIC No	SXXXX412F
Email Address	limengsan@gmail.com
Mobile Phone No	(Phone) +65-98005050
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A80427426QMY
Cover Note Number	-

#### DRIVER

Name of Driver	LIM ENG SAN
NRIC No	SXXXX412F
Date Of Birth	24/08/1960
Occupation	Outdoor



Date Of Driving Pass .....	25/09/1978
Driving experience .....	42 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98005050
Alt. Phone Number .....	+--
Email Address .....	limengsan@gmail.com
Address .....	BLK 170 BUKIT BATOK WEST AVENUE 8
Address complement .....	#22-361
Postcode .....	650170
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SOH SOCK KHOON
Gender .....	Male

#### 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/20201228/7037.

#### 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 .....	GBD2219D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ARUNAGIRI KANNADHASAN
Passport No/FIN .....	GXXXX413W
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLR5466U
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ZAINUL ABIDEEN BIN HASSAN BEK
NRIC No .....	SXXXX376H
Contact Number .....	-
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 .....	LIM ENG SAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SKS6999Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	SOH SOCK KHOON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK
Injured person in which vehicle? .....	SKS6999Z
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.
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. 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.

**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

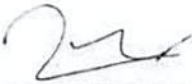
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

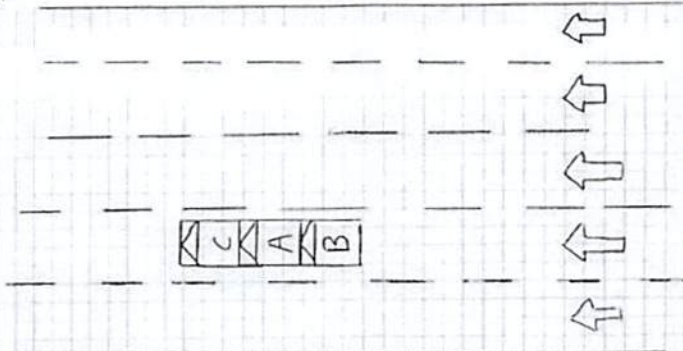
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



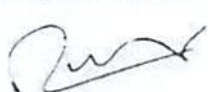
A - SKS6999Z  
B - GBD2219D  
C - SLR5466U

Describe Circumstances of the Accident

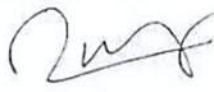
Refer to police report

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/20201228/7037

1 of 3

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

Report No. T/20201228/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2020 15:41		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM ENG SAN			Address: 170 BUKIT BATOK WEST AVENUE 8 #22-361 SINGAPORE 650170		
ID Type / ID No.: NRIC NO / S1441412F			Contact No.: Home/Office: Mobile: 98005050		
Nationality: SINGAPORE CITIZEN			Email: LIMENGSA@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 24/08/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: General service 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: 26/12/2020 23:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBD2219D	Lorry		Nissan Cabstar			0
SKS6999Z	Car					0
SLR5466U	Car		Toyota Prius			0





**SINGAPORE  
POLICE FORCE**



T/20201228/7037

2 of 3

Report No. T/20201228/7037

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

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	SOH SOCK KHOON	ID No.	S1243363H
Related Vehicle	SKS6999Z (Car)	Contact No.	93832091
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/12/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	LIM ENG SAN	ID No.	S1441412F
Related Vehicle	SKS6999Z (Car)	Contact No.	98005050
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/12/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time, i was travelling along CTE towards SLE before Yio Chu Kang Exit on lane 4. While i was travelling at my own lane, all of a sudden the vehicle in front jammed brake. I immediately brake my car and came to a stop with a save distance. After a few seconds later, vehicle B ( GBD2219D) was not able to stop in time and collided with my vehicle. This cause my car to thrust forward and collided on to Vehicle C (SLR5466U).

Total 3 vehicles involved

A-SKS6999Z

B-GBD2219D

C-SLR5466U

Me and my passenger sustained injuries and was given 5 days mc.

**SINGAPORE  
POLICE FORCE**

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



T/20201228/7037

3 of 3

Report No. T/20201228/7037

**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 / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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 15:41

Classification Of Case:

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	412F
<b>Vehicle Details</b>	
Vehicle No.:	SKS6999Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Dec 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 (R18 BI)
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	27091030568183
Chassis No.:	WDD1173422N171529
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,454.00
Original Registration Date:	12 Mar 2015
First Registration Date:	12 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$20,436.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Mar 2025
PARF Rebate Amount:	\$14,305.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Mar 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$65,001.00
COE Rebate Amount:	\$27,275.00
<b>Total Rebate Amount:</b>	<b>\$41,580.00</b>

The information contained herein is correct as at 28 Dec 2020

OK



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1441412F



Name

LIM ENG SAN

林 榮 山

Race

CHINESE

Date of birth

24-08-1960

Sex

M

S1441412F

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1441412F

Name

LIM ENG SAN

Birth Date: 24 Aug 1960

Issue Date: 20 Mar 2004



001170184J

598481



NRIC No: S1441412F



Date of Issue

23-07-2018

Address

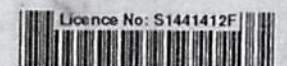
APT BLK 170 BUKIT BATOK WEST AVENUE 8  
#22-361  
SINGAPORE 650170

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	14 Nov 1980
Class 2A	Motorcycles between 201 cc and 400 cc	14 Nov 1980
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Sep 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	13 Jun 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	23 Aug 1983

NP 428A



Licence No: S1441412F

## LETTER OF AUTHORIZATION

To : AIG & Teamwork Garage PTE LTD (Third party insurance & Workshop)  
Claimant : Lim Eng San

Dear Sirs,

I/We, Lim Eng San owner of vehicle no. SKS 6999Z  
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. SKS 6999Z that was damage pursuant to the  
accident which occurred at/along  
CTE twds SLE before Yio chu kang exit  
involving vehicle nos. SKS 6999Z & GB022197

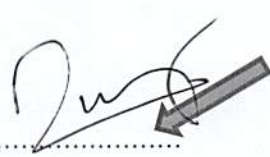
I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies  
pertaining the above mentioned accident due to me/us to my/our repairer/solicitors  
Teamwork Garage PTE LTD. I/We hereby authorize you to forward and release all  
compensation settlement 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 27 day of 12 (month) 20 20 (year)

Signature of owner vehicle (claimant): 

Name of owner of vehicle (claimant): Lim Eng San

NRIC Number (claimant): S1441412F



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-24/34

PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

TEL: 90119989 / 83389989

(TEL) (65) 6844 2475 FAX) (65) 6844 2474

(E-MAIL) [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)

UEN 201015366H

GST Reg 201015366H

**Bill To:**

AIG ASIA PACIFIC INSURANCE PTE LTD

AIG BUILDING

78 SHENTON WAY

#08-16 SINGAPORE 079120

## Tax Invoice

Invoice number : TI-8390

Date : 14/4/2021

Terms : C.O.D.

Vehicle number : SKS6999Z

Make / Model : MERCEDES CLA 180

Description	Amount (S\$)
ACCIDENT INVOLVING SKS6999Z / GBD2219D ON 26/12/2020 @ CTE TOWARDS SLE BEFORE YIO CHU KANG EXIT	
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$16,500.00
SINGDOLLARS : SEVENTEEN THOUSAND SIX HUNDRED AND FIFTY FIVE DOLLARS ONLY	
Thank you for your business and have a nice day !	

Reference : 2012-52

\* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD

PAYNOW UEN: 201015366H

\*\* Please ensure that your vehicle is of good condition upon the point of collection.

E. & O. E

Subtotal \$16,500.00

Add: GST 7% \$1,155.00

Total Inc GST 7% \$17,655.00

Less: Deposit \$0.00

Balance Due \$17,655.00



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE





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!

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel: +65 6827 7888, Fax: +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
 Individual Ownership

**MOTOR MAX PLUS**  
**Comprehensive**

Certificate No. A 80427426 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SKS6999Z

2. Name of Policyholder  
 Lim Eng San

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 12/03/2020

4. Date of Expiry of Insurance  
 11/03/2021

5. Persons or Classes of Persons entitled to drive\*

Lim Eng San  
 Lim Xuan Yu

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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\*

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 the Motor Trade.

\* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

for Chief Executive Officer

2012-52

## SATISFACTION OF REPAIRED VEHICLE

I/We, Lim Eng San, owner/driver of vehicle No. SKS 6999Z declare that the repairs of my/our vehicle has been completed and to my/our satisfaction.

I/We agree that I/we hereby irrevocable absolutely accept the settlement amount and the liability from the third party on the repair costs and/or rental and/or loss of use which are final and that the sum of amount are to be released and payment to the workshop for such repairs in respect of the damages caused in the accident.

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.

Dated this 12 day of January (month) 20 21 (year)  
@ 13 hrs 15 mins

Name and Signature

Lim Eng San



# K & t Cars

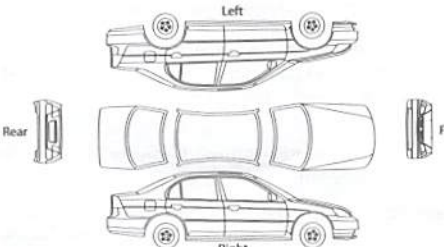
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park  
Singapore 408934  
Tel: 6844 5938 Fax: 6285 5228  
Email: kntcars@gmail.com  
Biz Reg. No.: 53208965X

## VEHICLE RENTAL AGREEMENT

NO.: KT-05126

Veh. No.: SLU7714A	Replace Veh. No.: SK36999Z
Veh. M / M: Honda vezei	Replace Veh. M / M: Mercedes CLA 180

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR
Name: Lim Eng San		Name:	
Address: Blk 170 Bukit Batok west Ave 8 #22-361 S(650170)		Address:	
I/C: S1441412F	D.O.B: 24/08/1960	I/C:	D.O.B:
Contact: 98005050	Pass Date: 25/09/1998	Contact:	Pass Date:

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

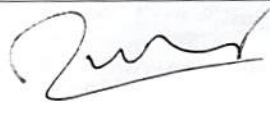

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	27/12/2020		Date In	12/01/2021	
Time Out	1000		Time In	1315	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL					
Daily	@ \$	150	<u>14</u> Days @	\$ 2100	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*	\$ 2100	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 tendered 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) X	For and on behalf of K & t CARS (authorised signature only)

# 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.: 3918

## OFFICIAL RECEIPT

Date: 15/04/2021

Received from Lim Eng San

The Sum of Dollars Two Thousand One Hundred Dollars

Being payment of SLV 7714A 27/12/20 to 12/01/21

K & t Cars

\$ 2100 /  $\frac{xx}{100}$

Cheque No.: \_\_\_\_\_



Authorised Signature