



**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

18<sup>th</sup> Nov 2021  
Our reference: 2111-04  
Your reference: SCW9848E

**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 : BLK 53 PAYA UBI INDUSTRIAL PARK #03-47 S(408934)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **05/11/2021** along **JUNCTION OF BEDOK CENTRAL & BEDOK NORTH AVE 3** involving our client's vehicle registration number **SLD1594H** and vehicle registrations number **SCW9848E** 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	:	\$ 1,979.50
Loss of Rental	:	\$ 1260.00
LTA Search	:	\$ 7.49
Purchase 3P Report	:	\$29.00
<b>Total</b>	<b>:</b>	<b>\$ 3,275.99</b>

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) Satisfaction Form;
- h) Certificate of Insurance;
- i) Purchase 3P Report Invoice;
- j) Rental Agreement & Rental Reciept;

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 ..... 06/11/2021 10:50 (SGT)  
Date of Accident ..... 05/11/2021 12:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AT THE JUNCTION OF BEDOK CENTRAL AND BEDOK NORTH AVE 3  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD1594H

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ROSET LIMOUSINE SERVICES PTE LTD  
Company Reg No ..... 200406722Z  
Email Address ..... KHIERTHII@ROSETLIMO.COM  
Mobile Phone No ..... (Phone) +65-68445225  
Alternative Phone No ..... (Office) +65-68445225

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Note  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1200

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5124311472-000073  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TNH KAI HENG

NRIC No .....	S1773705H
Date Of Birth .....	23/07/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	01/09/1986
Driving experience .....	35 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97389508
Alt. Phone Number .....	-
Email Address .....	KHIERTHII@ROSETLIMO.COM
Address .....	BLK 724 PASIR RIS STREET 72 #11-147 S 510724
Address complement .....	-
Postcode .....	-
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

REFER TO THE ATTACHED.

#### 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 .....	SCW9848E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HENG TSUNG WI
Contact Number .....	(Phone) +65-98188029
Address .....	-

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

SKETCH PLAN

**IMPORTANT NOTICE**

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

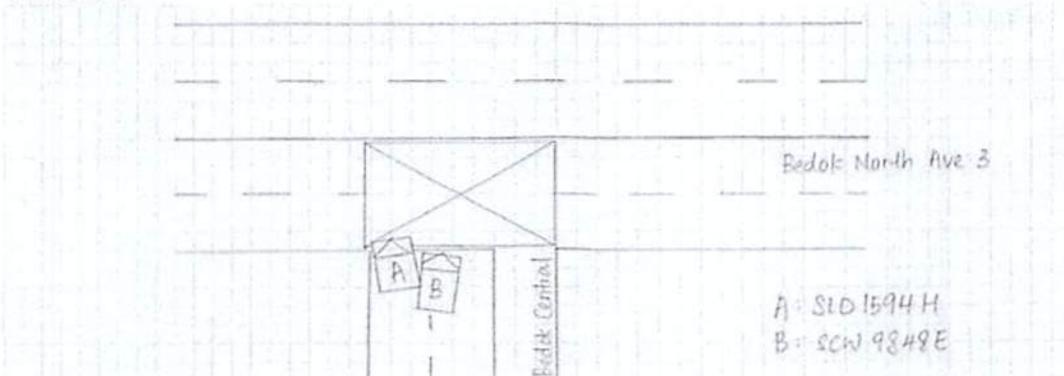
*[Handwritten Signature]*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I was stationary along Bedok Central to wait the traffic to be cleared before turning left onto Bedok North Ave 3. Out of sudden, I felt an impact from my rear right. When I alighted to check, I realised vehicle B had collided onto the rear right portion of my vehicle.

**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

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	722Z
Vehicle Details	
Vehicle No.:	SLD1594H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Nov 2021
Vehicle Make:	NISSAN
Vehicle Model:	NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	HR12184404B
Chassis No.:	JN1TAAE12Z0972252
Maximum Power Output:	58.0 kW (77 bhp)
Open Market Value:	\$13,026.00
Original Registration Date:	03 Jun 2016
First Registration Date:	03 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jun 2026
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jun 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,020.00
COE Rebate Amount:	\$21,501.00
<b>Total Rebate Amount:</b>	<b>\$25,001.00</b>

The information contained herein is correct as at 05 Nov 2021

OK

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1773705H



Name  
TNG KAI HENG

唐家兴

Race  
CHINESE

Date of Birth 23-07-1966 Sex M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1773705H

Name  
TNG KAI HENG

Birth Date: 23 Jul 1966  
Issue Date: 06 Dec 2003




**For Insurance Purposes**

Customer Name: \_\_\_\_\_

Signature:  \_\_\_\_\_

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

1816



NRIC No. S1773705H



Blood Group A+ Date of issue 13-01-1994

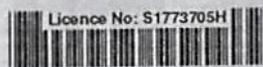
APT. BLK 724 PASIR RIS STREET 72 #11-147  
SINGAPORE 610724

NRIC No: S1773705H Date: 06-11-1999 No: 9150212

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Sep 1986

NP 428A



**LETTER OF AUTHORIZATION**

To : AIG X Teamwork Garage PTE LTD (Third party insurance & Workshop)  
Claimant : Roset Limousine Services PTE LTD

Dear Sirs,

I/We, Roset Limousine Services PTE LTD owner of vehicle no. SLD1594H  
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. SLD1594H that was damage pursuant to the  
accident which occurred at/along  
Junction of Bedok Central and Bedok North Ave 3  
involving vehicle nos. SLD1594H K SCW9848E

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 06 day of 11 (month) 20 21 (year)  
Signature of owner vehicle (claimant): .....  
Name of owner of vehicle (claimant): Roset Limousine Services PTE LTD  
NRIC Number (claimant): 2004067222





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-8816  
 Date : 18-11-21  
 Terms : C.O.D.  
 Vehicle number : SLD1594H  
 Make / Model : NISSAN NOTE

Description	Amount (S\$)
ACCIDENT INVOLVING SLD1594H / SCW9848E ON 05/11/2021 @ THE JUNCTION OF BEDOK CENTRAL AND BEDOK NORTH AVE 3  INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING  LUMP SUM REPAIR	\$1,850.00
<i>Thank you for your business and have a nice day !</i>	

Reference : 2111-04	<b>Subtotal</b>	\$1,850.00
* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD	<b>Add: GST 7%</b>	\$129.50
PAYNOW UEN: 201015366H	<b>Total Inc GST 7%</b>	\$1,979.50
** Please ensure that your vehicle is of good condition upon the point of collection.	<b>Less: Deposit</b>	\$0.00
E. & O. E	<b>Balance Due</b>	\$1,979.50



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE

> Back to OneMotoring



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

Print Date/Time : 05 Nov 2021 / 15:41:14

Receipt Date/Time : 05 Nov 2021 / 15:41:14

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211105-002922

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 - SCW9848E As at 05 Nov 2021/12:20:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SCW9848E Enquiry Fee 20211105154024703858	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
Result of Insurance Enquiry - SMR8019X As at 04 Nov 2021/03:00:00 Insurance Co: FWD SINGAPORE PTE. LTD.				
2	Insurance Enquiry - SMR8019X Enquiry Fee 20211105154024770639	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
Result of Insurance Enquiry - SLN3737Y As at 04 Nov 2021/18:50:00 Insurance Co: HL ASSURANCE PTE. LTD.				
3	Insurance Enquiry - SLN3737Y Enquiry Fee 20211105154024842437	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		21.00	1.47	22.47
<b>Rounding Difference</b>				0.02
<b>Total Amount Payable</b>				22.45
Paid By				
540191XXXXX6572		eNETS Credit Card		22.45
<b>Total</b>				22.45
Cash Change				0.00
Tendered Amount				22.45
Excess Refundable Amount				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.

# SATISFACTION OF REPAIRED VEHICLE

I/We, TNG KAI MENG, owner/driver of vehicle No. 920159411 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 11 (month) 20 21 (year)

@ 18 hrs 20 mins



\_\_\_\_\_  
Name and Signature

## 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:** 5124311472-000073

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SLD1594H**  
Chassis Number : JN1TAAE12Z0972252  
2. Name of Policyholder : ROSET LIMOUSINE SERVICES PTE LTD  
3. Effective Date of Insurance : 01 Nov 2021  
4. Expiry Date of Insurance : 31 Oct 2022

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.

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 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: N/A

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 : NEWSTATE STENHOUSE (S) PTE LTD (00000690452)

Date of Issue : 26 Oct 2021 14:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 08/11/2021

Your Ref No: SLD1594H

TEAMWORK GARAGE PTE LTD

Dear Sir/Madam,

Date of Accident: 05/11/2021 00:00 (SGT)

Vehicle No: SLD1594H

Place of Accident: Bedok North Ave 3, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SCW9848E	Bedok North Ave 3, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no 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-05436

Veh. No.: <u>SLG2513U</u>	Replace Veh. No.: <u>SLD1594H</u>
Veh. M / M: <u>Toyota Wish</u>	Replace Veh. M / M: <u>Nissan Note</u>

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: <u>Roset Limousine Services PTE LTD</u>		Name: <u>Tng Kai Heng</u>	
Address: <u>Blk 53 Paya ubi Industrial Park ubi Ave 1 #03-47 S(408934)</u>		Address: <u>Blk 724 Pasir Ris street 72 #11-147 S(510724)</u>	
I/C: <u>200406722Z</u>	D.O.B:	I/C: <u>51773705H</u>	D.O.B: <u>23/07/1966</u>
Contact: <u>68445225</u>	Pass Date:	Contact: <u>97389508</u>	Pass Date: <u>01/09/1986</u>

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

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	<u>05/11/2021</u>		Date In	<u>12/11/2021</u>	
Time Out	<u>1430</u>		Time In	<u>1820</u>	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	<u>180</u>	<u>7</u> Days @ \$ <u>1260</u>	OUT	E	¼	½	¾	F
Weekly	@ \$		_____ Wks @ \$						
Monthly	@ \$		_____ Mth @ \$	IN	E	¼	½	¾	F
Hours	@ \$		_____ Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ <u>1260</u>				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) 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.: 4093

## OFFICIAL RECEIPT

Date: 18/11/2021

Received from Roset Limousine Services PTE LTD

The Sum of Dollars One thousand Two Hundred sixty Dollars

Being payment of SG2513 u 05/11/2021 to 12/11/2021

K & t Cars

\$ 1260 / ~~100~~

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

  
\_\_\_\_\_  
Authorised Signature

