



**JL PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: SNA3352T

Your Ref.: SLN3785H

Date: 07.01.2022

ATTN: Motor Claims Department

INS: INDIA INT'L INS PTE LTD

Dear Sir/Madam,

Accident Involving: SNA3352T & SLN3785H

Date of Accident: 20/11/2021 @ 10:20HRS

Location: PIE(Changi) Before TPE(CTE/SLE) Exit 2

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 6,100.00

Loss of Rental:  
(10 Days x \$120/Day): \$ 1,200.00

LTA Search: \$ 7.45

3rd Party Report: \$ 29.00

Grand Total: \$ 7,336.45

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Shanelle Lim @ 8297 9787, or email to [jlperfectautowork@gmail.com](mailto:jlperfectautowork@gmail.com)

Thank You,

Shanelle Lim



## Authorisation To Act

I, Kishore Kumar s/o Somasundram ("the third party claimant") of  
Blk 140 Pasir Ris St 11 #03-183 (S) 510140  
(address), owner of SNA3352T (vehicle no.)  
hereby authorise JL Perfect Autowork Pte Ltd ("the workshop")  
to act for me with respect to my claim for repair costs and / or rental and / or  
loss of use ("claim") for my vehicle no. SNA3352T that was  
damaged pursuant to the accident which occurred on 20/11/21 (date)  
at/along PIC (Changi) Before TPE (CTE/SLE) Exit 2  
(location) involving vehicle no/s SLN3785H ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that  
they deem it fit and the workshop is further authorised to receive payment further to settlement  
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by  
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident  
concerned.

Dated this 20 day of 11 (month) 20 21 (year)



Signed by "the third party claimant"



Signed by "the workshop"



## Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNA335LT and SLN3785H on 20/11/21  
at/along PTE (Changi) before TPE (CTE/SE) Exit 2

1. I/We, the Owner of motor vehicle no. SNA335LT hereby instruct and authorise JL Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$\_\_\_\_\_ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 20 day of 11 20 21

Signature of vehicle owner

Name: Kishore Kumar s/o Somasundram

IC/UEN No: S7737243A

(Company stamp, if applicable)

Address: B/K 140 Pasir Ris St 11

#03-183 (S) 510 140

Tel: 9466 7465



Witnessed by:

Shanell Lim

# TAX INVOICE

JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
07.01.2022	JLP202201-00010	SNA3352T

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05 IOB BUILDING

SINGAPORE 049711

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 6,100.00
Total	\$ 6,100.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

# CARS FOR RENT (2016) PTE LTD

**Mailing Address:**

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2111255

Date: 30-11-21

**Bill To:**

JL Perfect Autowork Pte Ltd

For the account of:

Kishorekumar S/O Somasundram

S7737243A

Apt Blk 140 Pasir Ris Street 11

#03-183

**Ship To:**

1

JL Perfect Autowork Pte Ltd

For the account of:

Kishorekumar S/O Somasundram

S7737243A

Apt Blk 140 Pasir Ris Street 11

#03-183

Description	Amount	Job No.
Vehicle Rental for Period 20.11.2021 to 30.11.2021 (Billing for days 10 X \$120.00/per day) (Vehicle No.:SNA3352T )	\$1,200.00	SMC2415D SR

Your Order #: E18510

Terms: Net 30th after

GST:

\$78.50

COMMENT

CODE

RATE

GST

SALE AMOUNT

Total Inv Amt:

\$1,200.00

SR

7%

\$78.50

\$1,121.50

Amount Applied:

\$0.00

Balance Due:

\$1,200.00





# CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: E 18510

JK Perfect

ROC/GST No: 201609732N

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULAR

Name: (as in I/C) Kishore kumar s/o  
Soma sundram

NRIC/PASSPORT No: S 7737 243A

Date of Birth: \_\_\_\_\_

Address (Res): 511 140 Puri - KIS Street  
11 # 03-183 151 510140

Driving Licence No: \_\_\_\_\_ D/L Type: Local / International

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

Tel: (O) \_\_\_\_\_ HP \_\_\_\_\_

Company Name: \_\_\_\_\_

Company UEN: \_\_\_\_\_

Company Address: \_\_\_\_\_

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) \_\_\_\_\_

NRIC/PASSPORT No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

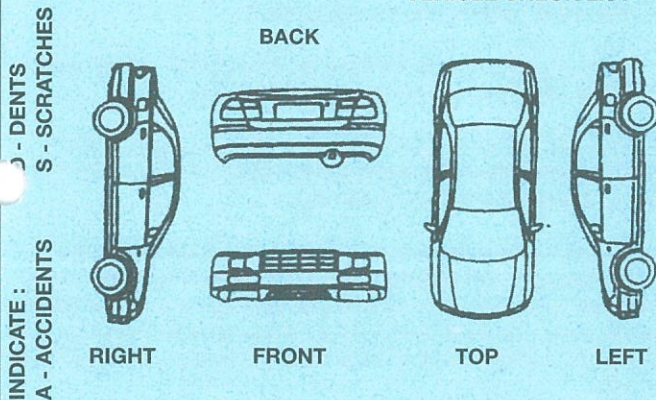
Address (Res): \_\_\_\_\_

Driving Licence No: \_\_\_\_\_ D/L Type: Local / International

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

Tel: (O) \_\_\_\_\_ HP \_\_\_\_\_

### VEHICLE CHECK LIST



Vehicle No: SMC2415D Replace Veh No: SNA3352T

Mileage out: 56494 km

Make & Model: Toyota corolla Altis ☒ Auto / ☐ Manual

OUT : Date 20/11/2021 Time: 3:40 pm

HIRE PERIOD

OWN DAMAGE CLAIM Excess S\$ 2000

THIRD PARTY CLAIM Excess S\$ 1500

CHARGES

Daily 10 @\$ 120 per day 1200 00

Weekly @\$ per week

Monthly @\$ per month

Others @\$

Delivery Service

GST

SUB-TOTAL \$

PETROL LEVEL

Out E 1/4 1/2 3/4 F

In E 1/4 1/2 3/4 F

EXTENSION

Misc.

GST 21.94 included

TOTAL CHARGES 1200 00

Rented out by :

Hirer's Signature 


Addition Driver's Signature

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

### \* IMPORTANT

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	HIRER'S SIGNATURE
<u>30/11/21</u>	<u>2:55pm</u>	<u>57247</u>			



> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Nov 2021 / 15:27:27

Receipt Date/Time : 20 Nov 2021 / 15:27:27

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211120-001670

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLN3785H

As at 20 Nov 2021/10:20:00

Insurance Co: INDIA INT'L INS PTE LTD

Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - SLN3785H Enquiry Fee 20211120152622707433	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

421808XXXXXX9928	eNETS Credit Card	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE**  
**RECORDS MANAGEMENT CENTRE**  
9 Temasek Boulevard #42-01b, Singapore 038989  
Email: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)  
GST Reg No: M400017735  
UEN: S66SS0020G

### TAX INVOICE

JL PERFECT AUTOWORK PTE LTD -  
KESHAV KUMAR S/O KISHORE  
KUMAR

**Invoice Number**  
GR-2021-004340

**Invoice Issue Date**  
23 Nov 2021

**Invoice Due Date**  
30 Nov 2021

Total Amount (S\$)	27.10
Total GST 7.00% (S\$)	1.90
Total Amount Incl. of GST (S\$)	29.00

Bill Type	Reference
Sale of Accident Report - Publ	22/11/2021,20/11/2021,SNA3352T,SLN3785H

Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
27.10	1.90	29.00
Total Amount (S\$)		27.10
Total GST 7.00% (S\$)		1.90
Total Amount Incl. of GST (S\$)		29.00

*This is a computer generated document.*  
*No signature is required.*



## 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	22/11/2021 16:26 (SGT)
Date of Accident	20/11/2021 10:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI BEFORE TPE (CTE/SLE) EXIT 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA3352T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KISHOREKUMAR S/O SOMASUNDRAM
NRIC No	S7737243A
Email Address	bumblebbb8888@gmail.com
Mobile Phone No	(Phone) +65-88698162
Alternative Phone No	+65-88698162

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01008745
Cover Note Number	-

### DRIVER

Name of Driver	KESHAV KUMAR S/O KISHORE KUMAR
NRIC No	T0104543H

Date Of Birth	08/02/2001
Occupation	Indoor
Date Of Driving Pass	16/02/2020
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88698162
Alt. Phone Number	-
Email Address	bumblebbb8888@gmail.com
Address	BLK 140 PASIR RIS STREET 11 #03-183
Address complement	-
Postcode	510140
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 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?	-

#### CUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, VEHICLE A (SMN3352T) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED, I THEN REALISED THAT IS VEHICLE B (SLN3785H) THAT HAD COLLIDED ONTO MY VEHICLE.

#### 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	SLN3785H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-



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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	KESHAV KUMAR S/O KISHORE KUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNA3352T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

Send Email to

JL perfect gntowork@gmail.com

**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.
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.

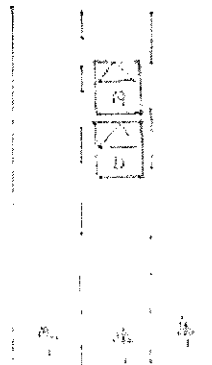
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle 1: 33527  
Vehicle 2: 33524





### Describe Circumstances of the Accident

Rate

to Attend

### Declaration

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

Policyholders Schedule - Date & Time

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

Witnesses to Reporting Office  
Personnel

ON THE STATED DATE AND TIME. I , VEHICLE A (SNA3352T) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP , I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY , I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SLN3785H) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SNA3352T

VEHICLE C : SLN3785H







SNA3352T

Owner

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7737243A**



Name  
**KISHOREKUMAR S/O  
SOMASUNDRAM**

Race  
**INDIAN**

Date of birth  
**15-12-1977**

Sex  
**M**

Country of birth  
**SINGAPORE**

**S7737243A**

4354085



NRIC No. **S7737243A**

Date of issue  
**29-01-2009**

**APT BLK 140 PASIR RIS STREET 11 #03-183  
SINGAPORE 510140**

NRIC No: **S7737243A**      Date: **09/12/2016**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S7737243A**  
Name: **KISHOREKUMAR S/O SOMASUNDRAM**

Birth Date: **15 Dec 1977**  
Issue Date: **29 Jan 2009**

001706S11H



SNA 33527

Owner

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

	PASS DATE
Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	01 Feb 2001

NP 428A


Licence No: S7737243A



SNA3352T

Driver

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. T0104543H**




**Name**  
**KESHAV KUMAR S/O KISHORE KUMAR**

**Race**  
**INDIAN**

**Date of birth**  
**06-02-2001**

**Sex**  
**M**

**Country/Place of birth**  
**SINGAPORE**



5547541



**NRIC No. T0104543H**



**Date of issue**  
**07-01-2016**

**APT BLK 140 PASIR RIS STREET 11 #03-183**  
**SINGAPORE 510140**

**NRIC No: T0104543H**      **Date: 09/12/2016**



SNA3325T

Driver

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **T0104543H**  
Name: **KESHAV KUMAR S/O KISHORE KUMAR**  
Birth Date: **06 Feb 2001**  
Issue Date: **06 Feb 2020**

003024684C



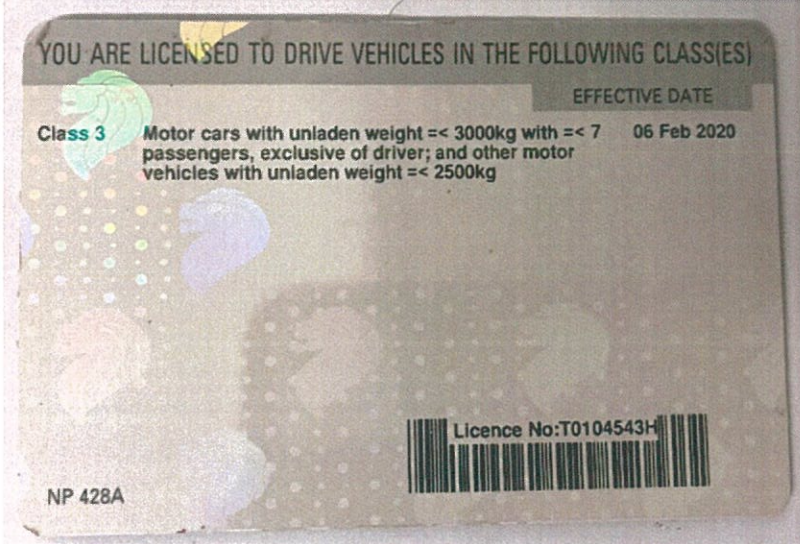
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

**EFFECTIVE DATE** 06 Feb 2020

NP 428A

Licence No: T0104543H





## Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D21MTPV01008745  
Insured : KISHOREKUMAR S/O SOMASUNDRAM  
Motor Vehicle (Registration No.): SNA3352T  
Coverage : Comprehensive - ExcelDrive FOCUS  
Policy Commencement Date : 17 JUNE 2021 00:00  
Policy Expiry Date : 16 JUNE 2022 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$600 - Section I  
Voluntary Excess\* : N.A  
Windscreen Excess\* : S\$100.00 for each and every applicable claim.

\* Subject to GST wherever applicable

### Persons or Classes of Persons entitled to drive\*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

### Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

### ExcelDrive Workshops and Accident Reporting

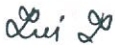
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 16 JUNE 2021 14:52

### IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance 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 (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11A27404 & AUTOSHIELD PTE. LTD. CI Code: 22A FLDZOH4I4M1BWRA0