

NATIONAL Assessment Centre Services

Date In: 18/07/12	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22006782/12	SAS e-filing		
Veh No: 8MP273R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/07/12 1700	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD5393C	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA2201905	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20			
Cat. 2 / 3:	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	18/07/2022 14:29 (SGT)
Reported by	Owner
Date of Accident	15/07/2022 17:00 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP273R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONESTO LEASING PTE LTD
Company Reg No	2XXXXX843R
Email Address	lemanifique@gmail.com
Mobile Phone No	(Phone) +65-84890969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00003712200

DRIVER

Name of Driver	MUHAMMAD AZAM BIN HAMIN
NRIC No	SXXXX972B
Date Of Birth	09/05/1983
Occupation	Outdoor

Date Of Driving Pass	16/10/2015
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87008395
Alt. Phone Number	-
Email Address	lemanifique@gmail.com
Address	101A CANBERRA STREET
Address complement	#05-11
Postcode	751101
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD5393C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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	MUHAMMAD AZAM BIN HAMIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER & BACK
Injured person in which vehicle?	SMP273R
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 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. 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.

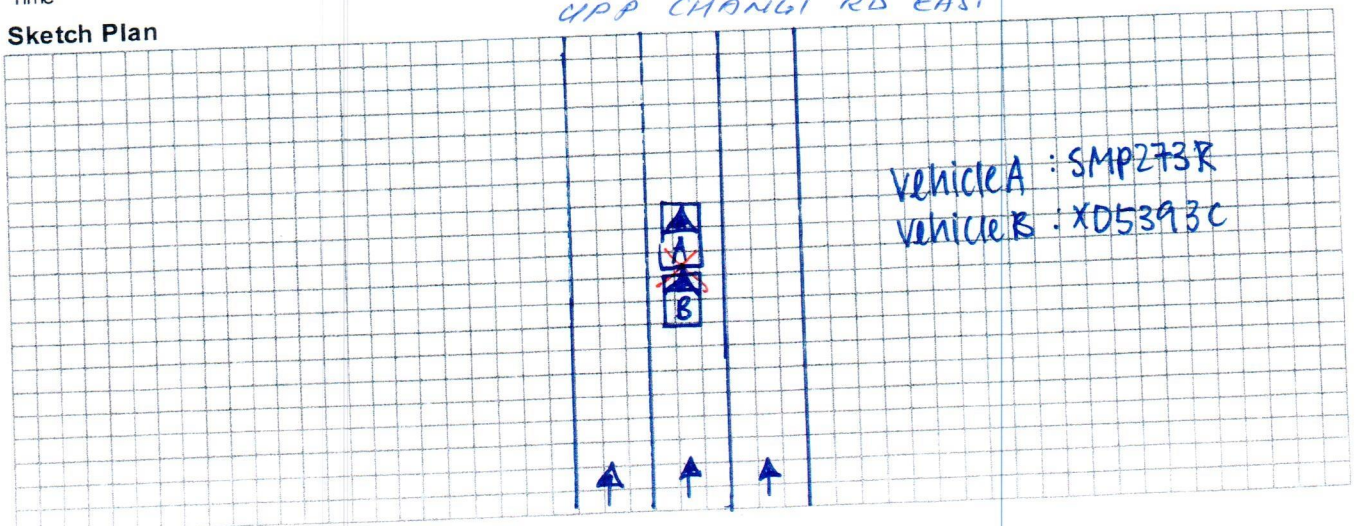


Policyholder's Signature / Date & Time

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

Shyma 18/07/22



SINGAPORE POLICE FORCE



T/20220715/7051

1 of 3

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

Report No. T/20220715/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2022 22:16	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: MUHAMMAD AZAM BIN HAMIN		Address: 101A CANBERRA STREET #05-11 SINGAPORE 751101
ID Type / ID No.: NRIC NO / S8313972B		Contact No.: Home/Office: Mobile: 87008395
Nationality: SINGAPORE CITIZEN		Email: LEMANIFIQUE@GMAIL.COM
Sex: Male	Age: 39	Date of Birth: 09/05/1983
Race: Javanese		Type of Informant: Driver
Occupation: Self employed		Language: English
		Institution / School Name:
		Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2022 17:00	Type of Location:
Location: UPPER CHANGI ROAD EAST				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP273R	Car					0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



SINGAPORE POLICE FORCE



T/20220715/7051

2 of 3

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

Report No. T/20220715/7051

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD AZAM BIN HAMIN	ID No.	S8313972B
Related Vehicle	SMP273R (Car)	Contact No.	87008395
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SMP273R was stationary on lane 2 of the 3 lane road waiting for the traffic light to turn green.

When the lights turn green, I prepare to move off.

Before I could move I felt a huge impact from behind.

The impact was great.

I was lunged forward and pulled back by my seatbelt.

After a while I start to feel pain on my neck, shoulder and back areas.

I then proceeded to T medical clinic near my place to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220715/7051

3 of 3

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

Report No. T/20220715/7051

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/07/2022 22:16

Classification Of Case:

Joshua (Onesto)

16/7/22

✓ LCIC

NTUC

✓ 18/7

TP

Date of Accident : 15/07/2022 Accident Time: 1700 (24-HR-Format)
Accident Place : upper changi Road East
Vehicle. No. (Car Plate No.) : SMP273R Make/Model: Honda Vezel
Insurance Company : China Taiping Policy No: DMHCSNA000
Owner or Company Name / IC No. : Onesto Leasing Pte Ltd (201814843R)
Owner or Company Contact No. : 8489 0969 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : Muhammad Azam Bin Hamin (S8313972B)
DRIVER'S Date Of Birth : 09/05/1983 DRIVER'S License Pass Date 16/10/2015
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: Hirer
DRIVER'S Address : 101A Canberra Street #05-11 S(751101)
DRIVER'S Contact No./ Alt No. : 1) 8700 8395 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : LEMANIFIQUE@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was the accident reported to the police? YES NO
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes - Driver

Other Party Driver's Particular (if any)

Vehicle. No: XD5393C

Vehicle. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: Noimontree Somphop

Name Driver: _____

IC No. Driver/Contact: F7916076T / 91480882

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

N SN

AN0695A

Cov. Type: C

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.

DMHCSNA00003712200

Engine No.: LEB5923195

Cha. No.: RU31223184

1. Index Mark and Registration
Number of Vehicle

SMP273R

AUTOSAFE
=====

2. Name of Policy Holder

ONESTO LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

22/02/2022
(00:00:00)

Excess Sect I . S\$2,000.00
Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

21/02/2023

Excess Sect. II (Outside Singapore). S\$3,000.00
EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.
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.*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD

* 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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Xin Yi Josephine
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

14 June 2022

Muhammad Azam Bin Hamin
101A Canberra Street
#05-11
Singapore 751101
Renewal No: R2207004035

Dear Sir/Madam

RENEWAL NOTICE FOR VOCATIONAL LICENCE

Your vocational licence will expire on **09/07/2022**. Please renew your vocational licence at **AXS** before it expires as you may be subjected to additional requirements thereafter.

You **do not** have any outstanding requirement to fulfil for renewal of your vocational licence. You may renew your vocational licence via **AXS kiosk**, **AXS e-station (internet)** or **m-station (mobile app)**. Please note that the renewal fee of \$40 made via AXS is non-refundable.

(AXS > Government > LTA > Vocational Licence Renewal, and key in the renewal number stated on the renewal notice)

Should you require further assistance, you may visit our Sin Ming Customer Service Centre (10 Sin Ming Dr). We are open Monday to Friday, from 8am to 4.30pm (excluding public holidays).

Please note that all vocational licence services at LTA Sin Ming Customer Service Centre are strictly by appointment only. You may book an appointment via www.lta-eappointment.sg (select "Public Service Vehicle" > "Vocational Licence" > "Renewal").

For information on vocational licence requirements and services, please scan the QR code on the right for more details.

Visit onemotoring.lta.gov.sg > Driving > Vocational Licence

Yours faithfully



for REGISTRAR OF VEHICLES

[This is a computer-generated letter; no signature is required.]

ONESTO LEASING PTE LTD

UEN NO: 201814843R
 ADDRESS: 210 TURF CLUB ROAD LOT A10
 THE GRANDSTAND SINGAPORE 287995
 EMAIL: onestoleasing@gmail.com / joshonesto@gmail.com

ONESTO

LEASE AGREEMENT NO. SMP23R
 DATE: 10/04/2022

CDW : \$35/WEEK

Schedule

This is a Rental Agreement made between us, **ONESTO CAR LEASING PTE LTD** (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 210 Turf Club Road Lot A10 The Grandstand Car Mall Singapore 287995 AND YOU, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : MUHAMMAD AZAM BIN HAMIN
 NRIC/PASSPORT/RCRB NO. : S8313972B
 DATE OF BIRTH : 9-5-1983
 ADDRESS : 101A CANNIBERRA STREET #05-11 S751101
 TELEPHONE : 87008395
 EMAIL : lemanifiqu@gmail.com
 NAME OF DRIVER(S) (IN FULL) :
 NRIC/PASSPORT NO. :
 DATE OF BIRTH :
 NAME OF DRIVER(S) (IN FULL) :
 NRIC/PASSPORT NO. :
 DATE OF BIRTH :

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SMP273R
 MAKE : HONDA
 MODEL : VEZEL HYBRID
 COLOUR : WHITE
 ENGINE NO. : AS PER LOGCARD
 CHASSIS NO. : AS PER LOGCARD
 TYPE : PASSENGER / COMMERCIAL
 (delete where inapplicable)
 Date, Time and Mileage for Collection: 10/04/2022 (date) 2.10PM (time) (mileage)
 Date, Time and Mileage for Return: (date) (time) (mileage)
 Petrol Out: Empty / 1/4 tank / 1/2 tank / 3/4 tank / Full
 (Vehicle must be returned with same level of petrol)

2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly Basis
 From 10/04/2022 ("Commencement Date") to 10/10/2022 ("End Date")

* delete where not applicable

3. LEASE CHARGES

Amount \$441 per day/week/month/year* inclusive of Goods and Services Tax ("GST") (collectively, "Lease Charges") payable in advance on the WEDday of each day/week/month/year* ("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable

separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

* delete where not applicable

4. **DEPOSIT**
 Amount: \$5500 (exclusive of GST)

5. INSURANCE, ROAD TAX AND MAINTENANCE

The Company will be responsible for the road tax, maintenance and servicing of the Vehicle. You agree to pay the sum of \$5 on Commencement Date for the Company to arrange the following insurance coverage for the Vehicle. The full details of the insurance policy will be provided to you and you undertake to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : \$5,800 (per accident per claim) in Singapore
 Insurance Coverage : Third Party Injury and Death Only /
 Third Party Injury, Death and Damage Only /
 Comprehensive Insurance Policy /
 Others \$800 (specify)*

Coverage Amount : \$5 (specify)

* delete where not applicable

6. PURPOSE OF USE

Personal social domestic use / others*
 If others, please specify : PHV

* delete where not applicable

7. EARLY TERMINATION

You shall be liable to the Company for early termination as provided under the Terms and Conditions annexed hereto. Lease to own for a period of 72 months which the car ownership will be transfer by the end of the contract terms with no outstanding.

8. PAYMENT

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer

Signed for and on behalf of
 ONESTO CAR LEASING PTE LTD

Name: JOSHUG CHEONG
 Designation: Manager

Name: MUHAMMAD AZAM BIN HAMIN



SV AUTOWORKS PTE. LTD.

Co.UEN Reg. No.: 202140260K

8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24

Singapore 415875 | Email: info.svautoworks@gmail.com

Tel: +65 6242 4328

LETTER OF AUTHORISATION

Accident on _____ along _____
involving vehicles nos. _____

In consideration of **SV Autoworks Pte. Ltd.**, 8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24,
Singapore 415875, repairing my/our motor vehicle no. _____ at my/our
request, I/We, _____ ("the
claimant") of _____

_____ (address) bearing NRIC no. _____ the owner of motor vehicle no. _____
_____, hereby authorise them to demand claim, settle and receive whatever amount
settle payable by the insurance company or third party or commence legal proceeding for cost of
repairs, loss of use and etc, to any of their appointed advocates to act of me/us in respect of the said
accident/claim and all the amount claimed or settled shall belong and make payable to them
absolutely by the insurance company of the third party. I/We further authorised them to give an
absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents
necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute
the claims maintained by **SV Autoworks Pte. Ltd.** I/We further agree and undertake to indemnify
them against my/our claim for costs which arise therewith. In the event that my/our claim is
unsuccessful, I/we undertake to pay to **SV Autoworks Pte. Ltd.** the cost of repairs of my/our vehicle.
In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our
instruction to clear the said cheque on my/our behalf by presenting the same for payment directly
into **SV Autoworks Pte. Ltd.** account. Upon clearance of the said cheque, I/we further **SV**
Autoworks Pte. Ltd. and/or their appointed law firm to utilise the monies to pay their charges
without further reference to me. I confirm that the payment to **SV Autoworks Pte. Ltd.** shall amount
to a good discharge of **SV Autoworks Pte. Ltd.** and/or their appointed law firm's obligation to me in
respect of the settlement monies.

Dated this _____ day of _____ (month) _____ (year).



"The Claimant's" Signature

Name: _____

NRIC No.: _____

SV Autoworks Pte. Ltd.

Name: _____

Date:

To: **MATTHEW CHIONG PARTNERSHIP**
8 Eu Tong Sen Street
The Central, Office 1
#11-96/97
Singapore 059818

WARRANT TO ACT

AUTHORISATION TO ACT WITH RESPECT TO ACCIDENT INVOLVING

I, _____, NRIC/Passport/UEN No.: _____, The owner of motor-vehicle no. _____ hereby appoint you, **MATTHEW CHIONG PARTNERSHIP** to act for me for the purpose of bringing and commencing an action for damages I have suffered as a result of the foresaid accident.

I hereby authorise and empower you to act for me in this matter in negotiating a fair and reasonable settlement with the party/parties and/or with the insurer(s) concerned with regards to my claim for surveyor report fees, repair fees, rental fees, loss of use, towing fees, search fees, legal fees and all other related sums and other expenses incurred by me as a result of this accident and upon settlement of this matter, to release all such settlement sum including surveyor report fees, repair fees, rental fees, loss of use, towing fees, search fees, legal fees and all other related sums and other expenses to and take instructions from my appointed representative _____ who is my/our duly appointed and authorised representative. Further, you are to direct all correspondence including documents in support of my/our claim and court document to me/us with copies of same to my appointed representative to facilitate the settlement of my claim.

You may proceed to apply to the relevant authorities, organisations or bodies to obtain all necessary reports or information arising from or in connection with the foresaid accident as may be required by you. In the event that a settlement is not forthcoming or reached and that legal proceedings is to be initiated against the other party/parties for the recovery of damages due to me, I shall render all cooperation to attend at your office in person and to attend court or any other meetings and proceedings whenever requested.

Your legal costs on a solicitor and client basis is agreed by me and will be paid to you as agreed or as may be determined upon taxation where applicable which sum and all disbursements shall be deducted from the settlement funds in your clients' account before the balance is released to my appointed representative _____. If any legal costs is ordered against me by the Court, I shall be personally liable for the said costs and disbursements.

I fully understand and irrevocably agree and authorise the third party and/or their insurers to make payment of the settlement sum to Matthew Chiong Partnership and for you to release all the balance of the settlement funds less your costs and disbursements, directly to _____ whom I have so authorised and I hereby absolve you of any and all liability during your course of following any/or all of my or my appointed representative's instructions.

Further Instructions: Your legal cost will be as benchmarked under the Non-Injury Accident Protocol in the State Court Practice Directions ("NIMA Protocol") or the Rules of Court in relation to the contribution by the opposite party. In the event that if the quantum of damages for my claim is below \$3,000.00 and I do not pursue my claim through the Financial Industry Resolution Centre, I shall pay the cost as benchmarked under the NIMA Protocol.



Name: _____
Signature / Co. Stamp (if applicable)

WARRANT TO ACT
(Vehicle Damage Claim Only. No Personal Injuries.)

Re:

I/We, _____ (UEN/NRIC No. _____) of _____ (H/p no. _____), the owner of motor vehicle no. _____, do hereby appoint and authorise you, Messrs **KSCGP Juris LLP**; Advocates & Solicitors; Singapore (hereinafter called "the Firm"), to act for me/us in my/our claim for damages, comprising cost of repairs/loss of excess and/or loss of use/rental and survey fees against the other party or parties and his/her employers (if applicable) arising out of the above accident matter (hereinafter referred to as "the above matter") and to do everything in connection therewith, until further notice in writing by me/us quoting the Firm's file reference(s) by registered mail to the Firm's office address at 133 New Bridge Road, #17-03 Chinatown Point, Singapore 059413.

And I/we hereby authorise and empower the Firm to: (i) act for me/us in all aspects of the matter and/or to liaise with and take all instructions solely from _____ and/or their duly authorised representative as my/our duly appointed and authorised agent and on my/our behalf in relation to and including and not limited to issues of whether to sue in court, defend, how much to claim, how much to settle for as well as the Firm's costs and disbursements; (ii) pay all the balance monies inter-alia being damages, survey and police report/GIA report fees (where applicable) to my/our agent after deducting your legal fees, disbursements and GST (if any) which said payments should be a good and valid discharge to you of your obligation and liability to me/us in respect of the sums due to me/us. I/We am/are entitled with notice to be provided with copies of material documents upon request and payment of charges. In any event, I/we will be provided with a copy of the Letter of Claim and Discharge Voucher as well as the final letter informing me/us of the matter having been settled without charge.

And I/we authorise the Firm to receive payment in the name of the Firm of any and all monies due to me with regards to damages or the Firm's legal fees, disbursements and GST (if any). In the event that I/we receive payment directly from the third party or their insurer / servant / agent for the above matter, I/we undertake to deliver the payment to the Firm immediately without deduction.

And I/we hereby agree at all times to consent to (i) ratify and confirm whatsoever the Firm shall lawfully do or cause to be done by virtue of this Warrant; (ii) render all cooperation to attend at your office in person and/or attend Court whenever necessary; (iii) a suit being filed in Court if no reasonable offer is received from the other party or parties and/or its/their insurer upon the lapse of the time-frame prescribed by any law(s), regulation(s), rule(s) or practice direction(s) from the State Courts or High Court or Law Society of Singapore; (iv) the Firm at its sole discretion instructing / briefing counsel to appear in Court in relation to the above matter and (v) collecting, using and disclosing my personal data in relation to my/our claim from this accident including but not limited to insurers, potential Defendants, owners (and employers of drivers) of 3rd party vehicles, GIA, Traffic Police, LTA, State or High Court and service providers whether located in Singapore or overseas.

And I/we understand that I/we are entitled to discharge the Firm and the Firm is entitled to discharge itself from further acting in the matter on the grounds set forth in Rule 26 of the Law Society's Professional Conduct Rules and upon discharge the firm shall have a lien over all documents and/or any monies held on my/our behalf until payment of the Firm's professional costs and disbursements, which shall become payable immediately by me/us.

X



Client's (Owner's) Signature

Dated this _____ day of _____ 20____

Witness' Signature
Full name of Solicitor:

LETTER OF DECLARATION

To:

SV Autoworks Pte. Ltd.
8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit
#02-24, Singapore 415875

Dear Sir/Madam,

RE: Accident on _____ along _____
between vehicles nos. _____.

I, _____, NRIC no.
_____.

of _____

hereby confirmed that I was involved in the above said accident, and it was not a false or staged accident.

Whereby I am injured as a result from the accident, I confirmed that my injury is genuine and that I have not been advised by anyone to seek medical treatment for submitting a claim. I have been advised that if the above said accident is false or staged, I am committing a serious criminal offence.

I am only reporting the accident based on the best of my knowledge, in the light of the factual scenario and on my own accord.



Driver's Signature

Date

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Jul 2022 / 11:03:09

Receipt Date/Time : 16 Jul 2022 / 11:03:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220716-000677

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 - XD5393C As at 15 Jul 2022/17:00:00 Insurance Co: NTUC INCOME INS CO-OP LTD				
1	Insurance Enquiry - XD5393C Enquiry Fee 20220716110241585018	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	j6jeze8a		Credit Card	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.