



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.: SMQ7368A

Your Ref.: GBF5347L

Date: 02.12.2022

ATTN: Motor Claims Department

INS: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SMQ7368A & GBF5347L

Date of Accident: 27.08.2022 @ 13:40 HOURS

Location: AYE (TUAS) BEFORE CLEMENTI AVENUE 2 EXIT

We refer to the above-mentioned accident.

We are claiming as follows:

| | |
|---------------------|---------------------------|
| Cost of Repair: | <u>\$ 4,300.00</u> |
| Loss of Rental: | |
| (10 Days x \$120) | <u>\$ 1,200.00</u> |
| LTA Search: | <u>\$ 7.45</u> |
| Towing Fee: | <u>\$ 70.00</u> |
| Grand Total: | <u>\$ 5,577.45</u> |

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 Irene @ 8297 9787, or email to jlperfectautowork@gmail.com

Thank You,

Irene



Authorisation To Act


I, Mahammad Nucharith Asyraf Bin Abdyl Aziz ("the third party claimant") of
805D Keat Hong Close #04-80 S(684805)
(address), owner of SMQ7368A (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. SMQ7368A that was
damaged pursuant to the accident which occurred on 27/08/22 (date)
at/along AYE (Tua) Before Clementi Ave 2 Exit
(location) involving vehicle no/s GBF5347L ("the accident").

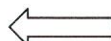
I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

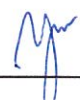
I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

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 27 day of 08 (month) 20 22 (year)


Signed by "the third party claimant"




Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMQ7368A and GBF5347L on 07/08/22
at/along AYE (Turas) Before Clementi Ave 2 Exit

1. I/We, the Owner of motor vehicle no. SMQ7368A 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 04 day of 08 2022

Signature of vehicle owner

Mohammad Nurharith
Name: Azraf Bin Abdul Aziz

IC/UEN No: 59141113Z

(Company stamp, if applicable)

Address: 805 Keat Hong Close
#04-805 (684805)

Tel: 86665640

Witnessed by:

Jrene



"My execution of this Discharge
Voucher is only for my claim
for property damage and not
prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

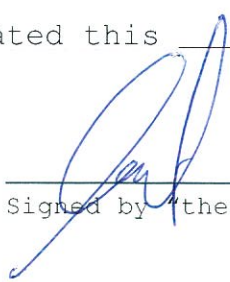
I, Mahammad Nurharith Asyraf
Bin Abdul Aziz ("the third party claimant")
of 805 Keat Hong Close #04-80 S(684805) (address),
owner of SMQ7368A (vehicle no.) hereby authorize
JL Perfect Autowork Pte Ltd


("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. SMQ7368A that was damaged pursuant to the
accident which occurred on 27/08/22 (date) along AYE (TuoS)
Before Clementi Ave 2 Exit (location)
involving vehicle no/s GBF5347L
("the accident").

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

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

Dated this 27 day of 08 (month) 20 22 (year)


Signed by "the third party claimant"


Signed by "the workshop"
(with chop)



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 |
|------------|-----------------|----------------|
| 02.12.2022 | JLP202212-00198 | SMQ7368A |

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

| Description | Amount (SGD) |
|---|--------------|
| Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ 4,300.00 |
| Total | \$ 4,300.00 |

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 #: E2209074

Date: 10-09-22

Bill To:

JL Perfect Autowork Pte Ltd

For the account of:

Muhammad Nurharith Asyraf Bin Abdull Aziz

S9141113Z

805D Keat Hong Close

#04-80

Ship To:

1

JL Perfect Autowork Pte Ltd

For the account of:

Muhammad Nurharith Asyraf Bin Abdull Aziz

S9141113Z

805D Keat Hong Close

#04-80

| Description | Amount | Job No. |
|---|------------|-------------|
| Vehicle Rental for Period 27.08.2022 to 06.09.2022 (Billing for days 10 X \$120.00/per day) (Vehicle No.: SMQ7368A) | \$1,200.00 | SMC2415D SR |

Your Order #: 20580

| | | | | | |
|---------|------|------|-----------------------|-----------------|----------------|
| | | | Terms: Net 30th after | GST: | \$78.50 |
| COMMENT | CODE | RATE | GST | SALE AMOUNT | Total Inv Amt: |
| | SR | 7% | \$78.50 | \$1,121.50 | \$1,200.00 |
| | | | | 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: 20580

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

Perfect

| | | | |
|--|--|--|--|
| HIRER'S PARTICULAR | | Vehicle No: <u>SMC2415D</u> Replace Veh No: <u>SMQ7368A</u> | |
| Name: (as in I/C) <u>Muhammad Nurhanth Asyraf</u> | | Mileage out: <u>70330km</u> | |
| Email: <u>Bin Abdul Aziz</u> | | Make & Model: <u>Toyota Corolla Altis</u> Auto / Manual | |
| NRIC/PASSPORT No: <u>C914113Z</u> | | OUT : Date <u>27/08/2022</u> Time: <u>3:30pm</u> | |
| Date of Birth: <u>16/11/1991</u> | | HIRE PERIOD | |
| Address (Res): <u>805D Keat Hong Close</u> | | OWN DAMAGE CLAIM Excess S\$ <u>2000</u> | |
| <u>#04-80 (684805)</u> | | THIRD PARTY CLAIM Excess S\$ <u>1500</u> | |
| Driving Licence No: <u>S9141132</u> D/L Type: <u>Local / International</u> | | CHARGES | |
| Issue Date: <u>31 May 2011</u> | | Daily <u>10</u> @ \$ <u>120</u> <u>00</u> per day <u>1,200</u> <u>00</u> | |
| Tel: (O) _____ HP _____ | | Weekly _____ @ \$ _____ per week | |
| Company Name: _____ | | Monthly _____ @ \$ _____ per month | |
| Company UEN: _____ | | Others _____ @ \$ _____ | |
| Company Address: _____ | | Delivery Service _____ | |
| ADDITIONAL DRIVER'S PARTICULARS | | GST _____ | |
| Name: (as in I/C) _____ | | SUB-TOTAL \$ _____ | |
| NRIC/PASSPORT No: _____ | | PETROL LEVEL | |
| Date of Birth: _____ | | Out E 1/4 1/2 3/4 F | |
| Address (Res): _____ | | In E 1/4 1/2 3/4 F | |
| Driving Licence No: _____ D/L Type: Local / International | | EXTENSION | |
| Issue Date: _____ | | Misc. _____ | |
| Tel: (O) _____ HP _____ | | GST <u>Incl 7%</u> | |
| VEHICLE CHECK LIST | | TOTAL CHARGES <u>1,200</u> <u>00</u> | |
| INDICATE: D - DENTS S - SCRATCHES | | Rented out by: _____ | |
| A - ACCIDENTS | | Hirer's Signature _____ | |
| BACK | | Addition Driver's Signature _____ | |
| RIGHT FRONT TOP LEFT | | | |

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

1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
5. 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 DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS 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 |
|----------|---------|---------|------------|---------|-------------------|
| 06/09/22 | 3:35pm | 70818 | | | |

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Aug 2022 / 14:44:56

Receipt Date/Time : 27 Aug 2022 / 14:44:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220827-001464

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 - GBF5347L | | | | |
| As at 27 Aug 2022/13:40:00 | | | | |
| Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD. | | | | |
| 1 | Insurance Enquiry - GBF5347L Enquiry Fee 20220827144359782002 | 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 | | | | |
| 421808XXXXXX9928 | | eNETS 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.

CASH SALES/INVOICE

No: 0003720

**James Towing Services**Blk 288 Yishun Ave 6 #07-50 Singapore 760288
James Low HP: 9015 7488 • 9811 9966**24 Hrs**
Towing Services
拖车服务日期 27/8/2022
Date:

寶號

Messre:

CASH

車號

Vehicle No:

SMD 7368A

型號

Model No:

由

From:

AYE

到

To:

Kaki Bukit

時間 (日夜)

Time (day/night)

其他

Other:

現金

CASH\$

70

支票

CHEQUE:

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。

NOTES: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdemeanor to your vehicle whilst being towed.

收貨人

Received by

經手人

Issued by

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 Actual 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 | 29/08/2022 16:32 (SGT) |
| Reported by | Both |
| Date of Accident | 27/08/2022 13:40 (SGT) |
| Exact Location of Accident | AYE, Singapore |
| Additional Location Information | AYE (TUAS) BEFORE CLEMENTI AVENUE 2 EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMQ7368A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--|
| Is company? | No |
| Name Of Registered Owner | MUHAMMAD NURHARITH ASYRAF BIN ABDUL AZIZ |
| NRIC No | SXXXX113Z |
| Email Address | AASYRAAF91@GMAIL.COM |
| Mobile Phone No | (Phone) +65-86665640 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Fit |
| 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 | 1300 |

INSURANCE COMPANY

| | |
|-----------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | 5123432301 |

DRIVER

| | |
|----------------|--|
| Name of Driver | MUHAMMAD NURHARITH ASYRAF BIN ABDUL AZIZ |
| NRIC No | SXXXX113Z |
| Date Of Birth | 16/11/1991 |
| Occupation | Indoor |

| | |
|--|----------------------|
| Date Of Driving Pass | 26/04/2013 |
| Driving experience | 9 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86665640 |
| Alt. Phone Number | - |
| Email Address | AASYRAAF91@GMAIL.COM |
| Address | 805D KEAT HONG CLOSE |
| Address complement | 04-80 |
| Postcode | 684805 |
| 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 | Collision - Change/cross lane |
| 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) | 4 |
| 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 | - |

PASSENGER 1

| | |
|--------|--------|
| Name | AZIAN |
| Gender | Female |

PASSENGER 2

| | |
|--------|-------|
| Name | AHNAF |
| Gender | Male |

PASSENGER 3

| | |
|--------|-------|
| Name | AMMAR |
| Gender | Male |

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

PLEASE REFER TO SKETCH PLAN ATTACHED

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 GBF5347L
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 NURHARITH ASYRAF BIN ABDUL AZIZ
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMQ7368A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person AZIAN
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMQ7368A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person AHNAF
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMQ7368A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person AMMAR
Gender Male

| | |
|---|----------|
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMQ7368A |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)

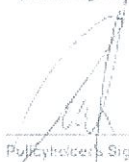
I understand, acknowledge, agree and consent that:


(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")

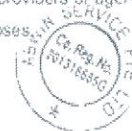
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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
(Name as in NRIC/ID card)




Sketch Plan


Vehicle 1: SIDA 780819
Vehicle 2: CBF5 4472


Describe Circumstance of the Accident

Declaration

We declare the foregoing particulars are true to our respect.


 Declarant's Signature, Date & Time


 Declarant's Signature, Date & Time


 Declarant's Signature, Date & Time



ON THE STATED DATE AND TIME. I, VEHICLE A (SMQ7368A) WAS TRAVELLING STRAIGHT ON LANE 2 OF AYE(TUAS) BEFORE CLEMENTI AVENUE 2 EXIT. SUDDENLY, VEHICLE B (GBF5347L) FROM MY LEFT (LANE 3) CUT INTO MY LANE OVER THE DOUBLE CONTINUOUS WHITE LANE AND COLLIDED ONTO MY VEHICLE FRONT LEFT PORTION.

I WISH TO STATE THAT I GOT 3 PASSENGERS IN MY CAR.

VEHICLE A : SMQ7368A

VEHICLE B : GBF5347L



[Handwritten signature]

Sms 736811 (Counser & Driver)

REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME

MUHAMMAD NURHARITH
ASYRAF BIN ABDUL AZIZ

NRIC NO.

S9141113Z



DATE OF BIRTH

16 NOV 1991

SEX

MALE

NATIONALITY / CITIZENSHIP

SINGAPORE CITIZEN

DATE OF ISSUE

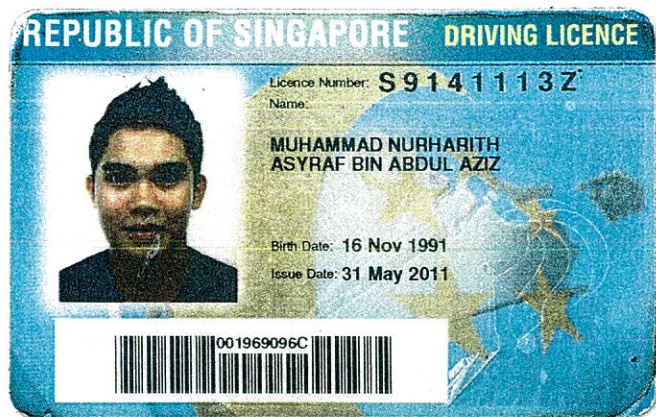
27 NOV 2006

ADDRESS

805D KEAT HONG CLOSE
#04-80
SINGAPORE 684805

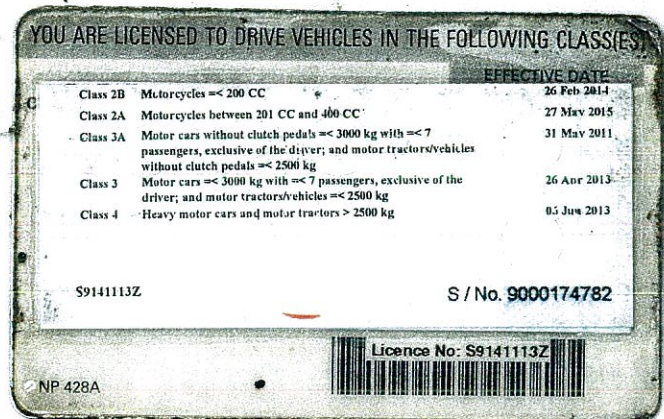
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SMA 7368A

owner & driver



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: 5123432301

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMQ7368A**
 Chassis Number : GK33425645
2. Name of Policyholder : MUHAMMAD NURHARITH ASYRAF BIN ABDUL AZIZ
3. Effective Date of Insurance : 23 Aug 2021
4. Expiry Date of Insurance : 28 Nov 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : MUHAMMAD NURHARITH ASYRAF BIN ABDUL AZIZ |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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 : SONA INSURANCE AGENCIES PTE. LTD. (00000573866)
 Date of Issue : 24 Aug 2021 10:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive