

### 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.: GBE2646Z

Your Ref.: SGN1645B

Date:

02.12.2022

ATTN:

Motor Claims Department

INS:

AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving:

GBE2646Z & SGN1645B

Date of Accident:

13.10.2022 @ 07:45 HOURS

Location:

ORCHARD ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair: \$ 2,750.00

Loss of Rental: (4 Days x \$150)

\$ 600.00

LTA Search:

**Grand Total:** 

\$ 7.45 \$ 31.00

3rd Party GIA Report:

3,388.45

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

Thank You,

Wh

Irene





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

# **Authorisation To Act**

I, Surface Art Pte Ltd ("the third party claimant") of 1 Yiehun St 23 HO4-40 YS-ONR S(768441)
(address) owner of GRRDGAGT (which no )
(address), owner of GBE 26467 (vehicle no.) hereby authorise TL 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. GBE2646Z that was
at/along Ochord Rd (date)
(location) involving vehicle no/s SGN 16458 ("the accident").
(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 day of (month) 20 (year)
Signed by "the third party claimant"  Signed by "the workshop"



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

# **Letter of Authorisation & Indemnity**

Accid	dent involving motor vehicles no.	GBE 26467 and	SGN1645B on	21/08/22
at/al	ong Orchord	d Road		
	JL Perfect Autou	NOUK Pte HO 1"t	BEフbみもZ hereby ne workshop") to appoint an inde	
	the report of the independence you the sum of \$  2. You are further authorised to	otor vehicle and to commence repent surveyor. Pending the outcom being refundable deposit of the repended to t	ne of my/our claim against the the pair to my/our said vehicle.  The solicitors and to instruct the solicitors are the solicitors.	nird party, I/we forthwith pay fully as if the appointment is
	his insurers including if nece	riven by me/us with respect to the essary, to commence legal procee orisation/approval/consent hereb	dings in Court in my/our name ag	ainst the third party.
	4. My/Our solicitors shall also	surers on such terms as you deen accept this as my/our irrevocable fter deducting their costs on a Sol	authority to pay the compensati	on monies from my/our third
	<ol><li>Upon resolving my/our claim</li></ol>	im, you are also hereby authorioursements incurred in thereby	sed to agree with my/our solici	
	6. I/We undertake and agree	um on my/our behalf directly into to fully co-operate with you and ise you to instruct my/our solicit	my/our solicitors to recover m	
	steps to recover the claim fr 7. I/we also hereby instruct a	om the negligent party where ne and authorise you to deduct dire	cessary. ctly from the claim monies rece	ived from the third party all
100	8. In the event that I/we am	re still owing to you, namely the b n/are required to attend at my/ matter, to sign court documents	our solicitor's office for purpos	es of giving my/our further
No.	I/we shall render my/our ful 9. In the event that my/our cla my/our claim procedure inc	ll co-operation to my/our solicitor aim against the third party and/o cluding court proceedings, if any, or satisfied by the third party an	s. r his insurers is not successful at and/or cannot be proceeded wit	any stage of the recovery of h and/or if any Judgement or
8 0	bill and survey fees and any costs and disbursements the	ed by you for whatever reasons, I/v other expenses reasonably incurereby incurred on my/our behalfed of any correspondences and/oue to this claim.	red and to also indemnify you in or to pay you the difference in ar	respect of my/our solicitor's nount, as the case may be.
	Da	ated this day of	69 20 W	
Signa	ture of vehicle owner		- nyw	
Name	: Surface Art	Pte Ltd	Witnessed by :	
IC/UE	NNO: 201401399	9K	_ Iren	
(Com	pany stamp, if applicable)	11	Sugar	
: <u></u>	5(768441)	18A 32		

# 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	JLP202212-00190	GBE2646Z	

### **AXA INSURANCE PTE LTD**

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding	\$ 2,750.00
to supply of spare parts, labour and spray painting charges	
Total	\$ 2,750.00

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 #: E2210057

Date: 07-10-22

1

Bill To:

Ship To:

JL Perfect Autowork Pte Ltd For the account of: Surface Art Pte Ltd UEN: 201401399K 1 Yishun Street 23

#04-40 YS-One

JL Perfect Autowork Pte Ltd For the account of: Surface Art Pte Ltd UEN: 201401399K 1 Yishun Street 23 #04-40 YS-One

Description

Amount

Job No.

SR

Vehicle Rental for Period 26.09.2022 to 30.09.2022 (Billing for days 4 X \$150.00/per day)

(Vehicle No.: GBE2646Z)

\$600.00 GBF2090X

Your Order #: 20752

CODE

Terms: Net 30th after

GST:

\$39.25

COMMENT

RATE

\$39.25

GST SALE AMOUNT

Total Inv Amt:

\$600.00

SR

7%

\$560.75 Amount Applied:

\$0.00

Balance Due:

\$600.00



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: 20752

ROC/GST No: 201609732N

## VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR	Vehicle No: GBF2090X Replace Veh No: GBE26467									
Name: (as in I/C) RUSE	Mileage out: 108116km									
Email:F & J & D & D & D & D & D & D & D & D & D	Make &				190			Auto / Manu	al	
Date of Birth:		The P	Q2196/j	0.000		19/80-9	dhab sane	Table Views		
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Driving Licence No: +8398099 RD/L Type: Logal / International	OWN D	AMA	GE CLA	MIM	Exces	ss S\$	250 (1821) 240 (1721)	2000		
Issue Date: 4 Sep 2020 hneme	THIRD	PART	Y CLAI	M	Exce	ss S\$	Joseph Lave	150	0	
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Company Name: Surface Art Pte Ltd  Company UEN: 201401399 K	Daily		@\$		<i>M</i>	per da	ìÿ	600	00	
Company Address: Vichun Street 23	Weekly	жів сь 3 міс.	@\$	A - 101 - 27 1-15-115	na an an	per we	eek	n. Yan yanu oo a catani	Li arti es col	
# 04-40. Ys-one s (768441)	Monthly	,	@\$			per m	onth	_ hisq etc.y/	ita laggia elegio	
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Name: (as in I/C)	Delivery	Delivery Service				fastronsui Praeraitiin	att uns an	o sett (Essy		
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he terms and conditions of the Koreamont arall metudiction en enact out its hands.  In naview of the Openie Societies, condition and waiver or any binach Courses.	EXTENS	SION		7-164			eguab to fo	มกไกลเลยเหตุ เกลา	dru .	
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SE CONTRACTOR OF THE PROPERTY			heren or	MA.	PI	9 0	· -	#	eri <b>e</b>	
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have read and agree to the terms and condition on both sides of ths nat all amount payable under this agreement and for parking and traff	agreemeni ic infringe	t. If I I ments	nave p	resente be bille	ed a ch	arge/ c	redit card	l for payme my signatur	nt, I agree e 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 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 AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER!

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS (selection and selection and selecti	7an ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Di 1
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## > Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

26 Sep 2022 / 11:32:03

Receipt Date/Time: 26 Sep 2022 / 11:32:03

## Tax Invoice/Receipt

Receipt No.: ITNET-00000-220926-001275

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 - SGN1645B As at 21 Aug 2022/21:40:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SGN1645B Enquiry Fee 20220926113037476797		7.00	0.49	7.49
20220920113037470797	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.



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard #42-01b, Singapore 038989 Email: <a href="mailto:gears-support@shift-technology.com">gears-support@shift-technology.com</a>

GST Reg No: M400017735

UEN: S66SS0020G

## **TAX INVOICE**

JL PERFECT AUTOWORK PTE LTD -Surface Art Pte Ltd Invoice Number GR-2022-003607

Invoice Issue Date 22 Sep 2022

**Invoice Due Date** 29 Sep 2022

Total Amount (\$\$)
Total GST 7.00% (\$\$)

28.97

Total Amount Incl. of GST (S\$)

2.03 31.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	21/09/2022,21/08/2022,GBE2646Z,SLS381H	28.97 Total Am	2.03 ount (S\$)	
		Total GST 7	.00% (S\$)	2.03
		Total Amount Incl. of	GST (S\$)	31.00

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

SC1[228M000G / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 22/08/2022 19:38 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (22/08/2022 19:38 (SGT))



# 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 witholding 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 22/08/2022 19:38 (SGT) Reported by Driver Date of Accident 21/08/2022 21:40 (SGT) act Location of Accident Singapore Additional Location Information ORCHARD ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBE2646Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SURFACE ART PTE LTD Company Reg No 201401399K **Email Address** alvinchai@surfaceart.com.sg Mobile Phone No (Phone) +65-93370623 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

INSURANCE COMPANY

Employment

No - Claiming third party Commercial vehicle

Manual 2982

Name of Insurance Company

Policy Number / Cover Note Number

India International Insurance Pte Ltd D20MCV0005982-01

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

RASEL F8298099R 07/02/1977 Outdoor

Date Of Driving Pass 30/09/2015 Driving experience **6 YEARS AND 11 MONTHS** Gender Male Mobile Number (Phone) +65-96459292 Alt. Phone Number Email Address alvinchai@surfaceart.com.sg Address C/O SURFACE ART PTE LTD Address complement Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? 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 THER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? No s notice of intended Prosecution given? No heyes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO 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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number

**SGN1645B** 

-

-

Private car ANICHOLAS

(Phone) +65-97735322

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

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS381H
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97569804
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Mature Of Damage	_
lails of property damaged in accident	~
No. Of Passenger (Including Driver)	_

### SKETCH PLAN

VENNO GBE 2646Z
INSURER India
DATE OF ACC 218/22 @21:40

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to spend 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 repud-ate policy sability.
- 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.

- 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.
- 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;
- (vii) 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 end/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/lays/fires), which may be sited outside of Singapore, for one or more of the above Purposes.

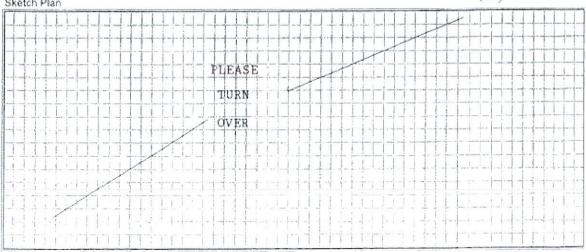
Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personne: (Name as in NRIOTO card) / \//\_\_

Sketch Plan



1

	tance of the Accident	AT YOUR INSURFE	HAVE 14DAYS TIME	FRAME for you to submit. OWN DAMAGE
				cy for more information.
	8 2			( ) Reporting Onlly
A. No. of Section Control of	OD/ TP at other wo			,
Sketch Plan				
	$ \uparrow \uparrow \uparrow \uparrow \uparrow$			A: GBE 2646Z
				B= SGN1645B
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voered in	to my la	ne as h	e was ave	picking car c who
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Accident report SC1I228M000G

Page 5 of 13

Witnessed by Reporting Cercre Personnel (Name as in NRICID card)



S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer SURFACE ART PTE, LTD.



Name RASEL

S Pass No. 0 61578706

Sector: CONSTRUCTION



K0393837

Dim

GBE2646Z

VISIT PASS Immigration Regulations

17-05-2018

Name RASEL



FIN F8298099R

Date of Birth 07-02-1977

Nationality BANGLADESHI

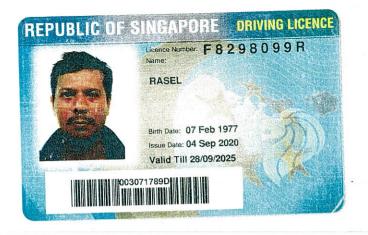
MULTIPLE JOURNEY VISA ISSUED

App to check status



OU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED. OR WHEN A NEW CARD IS ISSUED TO YOU.





Driver GBE 2646Z

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

EFFECTIVE DATE

Class 3

Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg

30 Sep 2015

NP 428A

Licence No:F8298099R



#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 (65) 62244174

Email insure@iii.com.sg Website www.iii.com.sg

### 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MCV0005982 01

**COVER:** Comprehensive

1. Index Mark and Registration Number of Vehicle

GBE2646Z

Chassis No

JTFAT35Y00K205213

2. Name of Policyholder

SURFACE ART PTE. LTD.

3 Effective date of Insurance

15 Oct 2021

4. Expiry date of Insurance

14 Oct 2022

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

Any person who is driving on the Policyholder's order or with their 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.

Limitations as to use\*

a) Use in connection with the Policyholder's business.

b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

c) Use for social, domestic and pleasure purposes.

The Policy does not cover

a) Use for hire or reward.

b) Use for racing, pace-making, reliability trial or speed-testing.

c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*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.

Excess Sect I

: SGD600.00

Windscreen Excess : SGD100.00

Hire Purchase Company : N.A.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker

: A000077/HM PTE LTD

Date of Issue

: 06/10/2021 14:23:41

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory