

MATTHEW CHIONG PARTNERSHIP

ADVOCATES & SOLICITORS

8 Eu Tong Sen Street, #11-96/97, The Central Office 1, Singapore 059818

T +65 6224 0405 | F +65 6224 0306 | W www.mcplaw.com.sg

Your Ref: *To be advised*

27 October 2022

Our Ref: JW/ns/20221521-008 [SKJ5858B]

Writer's name: Jade Wu

Writer's email: jadewu@mcplaw.com.sg

Writer's Secretary DID: +65 6812 0630 (Nicole)

LEE BOON FATT

c/o 149 Rochor Rd

#04-16

Singapore 188425

By Certificate of Posting

SINGAPORE-JOHORE EXPRESS (PRIVATE) LIMITED

149 Rochor Rd

#04-16

Singapore 188425

By Certificate of Posting

INDIA INT'L INS PTE LTD

64 Cecil Street

#04/#05, IOB Building

Singapore 049711

By Email

lod@iii.com.sg

Dear Sirs,

Name of Claimant:

MOHAMAD ADITA BIN SUKAIMI

c/o SV Autoworks Pte. Ltd.

8 Kaki Bukit Avenue 4

#02-24, Premier @ Kaki Bukit

Singapore 415875

Accident Involving SKJ5858B (Our Client's Vehicle) And SH109D At Woodlands Checkpoint on 11 June 2022 At 11:35am

1. We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 11 June 2022 at Woodlands Checkpoint involving our client's vehicle registration number SKJ5858B and vehicle registration number SH109D owned by you and driven by you and/or your authorised driver at the material time.
2. We are instructed that the accident was caused by you and/or your authorised driver's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

	Particulars	S\$
a.	Costs of Repair	8,400.00
b.	Rental fee (9 days)	1,068.48
c.	Survey report fee	642.00
d.	GIA Report Search Fee	31.00
e.	LTA Search Fee	7.45
f.	Costs (plus GST)	963.00
		11,111.97

3. A copy of each of the following supporting documents is enclosed:

- a) Our client's Singapore Accident Statement and police report;
 - b) Accident Statement of SH109D;
 - c) Repairer's invoice;
 - d) Rental Agreement and receipt;
 - e) Survey report and Invoice from Allied Auto Appraisal;
 - f) GIA Search Invoice; and
 - g) LTA Search.
4. Pursuant to Appendix B of the State Courts Practice Directions 2021, you must reply to us substantively with eight (8) weeks from the date of your receipt of this letter with the following information:
 - a. Whether your insurer is defending the claim or whether you are defending the claim personally. Reasons for the insurer's decision not to act must be provided;
 - b. Your position on the claim on both liability and quantum (eg, whether the claim is admitted or denied) or make an offer of settlement. If the claim is not admitted in full, the you must give reasons and provide a list of documents together with copies of all relevant supporting documents;
 - c. You are to **confirm/state the identity of the person driving your vehicle at the time of the accident and provide the driver's identification number and address** if this is not already stated in the Singapore Accident Statement. If it is your position that the party you have named was the hirer of your vehicle, please provide us with the document(s) i.e. correspondence, lease/rental agreement etc.

Please **TAKE NOTICE** that there is a presumption in law that you were the driver of the vehicle and/or the said driver was driving as your employee, servant and/or agent at the material time of the accident and if we do not hear from you on the identity of the driver, we shall commence legal proceedings against you as the Defendant for being liable for the damages, loss and expense suffered by our client in the above accident;
 - d. You must provide copies of the Singapore Accident Statements and police reports and they must be full and complete and must reflect the names, identification numbers and addresses of all persons involved in the accident together with type-written transcripts of their factual accounts of the accident;
 - e. You must provide any pre-repair and/or post-repair survey/inspection report(s);
 - f. You must specify the particular scenario in the Motor Accident Claims Online, Motor Accident Guide and/or other similar guide that is applicable to his account of the accident, enclose with your reply a copy of the relevant page of the scenario and, except where the claim is denied, make an offer on liability; and
 - g. If your insurer is the party replying to us, the reply must also state the name(s), telephone number(s) and fax number(s) of the insurance officer(s) handling the matter and the insurer's file reference number(s), to facilitate correspondence.
5. Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.
6. Please note that you or your insurer should send to us an acknowledgement of receipt within fourteen (14) days of your receipt of this letter and/or respond to us substantively within eight (8) weeks of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

7. Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.
8. Our client's rights are expressly reserved.

Yours faithfully,

Matthew Chiong Partnership

MATTHEW CHIONG PARTNERSHIP

encs



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	13/06/2022 15:28 (SGT)
Date of Accident	11/06/2022 11:35 (SGT)
Exact Location of Accident	W'Lands Checkpt, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5858B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD ADITA BIN SUKAIMI
NRIC No	S8411497I
Email Address	nohnurshu@gmail.com
Mobile Phone No	(Phone) +65-96654094
Alternative Phone No	+65-96654094

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA584316
Cover Note Number	-

DRIVER

Name of Driver	NURSHUHADA BINTE SUHAIMI
NRIC No	S8835071E



Date Of Birth	22/09/1988
Occupation	Indoor
Date Of Driving Pass	14/09/2007
Driving experience	14 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83834072
Alt. Phone Number	-
Email Address	nohnurshu@gmail.com
Address	BLK 122 PASIR RIS STREET 11 #02-411
Address complement	-
Postcode	510122
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Side Swipe
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AZZAHRA KHAN BINTE MOHAMED
Gender	Female

PASSENGER 2

Name	ALIFF KHAN BIN MOHAMED GHAZRY
Gender	Male

PASSENGER 3

Name	JAMINAH BINTE SULTAN
Gender	Female

PASSENGER 4

Name	WIWIK WIJAJA YANTI
Gender	Female

PASSENGER 5

Name	NUR SHAHIDA BINTE SUHAIMI
Gender	Female

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

REFER TO POLICE REPORT: T/20220613/7017.

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 SH109D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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 NURSHUHADA BINTE SUHAIMI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person AZZAHRA KHAN BINTE MOHAMED
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person ALIFF KHAN BIN MOHAMED GHAZRY
 Gender Male
 Phone No -
 Address -
 Address Complement -



Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person JAMINAH BINTE SULTAN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person WIWIK WIJAJA YANTI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 6

Name of injured person NUR SHAHIDA BINTE SUHAIMI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT 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 Authorized 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 regulate 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NIDC/PIN No.:

(B)WILL Sketch/Signform / A3

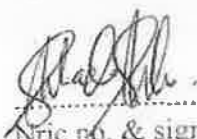
LETTER OF UNDERTAKING

I/We, MUHAMMAD ADITHYAN BIN SURIYAN, the owner of vehicle no. 8KJ 5858B

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

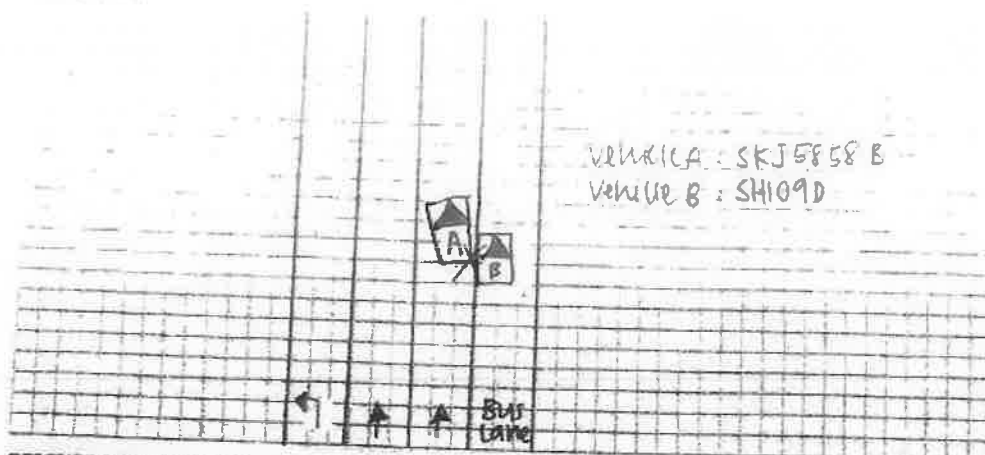


Nric no. & signature of policyholder

Company stamp

13/06/22
Date

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To police Report.

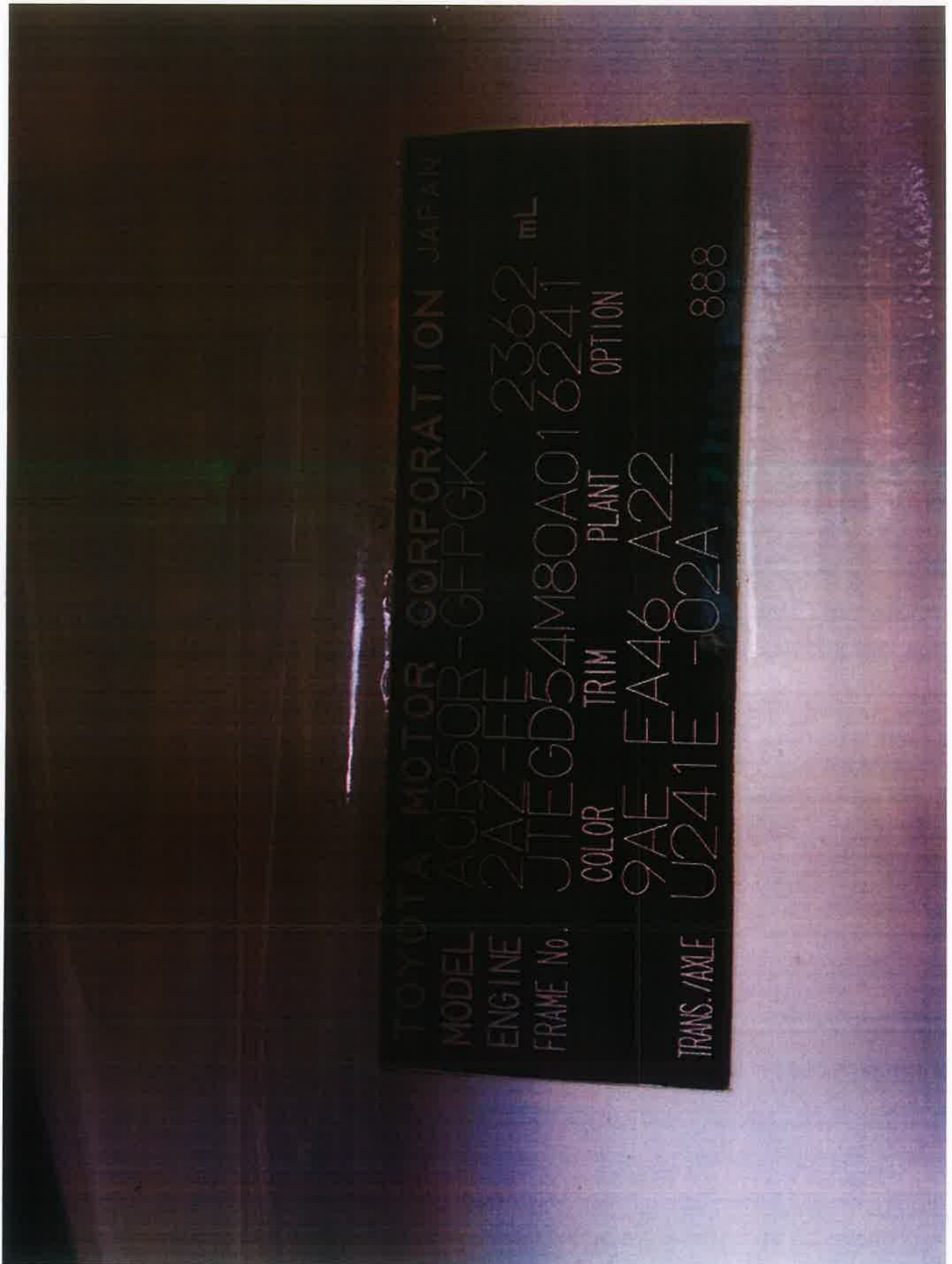
DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:















**SINGAPORE
POLICE FORCE**



T/20220613/7017

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

1 of 4

Report No. T/20220613/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2022 12:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR SHUHADA BINTE SUHAIMI			Address: 122 PASIR RIS STREET 11 #02-441 SINGAPORE 510122		
ID Type / ID No.: NRIC NO / S8835071E			Contact No.: Home/Office: Mobile: 83834072		
Nationality: SINGAPORE CITIZEN			Email: CHICKANOZ_08@HOTMAIL.COM		
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: SENIOR TRAINING OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Fatal Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 11:35	Type of Location: Straight Road
Location: WOODLANDS CROSSING				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH109F	Bus/Coach/Mi nibus					0
SKJ5858B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220613/7017

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

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Report No. T/20220613/7017

CONTINUATION OF REPORT

Driver			
Name	NUR SHUHADA BINTE SUHAIMI		ID No. S8835071E
Related Vehicle	SKJ5858B (Car)		Contact No. 83834072
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	AZZAHRA KHAN BINTE MOHAMED		ID No. T1722899J
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ALIFF KHAN BIN MOHAMED GHАЗRY		ID No. T1527421I
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	JAMINAH BINTE SULTAN		ID No. S1590220E
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220613/7017

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

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Report No. T/20220613/7017

CONTINUATION OF REPORT

Passenger			
Name	WIWIK WIJAJA YANTI		ID No. M3037055K
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Fatal
Passenger			
Name	NUR SHAHIDA BINTE SUHAIMI		ID No. S8515526A
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, VEHICLE A (SKJ 5858 B) WAS INTENDING TO MAKE A LANE SWITCH FROM FIRST LANE TO SECOND LANE. WHEN THE ROAD WAS CLEAR, I PROCEEDED TO MOVE OFF. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SH109D) WHO HAD COLLIDED ONTO MY VEHICLE WHILE I HADN'T COMPLETED MY LANE CHANGE.

AFTER THE ACCIDENT, ME AND MY FAMILY THEN WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY (TAMPINES) AS WE FELT PAIN IN OUR NECK AND BACK. WE WERE ALL GRANTED 3 DAYS MC EACH.

**SINGAPORE
POLICE FORCE**

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



T/20220613/7017

4 of 4

Report No. T/20220613/7017

CONTINUATION OF REPORTSketch 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 / TPB /
RAZIZ BIN TAHAR
Contact No.: 65476195

NP168

Signature Of Informant:

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

Date/Time:
13/06/2022 12:45

Classification Of Case:


**SINGAPORE
POLICE FORCE**


T/20220615/7007

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

1 of 4

Report No. T/20220615/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2022 11:13		Vide Report No.: T/20220613/7017		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR SHUHADA BINTE SUHAIMI			Address: 122 PASIR RIS STREET 11 #02-441 SINGAPORE 510122		
ID Type / ID No.: NRIC NO / S8835071E			Contact No.: Home/Office: Mobile: 83834072		
Nationality: SINGAPORE CITIZEN			Email: CHICKANOZ_08@HOTMAIL.COM		
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver		
Race: Boyanesese			Language: English		Institution / School Name:
Occupation: SENIOR TRAINING OFFICER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 11:35	Type of Location: Straight Road
Location: WOODLANDS CROSSING				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH109D	Bus/Coach/Mi nibus					0
SKJ5858B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220615/7007

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

2 of 4

Report No. T/20220615/7007

CONTINUATION OF REPORT

Driver			
Name	NUR SHUHADA BINTE SUHAIMI		ID No. S8835071E
Related Vehicle	SKJ5858B (Car)		Contact No. 83834072
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	AZZAHRA KHAN BINTE MOHAMED		ID No. T1722899J
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	NUR SHAHIDA BINTE SUHAIMI		ID No. S8515526A
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	JAMINAH BINTE SULTAN		ID No. S1590220E
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date 12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220615/7007

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

3 of 4

Report No. T/20220615/7007

CONTINUATION OF REPORT

Passenger			
Name	WIWIK WIJAJA YANTI		ID No. M3037055K
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ALIFF KHAN BIN MOHAMED GHARY		ID No. T1722899J
Related Vehicle	SKJ5858B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

THIS IS AN AMENDED REPORT FOR REPORT NO : T/20220613/7017

ON THE STATED DATE AND TIME, I VEHICLE A (SKJ 5858 B) WAS STATIONARY ON THE STATED VENUE AS THE ROAD AHEAD WAS HEAVILY CONGESTED. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B WHO HAVE COLLIDED ONTO MY VEHICLE WHILE TRYING TO SQUEEZE HIS WAY THROUGH THE CONGESTION.

AFTER THE ACCIDENT, ME AND MY FAMILY THEN WENT TO CONSULT A DOCTOR AT OUR FAMILY PHYSICIAN CLINIC & SURGERY (TAMPINES) AS WE FELT PAIN IN OUR NECK AND BACK. WE WERE ALL GRANTED 3 DAYS MC EACH

**SINGAPORE
POLICE FORCE**

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



T/20220615/7007

4 of 4

Report No. T/20220615/7007

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 / TP18 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:
15/06/2022 11:13

Classification Of Case:

NP188



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 4 Raffles Quay #18-00 Singapore 048581
 Tel: (65) 6224-3011 Fax: (65) 6270-4010
 Operating Hours: Monday to Friday, 09:00 - 17:00
 SAT: 09:00-18:00, GST Day: 09:00-18:00

IMPORTANT NOTE: Please submit the completed Addendum form to the ~~SARS~~ Authorized Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS1Y226D000A Vehicle Registration No: SKJ5858B
 Name (as shown on NRIC): Nurshuhada Binfe Suhaimi NRIC/FIN/Passport No: S883507E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 122 Pagar Road Street 11 #02-411 Singapore 510142
 Contact (Tel): — Mobile No.: 8383 4072
 Email Address: NOHNURSHU@GMAIL.COM
 Date of Accident: 11/06/2022 Time of Accident: 1135 hrs
 Place of Accident: Woodlands checkpoint
 Insurance Company: AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Attach amended sketch plan
2. Attach amended police report

Police Officer / Driver's Signature
 Date: 15-6-2022

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4748
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 15089

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)

Policy details

Policyholder name	MOHAMAD ADITA BIN SUKAIMI	Certificate number	QA584316 / 1
Cover	Comprehensive	Chassis number	JTEGD54M80A016241
Plan name	Essential	Engine number	2AZH364876
NCD applicable	30%		
Vehicle registration number	SXU58508		
Period of insurance	from 24/09/2021 to 23/09/2022 (both dates inclusive)		
Finance loan company	BENEFIT AUTO ENTERPRISE PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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	Basic Own Damage Excess	\$50 500.00
	Voluntary Excess	\$50 500.00
	Total Own Damage Excess	\$101 000.00
	Windscreen Excess	\$50 200.00

An Additional Excess is applicable as follows:

1. \$5500 for unnamed Authorised Driver
2. \$5500 for declared Young and Inexperienced Driver
3. \$35,000 for undecared Young and Inexperienced Drivers. This additional excess is reduced to \$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they 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 the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 2



SINGAPORE POLICE FORCE



T/20220615/7007

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

1 of 4

Report No. T/20220615/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2022 11:13		Vide Report No.: T/20220613/7017		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR SHUHADA BINTE SUHAIMI			Address: 122 PASIR RIS STREET 11 #02-441 SINGAPORE 510122		
ID Type / ID No.: NRIC NO / S8835071E			Contact No.: Home/Office: Mobile: 83834072		
Nationality: SINGAPORE CITIZEN			Email: CHICKANOZ_08@HOTMAIL.COM		
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver		
Race: Boyaneese			Language: English		Institution / School Name:
Occupation: SENIOR TRAINING OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 11:35	Type of Location: Straight Road
Location: WOODLANDS CROSSING				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH109D	Bus/Coach/Mi nibus					0
SKJ5858B	Car					0

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



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

Report No. T/20220615/7007

CONTINUATION OF REPORT

Driver				
Name	NUR SHUHADA BINTE SUHAIMI		ID No.	S8835071E
Related Vehicle	SKJ5858B (Car)		Contact No.	83834072
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious	
Passenger				
Name	AZZAHRA KHAN BINTE MOHAMED		ID No.	T1722899J
Related Vehicle	SKJ5858B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious	
Passenger				
Name	NUR SHAHIDA BINTE SUHAIMI		ID No.	S8515526A
Related Vehicle	SKJ5858B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious	
Passenger				
Name	JAMINAH BINTE SULTAN		ID No.	S1590220E
Related Vehicle	SKJ5858B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious	



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

CONTINUATION OF REPORT

Passenger				
Name	WIWIK WIJAJA YANTI		ID No.	M3037055K
Related Vehicle	SKJ5858B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date	12/06/2022
No. of Days granted Medical Leave	03		Degree of	Serious
Passenger				
Name	ALIFF KHAN BIN MOHAMED GHАЗRY		ID No.	T1722899J
Related Vehicle	SKJ5858B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022		Date	12/06/2022
No. of Days granted Medical Leave	03		Degree of	Serious

Brief Details.

THIS IS AN AMENDED REPORT FOR REPORT NO : T/20220613/7017

ON THE STATED DATE AND TIME, I VEHICLE A (SKJ 5858 B) WAS STATIONARY ON THE STATED VENUE AS THE ROAD AHEAD WAS HEAVILY CONGESTED. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B WHO HAVE COLLIDED ONTO MY VEHICLE WHILE TRYING TO SQUEEZE HIS WAY THROUGH THE CONGESTION.

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**SINGAPORE
POLICE FORCE**



T/20220615/7007

4 of 4

Report No. T/20220615/7007

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
15/06/2022 11:13

Classification Of Case:

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	13/06/2022 17:38 (SGT)
Date of Accident	11/06/2022 12:30 (SGT)
Exact Location of Accident	21 Woodlands Crossing, Singapore 738203
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH109D
-----------------------------	--------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE-JOHORE EXPRESS (PRIVATE) LIMITED

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	BUS
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Auto
G.C	3000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D19MFL0000003_03
Cover Note Number	-

DRIVER

Name of Driver	LEE BOON FATT
Work Permit No	FXXXX390K
Address	BLK B TAMAN DAISI #03-02
Address complement	-
Postcode	81750
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions

Side Swipe
Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Was anybody injured in the Accident?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)

No
No
Yes
30

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Insurance Company Name

SKJ5858B
.
.
.
.
Private car
.
.

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 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.
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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

BKE TWAS WOODLAND CHECKPOINT

A - SH109A
B - SKJ5858B

A
B

Describe Circumstances of the Accident

I was travelling straight along BKE towards Woodlands Checkpoint on the extreme right lane. Veh B from my left lane swerved into my ^{bus} lane. After a few min the veh B wanted to swerve back to the 2nd lane I drove passed the veh B then I heard screeching sound. I stop my veh ahead and take a look and there was damage on my rear ^{left} side portion of my veh and veh B damage on the ~~left~~ rear right side.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

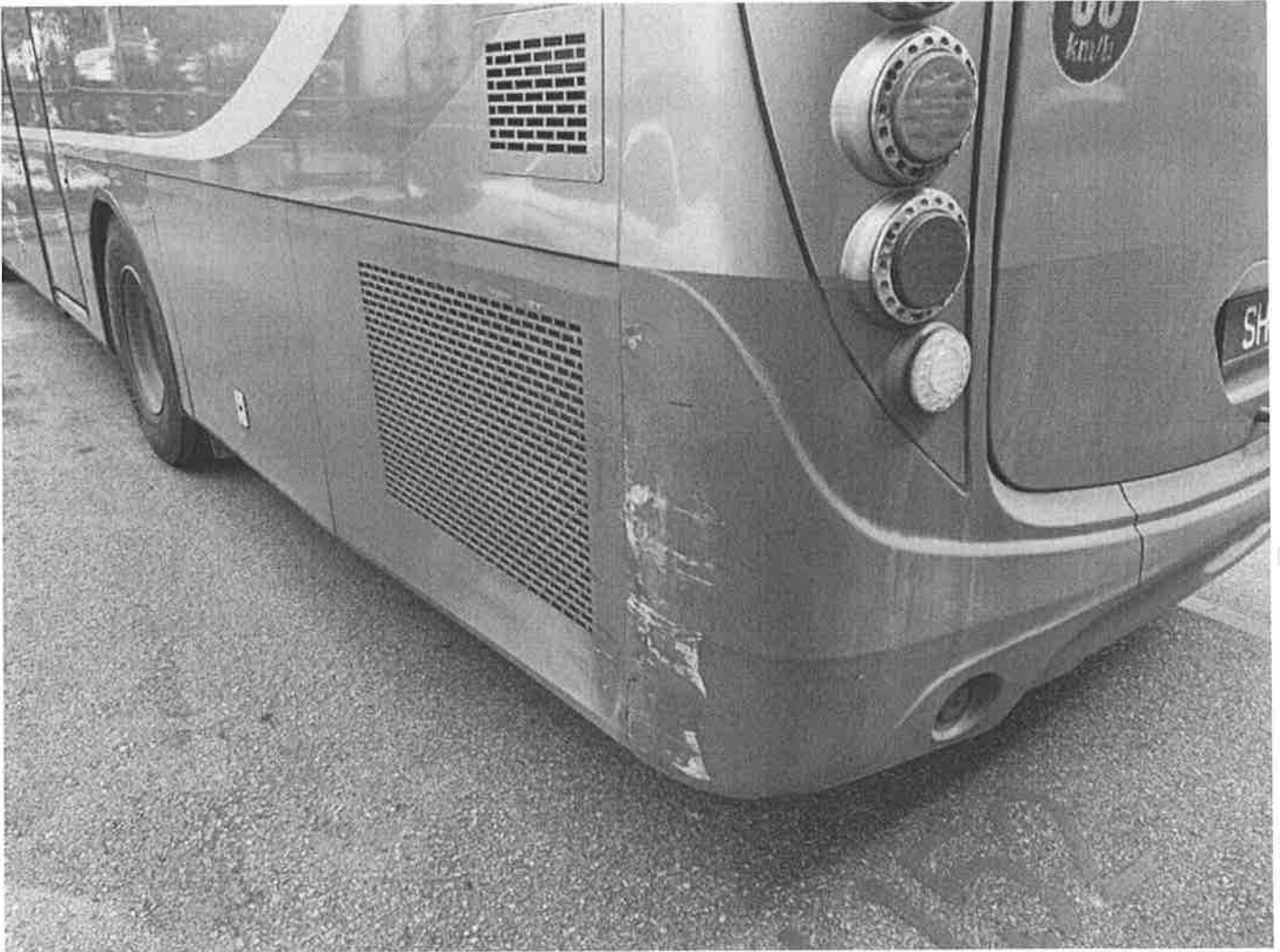
[Signature]

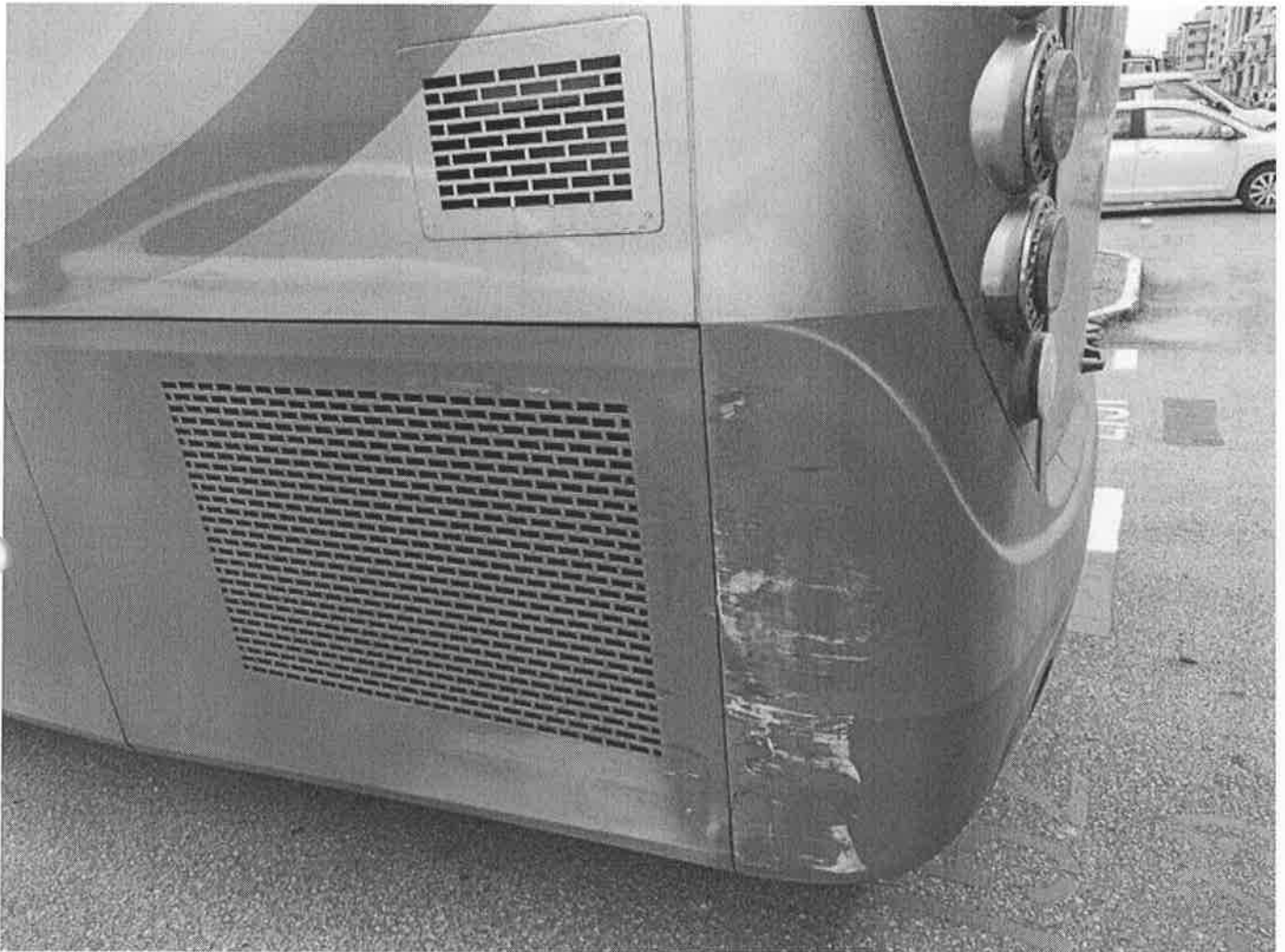
Driver's Signature (if driver is not the policyholder) / Date & Time

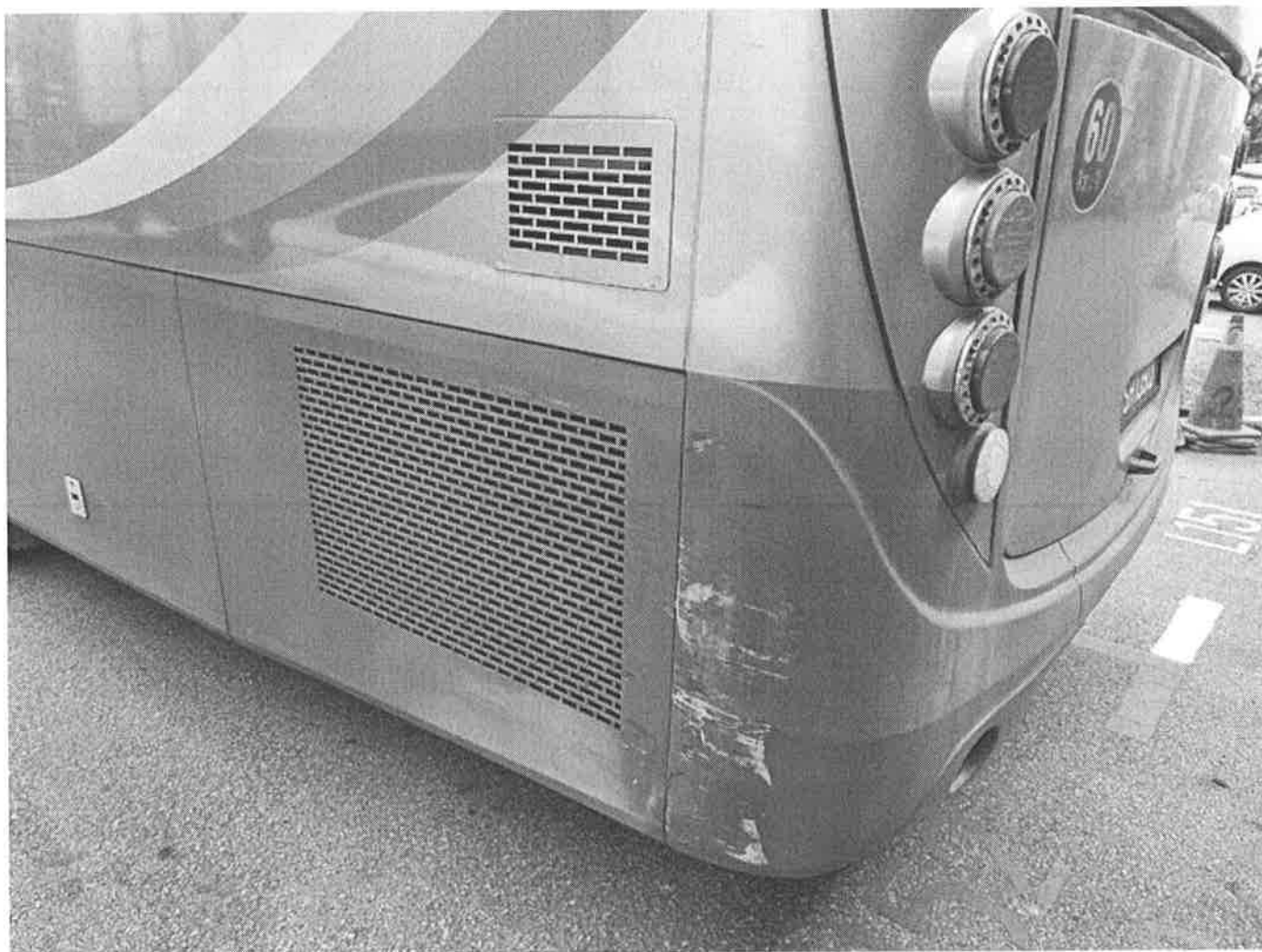
13/06/2022

[Signature] 13/06/22
Witnessed by Reporting Centre Personnel















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09226D000G Vehicle Registration No: SH109D
 Name (as shown in NRIC): LEE BOON PAT NRIC/FIN/Passport No: FXXXX590K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 13 TAMAN DAISY #02-02 Singapore (JB 81750)
 Contact (Tel): _____ Mobile No.: 160111110598
 Email Address: _____
 Date of Accident: 11/06/22 Time of Accident: 12:30
 Place of Accident: 21 WOODLANDS CROSSING
 Insurance Company: INDIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN PASSENGER

Policyholder / Driver's Signature
Date:

Alyn 11/06/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIASMC Addendum Form

**SV AUTOWORKS PTE LTD**

UEN No.: 202140260K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#02-24, Singapore 415875

Tel: +65 6242 4328

Email: info.svautoworks@gmail.com

Repair Invoice

Invoice No. : SV/A/013
Invoice Date : 1-Aug-22
Vehicle No. : SKJ 5858 B
Make & Model : Toyota Previa
Chassis No. : JTEGD54M80A016241

Terms : Due within 90 days

NO.	DESCRIPTION	QUANTITY	PER UNIT (SGD)	AMOUNT (SGD)
1	To Carry Out Repair & Respray on Accident Corresponding to Supply on Spare Parts & Labour Charges	1		8,400.00

GRAND TOTAL : \$8,400.00

Amount Paid \$0.00

Balance Due \$8,400.00

Signature/Company Stamp

I agree to the price as listed above and affirm that the goods are received in good condition.

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 #: E2206160

Date: 16-06-22

Bill To:

SV Autoworks Pte Ltd
For the account of:
Nur Shuhada Binte Suhalmi
S8835071E
APT Blk 122 Pasir Ris Street 11
#02-441

Ship To:

SV Autoworks Pte Ltd
For the account of:
Nur Shuhada Binte Suhalmi
S8835071E
APT Blk 122 Pasir Ris Street 11
#02-441

Description

Amount

Job No.

Vehicle Rental for Period 13.06.2022 to 14.06.2022
(Billing for days 1 X \$120.00/per day)
(Vehicle No.: SKJ5858B)

\$120.00 SMM8598S SR

(A)

Your Order #: 20245

Terms: Net 30th after

GST:

\$7.85

COMMENT

CODE

RATE

GST

SALE AMOUNT

Total Inv Amt:

\$120.00

SR

7%

\$7.85

\$112.15

Amount Applied:

\$0.00

Balance Due:

\$120.00



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: 20245

SV Autoworks

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT



HIRER'S PARTICULAR

Name: (as in I/C) Nur Shuhada Binte Suhaimi

Email: _____

NRIC/PASSPORT No: S8835071E

Date of Birth: 22/9/1988

Address (Res): APT BIK 122 PASIR RIS STREET 11

#02-4411 S(510122)

Driving Licence No: S8835071E D/L Type: Local / International

Issue Date: 14 Sep 2007

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

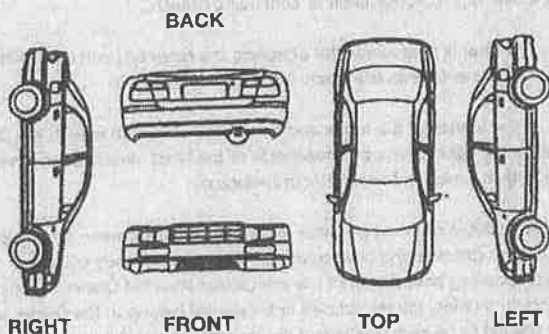
Issue Date: _____

Tel: (O) _____ HP _____

VEHICLE CHECK LIST

D - DENTS
S - SCRATCHES

INDICATE:
A - ACCIDENTS



Vehicle No: SMM85985 Replace Veh No: SKJ5858B

Mileage out: _____

Make & Model: TOYOTA ALTIS Auto / Manual

OUT: Date 13/06/2022 Time: 11:00 AM

HIRE PERIOD

OWN DAMAGE CLAIM Excess S\$ 2,000

THIRD PARTY CLAIM Excess S\$ 1,500

CHARGES

Daily 1 @ \$ 120.00 per day 120 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 Incl 7%

TOTAL CHARGES 120 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 AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
- 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
<u>14/6/22</u>	<u>1807 hrs</u>				

16:31


Vol 4G LTE 87%

←  Your Drive lah Pte. Ltd. receipt...
https://pay.stripe.com/receipts/acct_1... > ⋮



Receipt from Drive lah Pte. Ltd.

Receipt #1019-8319

AMOUNT PAID	DATE PAID	PAYMENT METHOD
S\$948.48	June 14, 2022	 - 9170

SUMMARY

Haddy Stream	S\$948.48
Amount charged	S\$948.48

If you have any questions, visit our support site
at <https://www.drivelah.sg/>, contact us at
support@drivelah.sg, or call at +65 3138 9153.

Something wrong with the email? View it in your browser.

You're receiving this email because you made a purchase at Drive
lah Pte. Ltd., which partners with Stripe to provide invoicing and
payment processing.





Trip details: Haddy Stream
<https://www.drivelah.sg/order/62a847...>



Drive lah

< HADDY STREAM

Trip price details

Transaction Details - 14th Jun, 2022

Trip price regular days \$90 (x 6 days)	\$540
Trip price peak days (?) \$110 (x 2 days)	\$220
Trip fees (?)	\$190
Processing fees (?)	\$36.5
Long term discount (5%)	-\$38

Total trip price	\$948.5
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[Download invoice](#)

A refundable security deposit of \$250 is pre-authorized (not charged). This is not a charge, but a preauthorisation and will be unblocked after your trip is completed.



Booking status: Pending

Haddy Stream

Pick up
Tue, 14 Jun
07:00 pm

Drop off
Wed, 22 Jun
07:00 pm



Haddy Stream
hosted by
Mohd F

Message



Who is driving
Mohamad Adita Bin S
+6583834072

Car Information

Registration Number: SLS1296P

Fuel: Petrol

Pick up address

Segar Rd, Singapore



Allied Auto Appraisal

22 Upper Serangoon Crescent #16-53 Singapore 534028

alliedauto@ymail.com

Reg 53127783B

Invoice

M/s SV Autoworks Pte Ltd
c/o 8 Kaki Bukit Ave 4
#02-24 Premier@Kaki Bukit
Singapore 415875

Invoice No. ALLIED/SV/016
Date : 01 Aug 2022
Case Ref : SV/IND/B2-06005

Sr	Description	Amount
1	Survey Inspection of SKJ 5858 B	405.00
2	Transportation x 3	180.00
3	Photographs (Digital Printouts)	39.00
	Grand Total	SGD 624.00

Please cross a cheque of an amount **SGD 624.00 (SGD SIX HUNDRED AND TWENTY-FOUR ONLY)** payable to **ALLIED AUTO APPRAISAL**.

We shall be grateful if you could forward our payment within 30 days from the date of this invoice.

Thank you.

NG HENG CHAI - DIRECTOR

This is a computer generate invoice no signature is required

ALLIED AUTO APPRAISAL

22 Upper Serangoon Crescent #16-53 Singapore 534025

Company Registration No. 53127785B

Our Ref: SV/IND/B2-06005

Owner Name : Nur Shuhada Binte Suhaimi
Repairer : S V Autoworks Pte Ltd
Address of Inspection
8 Kaki Bukit Ave 4
#02-24 Premier Kaki Bukit
Singapore 415875

Vehicle Number SKJ 5858 B

Date of GIA Report : 11-Jun-22
Date of Accident : 11-Jun-22
Date of Survey : 17-Jun-22
Date of Survey Report : 8-Jul-22

VEHICLE PARTICULARS & CONDITION

Make & Model : Toyota Previa
Engine No : 2AZH364876
Chassis No : JTEGD54M80A016241

Date of Registration : 24-Sep-09
Engine c.c. : 2362 cc
COE Expiry Date : 31-May-29

CONDITION OF VEHICLE

General Condition : Good
Steering : Serviceable
Handbrake : Serviceable
Wing Mirror : Yes

Modification : No
Air-Conditioner : Yes
Footbrake : Serviceable
Paint Work : Good

CONDITION OF TYRES (The below values represent the remaining tyre treads depth)

Front Tyre Size : 215/55R17
Front Left Side : 6mm Michellin
Front Right Side : 6mm Michellin

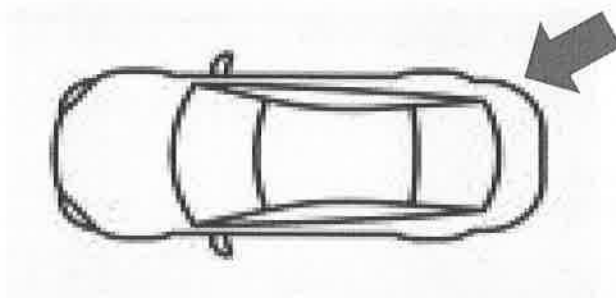
Rear Tyre Size : 215/55R17
Rear Left Side : 6mm Michellin
Rear Right Side : 6mm Michellin

GENERAL DESCRIPTION OF DAMAGE

The inspected vehicle sustained damage at the **REAR RIGHT** portion.

During visual inspection, our surveyor noted that the rear door right, rear fender right, rear bumper, taillamp right and among other parts were affected.

All stated damage is subject to consistency of the accident reports.



Repairer Estimate

Parts : 7,587.30
Nett Item : 560.00
Labour : 2,870.00
Total : 11,017.30

Our Recommendation

Parts : 7,587.30
Nett Item : 560.00
Labour : 2,370.00
GST (7.00%) : -
Total : 10,517.30
Less 20% : 2,103.46
8,413.84
Lump Sum (Estimated) : 8,400.00

The repairer agree to repair the vehicle on a **Lump Sum Basis** with our recommendation of **SGD 8,400.00 (SGD Eight Thousand Four Hundred only)** and we are in the opinion the repairer would need about a **8.0** working day period to repair the vehicle.

Allied Auto Appraisal

Surveyed by Ng Heng Chai
Licensed Appraiser

ALLIED AUTO APPRAISAL

RECOMMENDED PARTS

No.	Descriptions	Condition	Qty	Repairer	Adjusted
1	REAR DOOR RH	DENTED	1	1,910.00	1,910.00
2	REAR DOOR INNER TRIM RH	CUT	1	551.50	551.50
3	REAR DOOR WINDOW MOTOR RH	SHORTED	1	345.50	345.50
4	REAR DOOR LOCK RH	JAMMED	1	335.10	335.10
5	REAR FENDER RH	DENTED	1	1,045.50	1,045.50
6	REAR FENDER INNER COWLING RH	CUT	1	284.60	284.60
7	REAR FENDER MUD FAP	CUT	1	212.60	212.60
8	REAR WHEEL HOUSING PANEL RH	DENTED	1	1,335.80	1,335.80
9	REAR BUMPER	GRAZED	1	1,091.50	1,091.50
10	REAR BUMPER RETAINER 1	CRACKED	1	112.50	112.50
11	REAR BUMPER RETAINER 2	CRACKED	1	108.50	108.50
12	TAILLAMP RH	GRAZED	1	650.00	650.00
13	AIR CON BLOWER	CRACKED	1	2,133.30	2,133.30
Sub Total (\$\$) :				10,116.40	10,116.40
Discount (25%) :				2,529.10	2,529.10
Total Parts (\$\$) :				7,587.30	7,587.30

RECOMMENDED SPECIAL NETT ITEMS

No.	Descriptions	Condition		Repairer	Adjusted
1	REAR DOOR RH INNER TRIM CLIPS	NECESSARY	1	100.00	100.00
2	REAR FENDER RH SEALANT	NECESSARY	1	120.00	120.00
3	REAR WHEEL HOUSING RH SEALANT	NECESSARY	1	120.00	120.00
4	REAR FENDER RH QUARTER GLASS SEALANT	NECESSARY	1	120.00	120.00
5	REAR BUMPER CLIPS	NECESSARY	1	100.00	100.00
				560.00	560.00

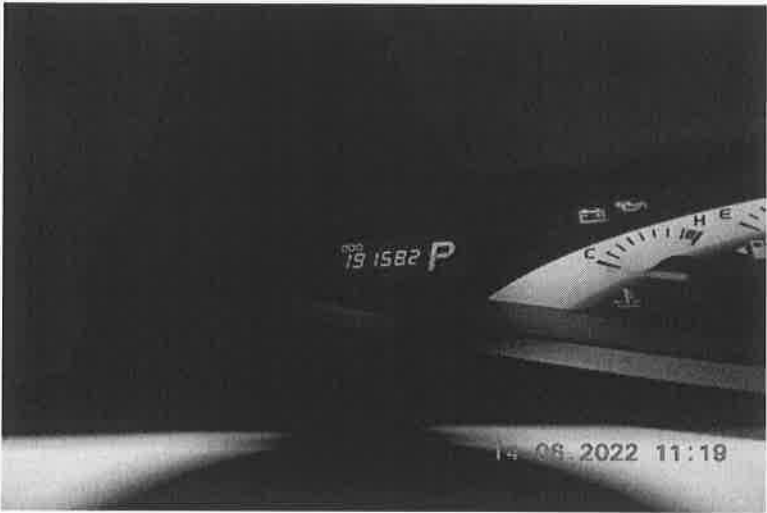
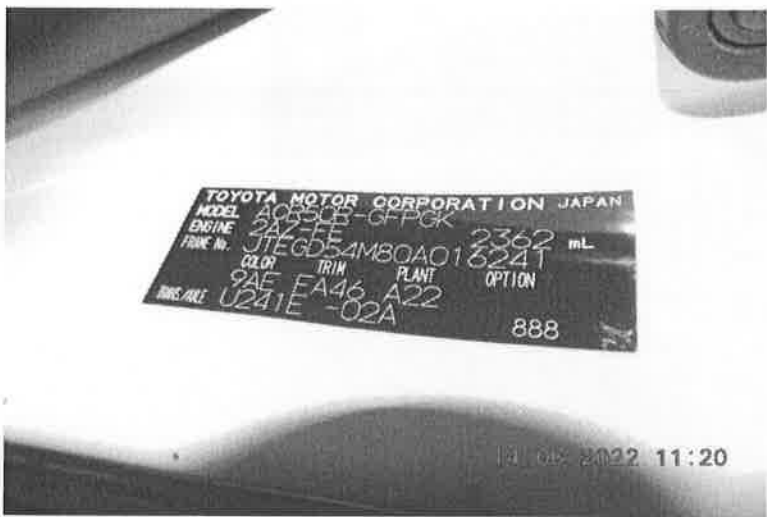
RECOMMENDED LABOUR

No.		Repairer	Adjusted
1	PANEL BEATING THE AFFECTED PARTS. REMOVE, REFIX AND REPAIR THE AFFECTED PORTIONS.	1,500.00	1,000.00
2	TO CHECK WIRING.	120.00	120.00
3	TO WATER TESTING.	100.00	100.00
4	TO REMOVE & REFIX REAR FENDER QUARTER GLASS.	150.00	150.00
5	TO SPRAY PAINTING AT AFFECTED PORTIONS.	1,000.00	1,000.00
		2,870.00	2,370.00

COST OF CLAIMS

	Repairer	Adjusted
1 TOTAL PARTS	7,587.30	7,587.30
2 TOTAL NETT ITEMS	560.00	560.00
3 LABOUR & SPRAY	2,870.00	2,370.00
Gross Total (\$\$) :	11,017.30	10,517.30
GST 7.00% (\$\$) :	-	-
Total Amount (\$\$) :	11,017.30	10,517.30

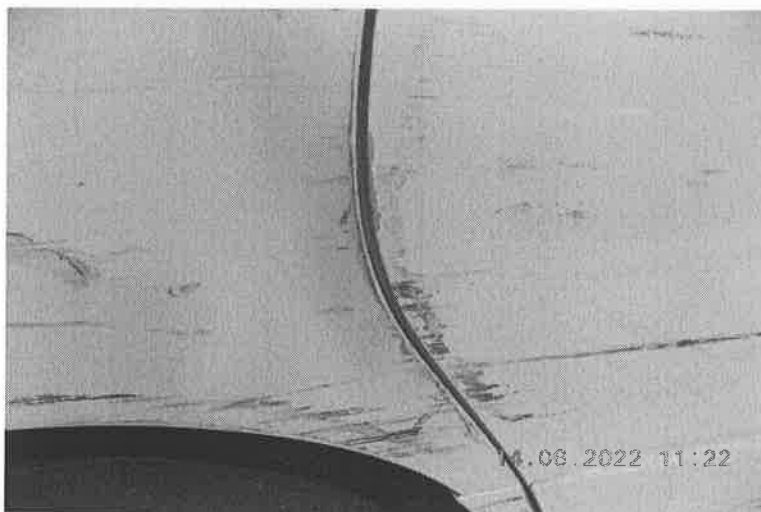
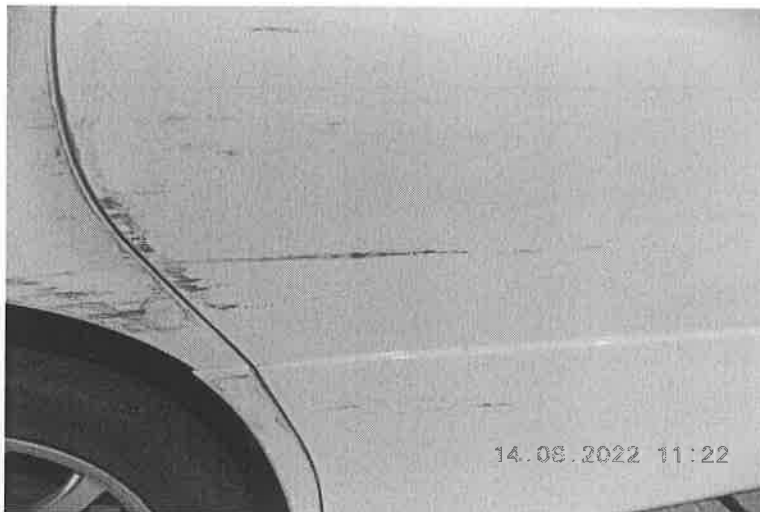
ALLIED AUTO APPRAISAL



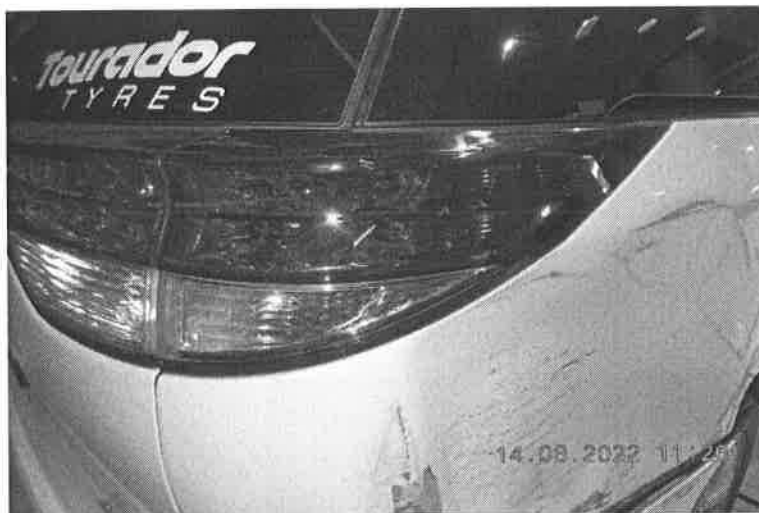
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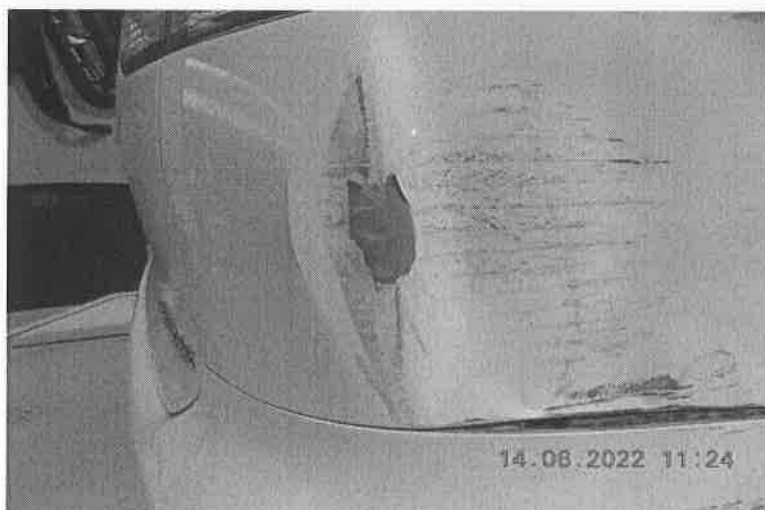
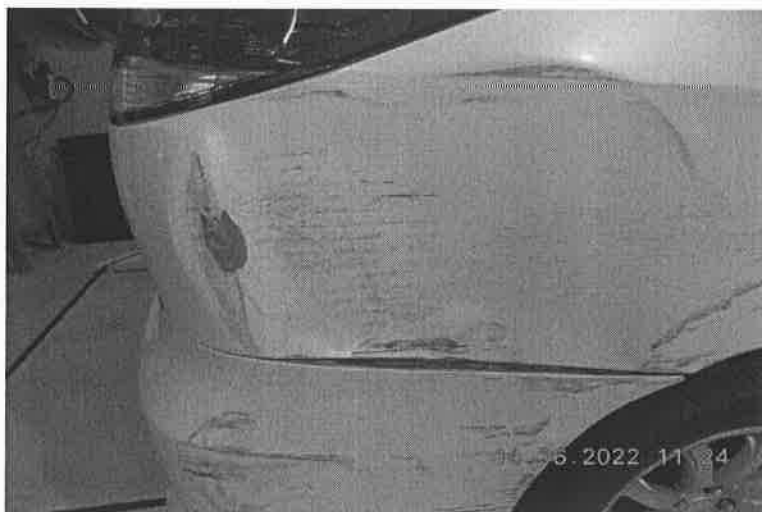
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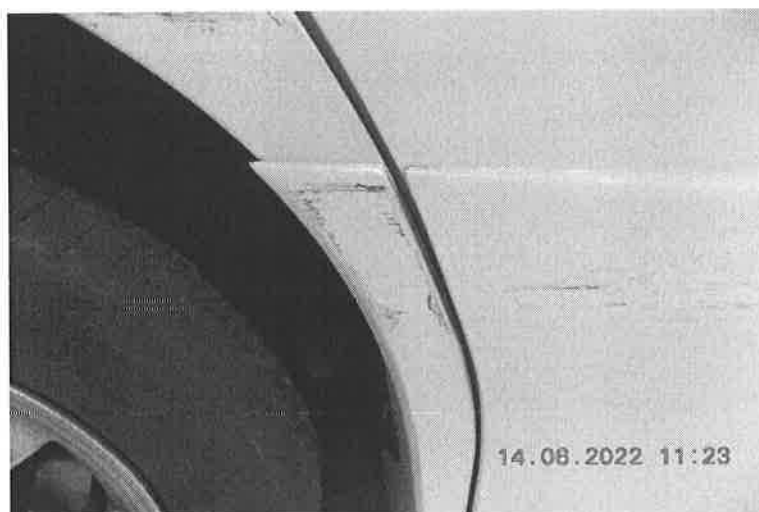
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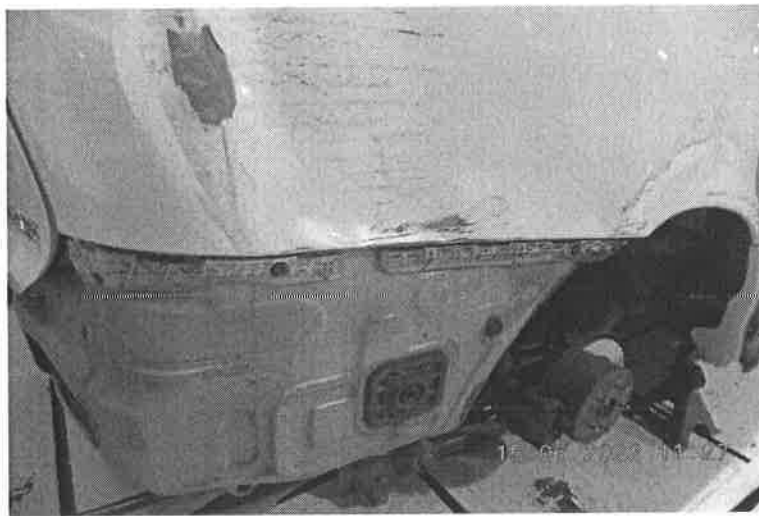
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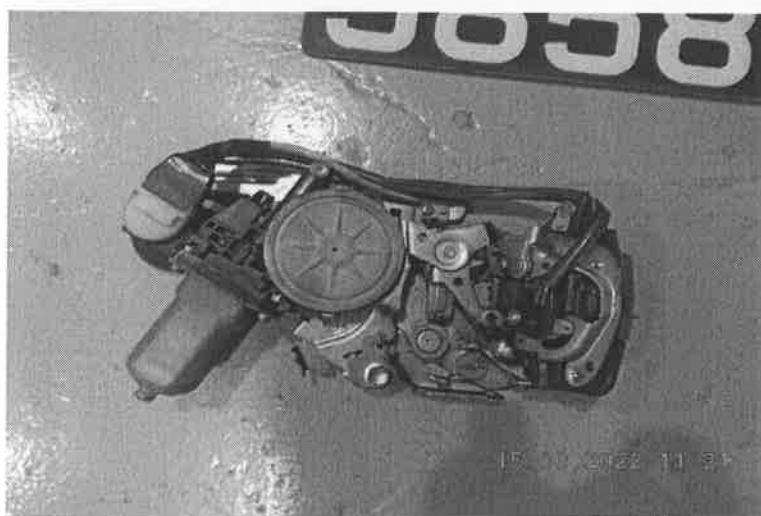
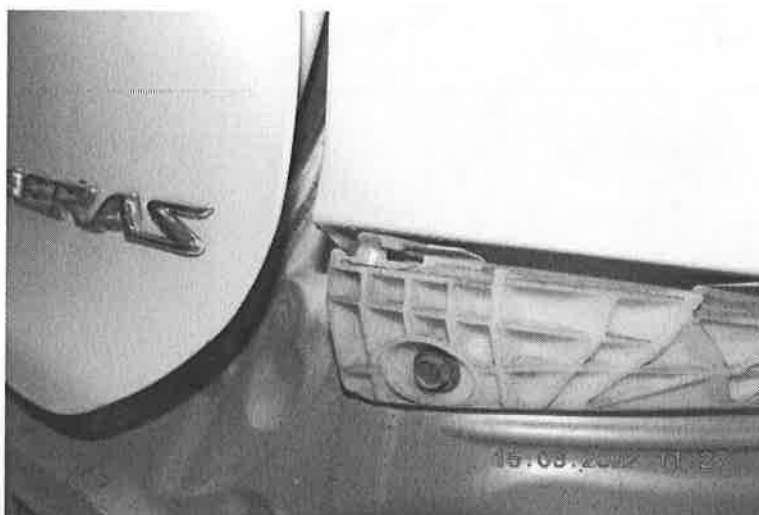
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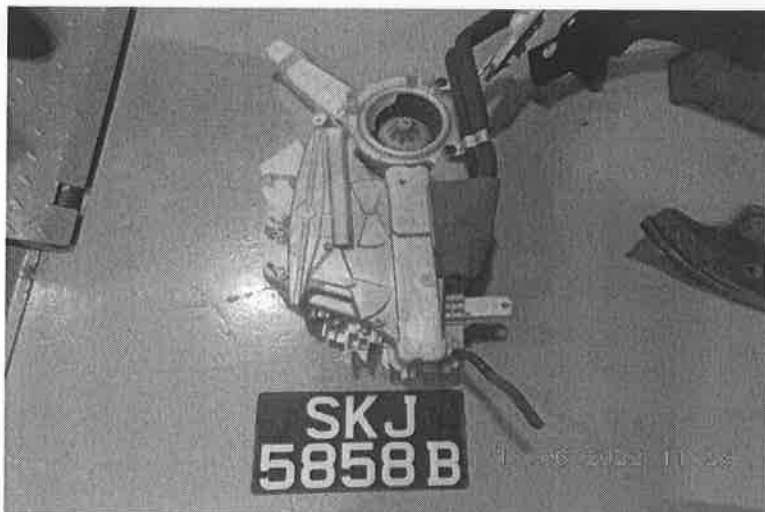
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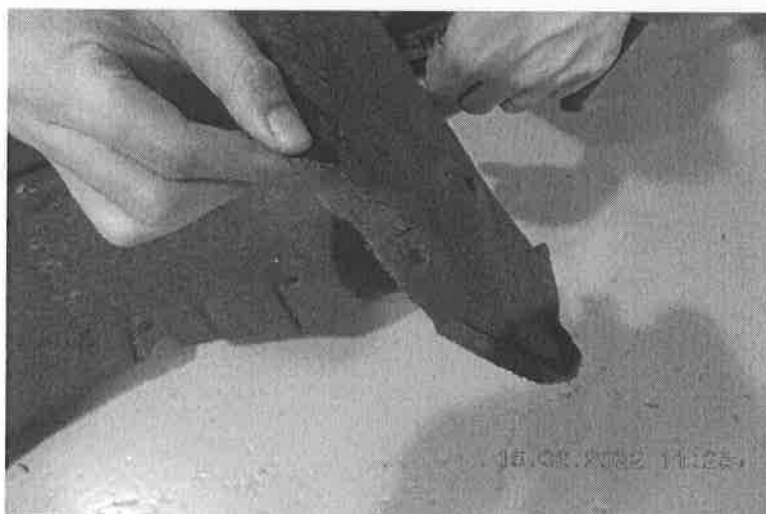
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ALLIED AUTO APPRAISAL





RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

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

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 14/06/2022

Your Ref No: SV AUTOWORKS

Dear Sir/Madam,

Date of Accident: 11/06/2022 00:00 (SGT)

Vehicle No: SKJ5858B

Place of Accident: 21 Woodlands Crossing, Singapore 738203

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH109D	21 Woodlands Crossing, Singapore 738203	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

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

Thank you.

This is a computer generated document and requires no signature.

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Jun 2022 / 10:36:46

Receipt Date/Time : 13 Jun 2022 / 10:36:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220613-000867

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 - SH109D				
As at 11 Jun 2022/15:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SH109D Enquiry Fee 20220613103530945234	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				
	559221XXXXXX6772	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.