



HD PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

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

Email: hdperfectautowork@gmail.com

Our Ref.: SMY1750B

Your Ref.: SNB8240U

Date: 17.05.2023

ATTN: Motor Claims Department

INS : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SMY1750B & SNB8240U

Date of Accident: 01.03.2023 @ 07:50 HOURS

Location: PIE TOWARDS CHANGI (AFTER JALAN EUNOS LINK EXIT)

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 32,800.00</u>
Loss of Rental:	
(\$250.00 X 16Days):	<u>\$ 4,000.00</u>
LTA Search	<u>\$ 26.75</u>
Grand Total:	<u>\$ 36,826.75</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 Joanne @ 97231055, or email to hdperfectautowork@gmail.com

Thank You,

Joanne





HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

Authorisation To Act

I, Jose Bertram Sandesh Cabral ("the third party claimant") of
Bikri Bedok Reservoir Road #01-76 Singapore 479277
(address), owner of SMY 1750B (vehicle no.)
hereby authorise HD 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. SMY 1750B that was
damaged pursuant to the accident which occurred on 01/03/2023 (date)
at/along PIE towards Changi (after Jalan Eunos Link Exit)
(location) involving vehicle no/s SNB 8240U ("the accident").

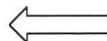
I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

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 01 day of 03 (month) 20 23 (year)

Signed by "the third party claimant"



Signed by "the workshop"

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SMY 1750B and SNB 8240U on 01/03/2023
at/along PIE towards Changi (after Jalan Eunos Link Exit)

1. I/We, the Owner of motor vehicle no. SMY 1750B hereby instruct and authorise HD 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 01 day of 03 20 23

Signature of vehicle owner 


Name : Jose Bertram Sandesh Cabral

IC/UEN No : 572847376

(Company stamp, if applicable)

Address : BK521 Bedok Reservoir Road
#01-76 Singapore 479277

Tel : 0186 2960


Witnessed by : Joanne



"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, Jose Bertram Sandesh Cabral ("the third party claimant")
of 61K521 Bedok Reservoir Road #01-76 Singapore 479277 (address),
owner of SMY 1750B (vehicle no.) hereby authorize
HD Perfect Autowork Pte Ltd

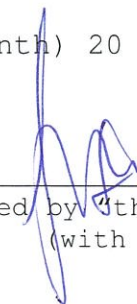
("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. SMY 1750B that was damaged pursuant to the
accident which occurred on 01/03/2023 (date) along
PIE towards Changi (after Jalan Eunos Link Exit) (location)
involving vehicle no/s SNB 82404
("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 01 day of 03 (month) 20 23 (year)


Signed by "the third party claimant"


Signed by "the workshop"
(with chop)



TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

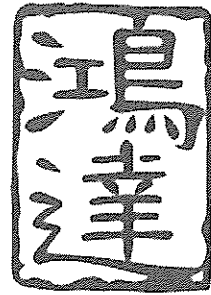
8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



**HD PERFECT
AUTOWORK PTE LTD**

Date	Invoice Number	Vehicle Number
17.05.2023	HDP202305-00424	SMY1750B

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	\$ 32,800.00
Total	\$ 32,800.00

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Mar 2023 / 12:20:24

Receipt Date/Time : 01 Mar 2023 / 12:20:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230301-001908

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SNB8240U

As at 01 Mar 2023/07:50:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SNB8240U
Enquiry Fee
20230301121939664054

24.77 1.98 26.75

Sub-Total 24.77 1.98 26.75

Total Before Rounding 24.77 1.98 26.75

Rounding Difference 0.00

Total Amount Payable 26.75

Paid By

DICNV20230301121940212061 SGQR(PayNow) 26.75

Total 26.75

Cash Change 0.00

Tendered Amount 26.75

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.

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 #: E2303182

Date: 23-03-23

Bill To:**Ship To:**

1

HD Perfect Autowork Pte Ltd
For the account of:
Jose Bertram Sandesh Cabral
S7284737G
Blk 521 Bedok Reservoir Road
#01-76

HD Perfect Autowork Pte Ltd
For the account of:
Jose Bertram Sandesh Cabral
S7284737G
Blk 521 Bedok Reservoir Road
#01-76

Description

Amount

Job No.

Vehicle Rental for Period 01.03.2023 to 17.03.2023
(Billing for days 16 X \$250.00/per day)
(Vehicle No.: SMY1750B)

\$4,000.00

SKP236Y

SR8

Your Order #: 21763

COMMENT		CODE	RATE	GST	SALE AMOUNT	Total Inv Amt:	
		SR	7%	\$0.00	\$0.00	Amount Applied:	\$0.00
		SR8	8%	\$296.30	\$3,703.70	Balance Due:	\$4,000.00

Terms: Net 30th after

GST:

\$296.30



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: 21763

(HD Perfect)

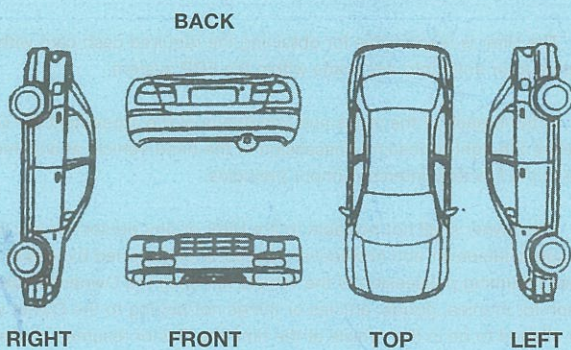
SMY 1750B

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: <u>SKP 2364</u>		Replace Veh No:	
Name: (as in I/C) <u>Jose Bertram Sindesh Cabral</u>		Mileage out: <u>176008km</u>			
Email:		Make & Model: <u>Toyota Nexius ES300H</u>		<input checked="" type="radio"/> Auto <input type="radio"/> Manual	
NRIC/PASSPORT No: <u>S7284737G</u>		OUT: Date <u>01/03/2023</u>		Time: <u>1:00 p.m</u>	
Date of Birth: <u>6/11/1972</u>		HIRE PERIOD			
Address (Res): <u>Blk 52 Bedok Reservoir Road</u> <u>#01-76 S(419277)</u>		OWN DAMAGE CLAIM		Excess S\$ <u>2000</u>	
Driving Licence No: <u>S7284737G</u> D/L Type: <input checked="" type="radio"/> Local / <input type="radio"/> International		THIRD PARTY CLAIM		Excess S\$ <u>1500</u>	
Issue Date: <u>10 Dec 2010</u>		CHARGES			
Tel: (O) _____ HP _____		Daily <u>16</u> @ \$ <u>250.00</u>		per day <u>4.000</u> <u>00</u>	
Company Name: _____		Weekly @ \$ <u>4186.2960</u>		per week	
Company UEN: _____		Monthly @ \$ _____		per month	
Company Address: _____		Others @ \$ _____			
ADDITIONAL DRIVER'S PARTICULARS		Delivery Service			
Name: (as in I/C) _____		GST			
NRIC/PASSPORT No: _____		SUB-TOTAL \$			
Date of Birth: _____		PETROL LEVEL			
Address (Res): _____		Out		E 1/4 1/2 3/4 F	
Driving Licence No: _____ D/L Type: Local / International		In		E 1/4 1/2 3/4 F	
Issue Date: _____		EXTENSION			
Tel: (O) _____ HP _____		Misc.			
		GST		<u>Incl 8%</u>	
		TOTAL CHARGES		<u>4.000</u> <u>00</u>	
		Rented out by:			
		Hirer's Signature			
		Addition Driver's Signature _____			

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



VEHICLE CHECK LIST

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 CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO 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	
17/03/23	2:30pm	176846			 HIRER'S SIGNATURE

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	02/03/2023 12:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/03/2023 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (AFTER JALAN EUNOS LINK EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1750B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JOSE BERTRAM SANDESH CABRAL
NRIC No	S7284737G
Email Address	jose_cabral@hotmail.com
Mobile Phone No	(Phone) +65-91862960
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210022521-01

DRIVER

Name of Driver	JOSE BERTRAM SANDESH CABRAL
NRIC No	S7284737G
Date Of Birth	06/11/1972
Occupation	Indoor

Date Of Driving Pass	10/12/2010
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91862960
Alt. Phone Number	-
Email Address	jose_cabral@hotmail.com
Address	BLK 521 BEDOK RESERVOIR ROAD
Address complement	# 01-76
Postcode	479277
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	SNB8240U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU4753G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 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

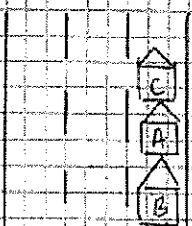
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 2/3/23
Witnessed by Reporting Centre Personnel
(Name and NRIC card)

Sketch Plan

		<p>Vehicle (A) = SMY 1750B</p> <p>Vehicle (B) = SNB 8240U</p> <p>Vehicle (C) = SLU 4753G</p> <p>PIE towards Chongji (After Jalan Eunos Link Exit)</p>
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Describe Circumstance of the Accident


Refer to attached

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

 2/3/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/D card)

On 01.03.2023 at about 07:50 hours along PIE towards Changi (After Jalan Eunos Link Exit), I was travelling straight on lane 1 and when the front vehicle (C) slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang from behind and the great impact pushed my vehicle (A) to propel forward and hit the front vehicle (C). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

I wish to state that it was a chain collision of total 3 vehicle involved.

Vehicle (A): SMY 1750B

Vehicle (B): SNB 8240U

Vehicle (C): SLU 4753G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7284737G



Name

JOSE BERTRAM SANDESH CABRAL

Race

INDIAN

Date of birth

06-11-1972

Sex

M

S7284737G

Country/Place of birth

INDIA

SMY 1750 B

Owner and Driver

6012162



NRIC No. S7284737G



Date of issue

30-08-2018

Address

BLK 521 BEDOK RESERVOIR ROAD #01-76

SINGAPORE 479277

NRIC No: XXXXX737G

Date of change: 15/12/2021

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7284737G**
Name: **JOSE BERTRAM SANDESH CABRAL**

Birth Date: **06 Nov 1972**
Issue Date: **10 Dec 2010**

001918927A



Smy 1750B

Owner and Driver

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

EFFECTIVE DATE: **10 Dec 2010**

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

NP 428A

Licence No: S7284737G



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : JOSE BERTRAM SANDESH CABRAL
Period of Insurance : 22 Feb 2023 To 21 Feb 2025
Engine No. : DEM024172
Chassis No. : WAUZZZF45LN013827

Vehicle No. : SMY17508
Policy No. : 7210022521-01
Endorsement No. :
Issued Date : 05 Jan 2023 16:56

ABOUT THE COVER

Make/Model : AUDI A4 2.0 TFSI S TRONIC
Engine Capacity/Tonnage : 1,984.00 CC
Driver Restriction : NA
Person 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
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.
You have to pay an additional sum of S\$23,000 as "Inexperienced Driver Excess" (IDRE) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.
Age Condition : 40 years old and above
Limitation as to use* :
Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.
Mileage Condition : Unlimited Mileage
Loss of Use 1800cc - 2000cc Optional
* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$1100
Section 2
Property Damage - \$0
Windscreens - \$100
Named Driver and Excess (where applicable)
JOSE BERTRAM SANDESH CABRAL - \$1100 (Own Damage) - \$1100 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63682323
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

*We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0504125275
PREMIUM LEASING -EBC
291 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

SSPOCC

7th Floor, No. 809-10 AIG Building 5074123 | T: +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party(s)
- Report the accident to us with your accident vehicle (whether or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Writ/Summons/Correspondences from third party(s) immediately

