

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*
Our Ref: JW/ns/20231546-008 [SMT192U]

24 February 2023

Writer's name: Jade Wu
Writer's email: jadewu@mcplaw.com.sg
Writer's Secretary DID: +65 6812 0630 (Nicole)

CHEW JIA KAE

Block 120 Lorong 2 Toa Payoh
#03-68
Singapore 310120

By Certificate of Posting

LIBERTY INSURANCE PTE LTD

51 Club Street
#03-00 Liberty House
Singapore 069428

By Email:
claims_admin@libertyinsurance.com.sg

Dear Sirs,

Name of Claimant: **TEO YI WEI RABNICK**
c/o SV Autoworks Pte. Ltd.
8 Kaki Bukit Avenue 4
#02-24 Premier@Kaki Bukit
Singapore 415875

Accident Involving SMT192U (Our Client's Vehicle) And GBF9355L Along Braddell underpass towards PIE on 2 August 2022 At 6:20pm

1. We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 2 August 2022 along Braddell underpass towards PIE involving our client's vehicle registration number SMT192U and vehicle registration number GBF9355L driven by you at the material time.
2. We are instructed that the accident was caused by your 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	10,250.00
b.	Rental Fee inclusive GST (8 days x S\$120.00)	960.00
c.	Survey report fee	808.00
d.	GIA Report Fee	31.00
e.	LTA search	7.45
f.	Costs (including GST)	972.00
		13,028.45

3. A copy of each of the following supporting documents is enclosed:
 - a) Our client's Singapore Accident Statement;
 - b) Accident Statement of GBF9355L;
 - c) Repairer's invoice;
 - d) Rental vehicle Agreement;
 - e) Survey report and invoice;
 - f) Accident Statement 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 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	03/08/2022 11:42 (SGT)
Reported by	Both
Date of Accident	02/08/2022 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL UNDERPASS TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT192U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO YI WEI RABNICK
NRIC No	S8701693E
Email Address	RABNICK@YAHOO.COM
Mobile Phone No	(Phone) +65-97876173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Seat
Model	Leon
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001883958-01

DRIVER

Name of Driver	TEO YI WEI RABNICK
NRIC No	S8701693E
Date Of Birth	29/01/1987
Occupation	Indoor

Date Of Driving Pass	11/03/2008
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97876173
Alt. Phone Number	-
Email Address	RABNICK@YAHOO.COM
Address	818A CHOA CHU KANG AVE 1 #17-108 S681818
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9355L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO YI WEI RABNICK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SMT192U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

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

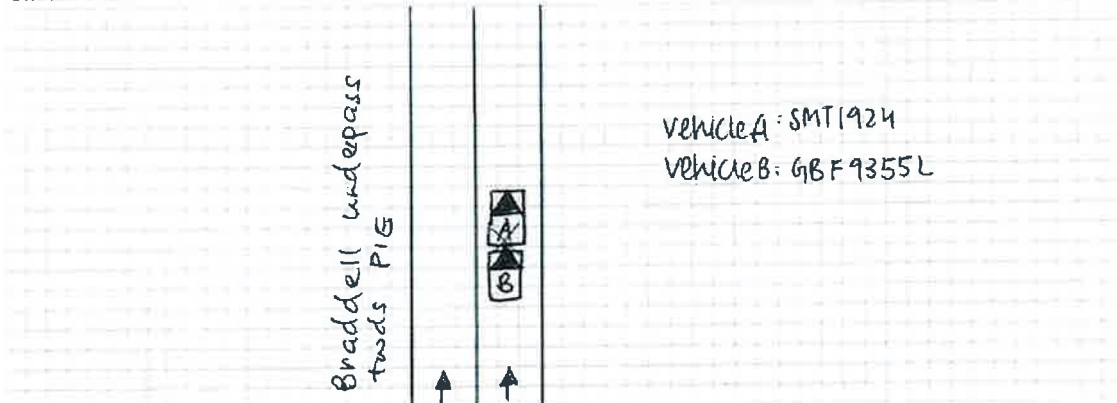
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

— Refer To Attached —

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


Driver's Signature (if driver is not the policyholder) / Date
& Time 3/8/2022
1119


Witnessed by Reporting Centre
Personnel

ON THE STATED DATE AND TIME, I VEHICLE A (SMT 192 U) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. WHEN THE VEHICLE INFRONT OF MY BRAKE, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (GBF 9355 L) WHO HAVE COLLIDED ONTO MY VEHICLE.







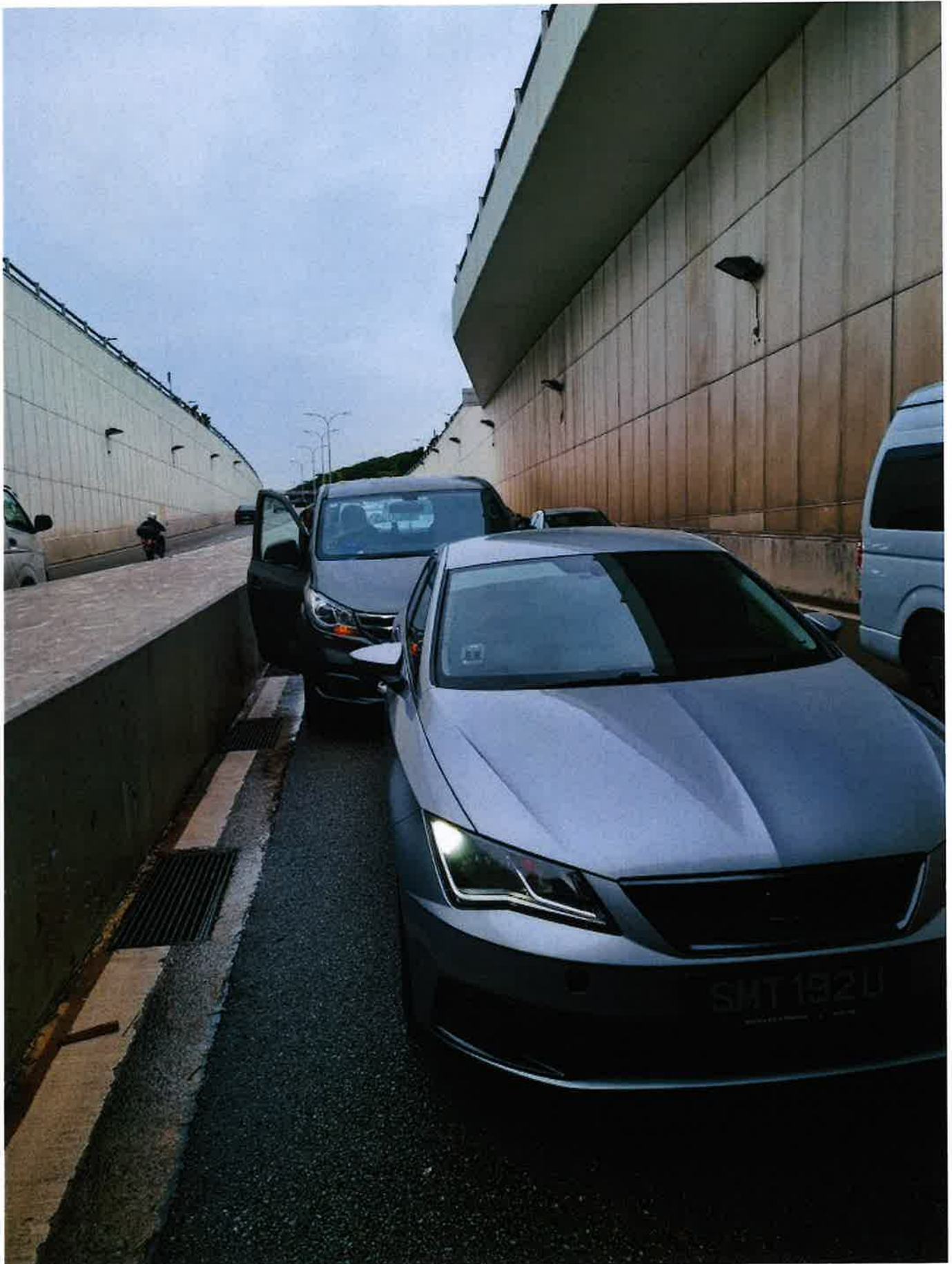


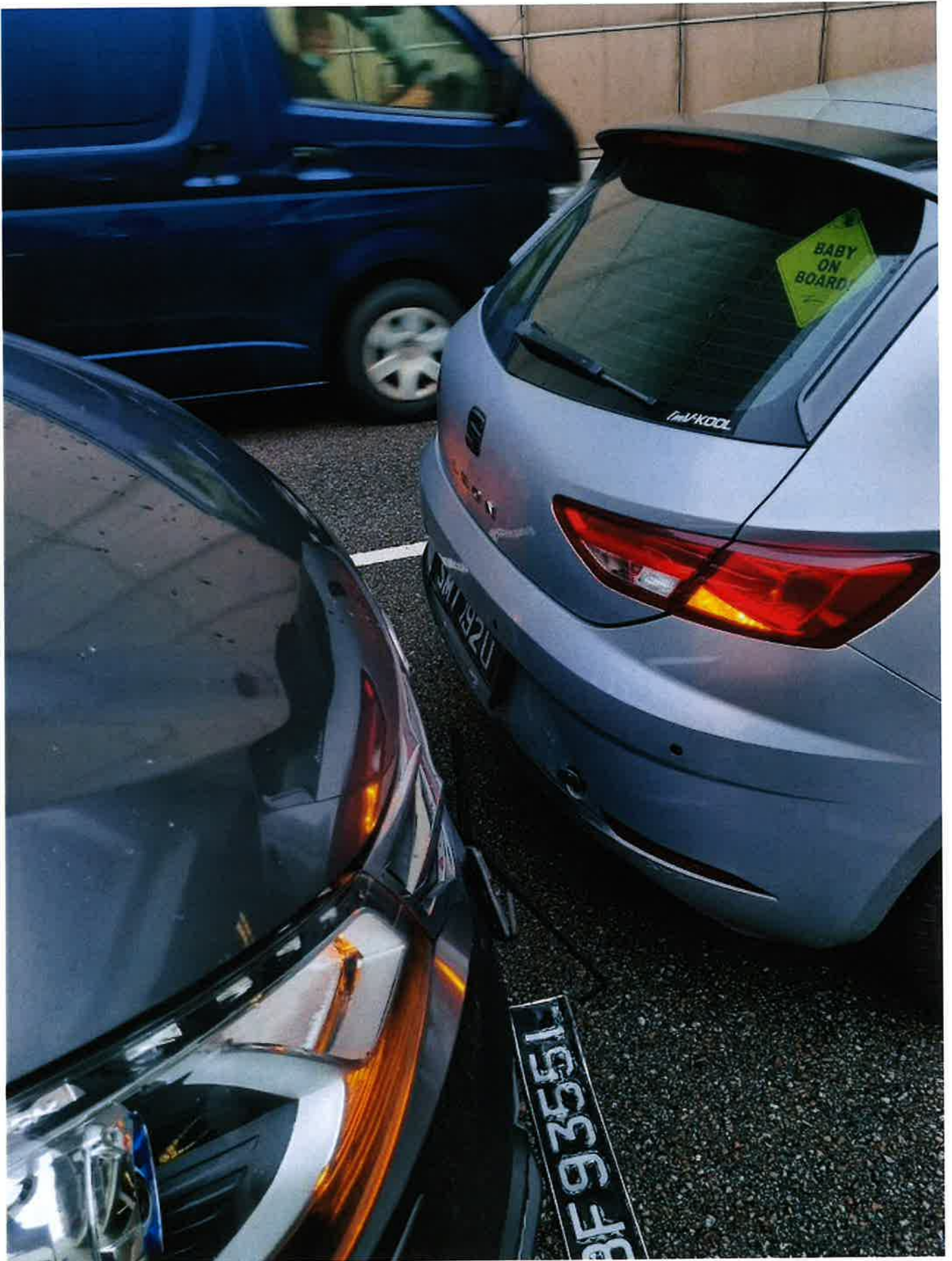
















Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1998 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001883958-01
 Date of Issue : 2022-05-25
 Coverage : Comprehensive
 Policyholder : Rabnick Teo
 Period of Insurance : 17 June 2022 to 16 June 2023(both dates inclusive)
 Registration No. : SMT192U
 Chassis number of Vehicle : VSSZZZ5FZJR108039

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission

**Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

Limitation as to Use*:

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

The Policy does not cover:

- (a) use for hire or reward
 (b) use for racing, pace-making, reliability trials or speed testing
 (c) use for the carriage of goods (other than samples) in connection with any trade or business
 (d) use for any purposes in connection with the Motor Trade

**Limitation rendered inoperative by Section 8 of 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.*

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) or Amendment, Act or Acts passed in substitution thereof.

25 May 2022
 Issued Date

Hicham Raisi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Excess : Own Damage
 : Windscreen Damage

SGD 800.00
 SGD 100.00

SINGAPORE ACCIDENT STATEMENT

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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	03/08/2022 16:33 (SGT)
Reported by	Driver
Date of Accident	02/08/2022 18:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL UNDERPASS TWDS FARRER RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9355L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEE YEOW THENG

VEHICLE PARTICULARS

Manufacturer	Maxus
Model	G10
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1850

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V04700/VCV/R01

DRIVER

Name of Driver	CHEW JIA KAE
NRIC No	SXXXX565E
Address	BLK 120 LOR 2 TOA PAYOH
Address complement	#03-68
Postcode	310120
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

PLS 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 SMT192U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

SKETCH PLAN**IMPORTANT NOTICE**

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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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BRADDELL UNDERPASS TWDS FARRER RD

vJun2022

1

Describe Circumstances of the Accident

I was entering Braddeley underpass on the right lane of A2-lanes road. In front of my veh stopped and i followed suit. Due to the road surface wet my veh didn't stop completely and touch the veh B rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

J. Shaw 03/8/2022

Slym 03/08/22

















**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

STATEMENT OF CLAIM

Liberty Insurance Pte Ltd

6221 8611

Invoice No. : I202302067

Invoice Date : February 04, 2023

Vehicle No. : SMT192U

Make & Model : Seat Leon

Chassis No. : VSSZZZ5FZJR108039

Mileage : -

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	10,250.00	10,250.00

GRAND TOTAL : \$10,250.00

Amount Paid \$0.00

Balance Due \$10,250.00



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 #: E2208157

Date: 18-08-22

1

Bill To:

SV Autoworks Pte Ltd

For the account of:

Teo Yi Wei, Rabnick

S8701693E

APT Blk 818A Choa Chu Kang Avenue 1

#17-08

Ship To:

SV Autoworks Pte Ltd

For the account of:

Teo Yi Wei, Rabnick

S8701693E

APT Blk 818A Choa Chu Kang Avenue 1

#17-08

Description**Amount****Job No.**

Vehicle Rental for Period 02.08.2022 to 10.08.2022

(Billing for days 8 X \$120.00/per day)

(Vehicle No.: SMT192U)

\$960.00

SR

SR

Your Order #: 20315

Terms: Net 30th after

GST:

\$62.80

COMMENT

CODE

RATE

GST SALE AMOUNT

Total Inv Amt:

\$960.00

SR

7%

\$62.80

\$897.20

Amount Applied:

\$0.00

Balance Due:

\$960.00



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: 20315

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT


HIRER'S PARTICULAR		Vehicle No: <u>SJM82416</u> Replace Veh No: <u>SMT1924</u>	
Name: (as in I/C) <u>Teo Yi Wei, Pabnick</u>		Mileage out:	
Email:		Make & Model: <u>NISSAN</u> <input checked="" type="radio"/> Auto / <input type="radio"/> Manual	
NRIC/PASSPORT No: <u>S8701693E</u>		OUT : Date <u>2/8/22</u> Time: <u>9pm</u>	
Date of Birth: <u>29/1/1987</u>		HIRE PERIOD	
Address (Res): <u>APT B1K 918A Choa Chu Kang Avenue 1</u> <u>#17-08 S(681918)</u>		OWN DAMAGE CLAIM Excess S\$	
Driving Licence No: <u>S8701693E</u> D/L Type: <input checked="" type="radio"/> Local / <input type="radio"/> International		THIRD PARTY CLAIM Excess S\$	
Issue Date: <u>11 Mar 2008</u>		CHARGES	
Tel: (O) _____ HP _____		Daily <u>8</u> @\$ <u>120.00</u> per day <u>960</u> <u>00</u>	
Company Name:		Weekly @\$ _____ 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.	
VEHICLE CHECK LIST		GST <u>Incl 7%</u>	
INDICATE : DENTS A - ACCIDENTS S - SCRATCHES		TOTAL CHARGES <u>960</u> <u>00</u>	
BACK		Rented out by :	
RIGHT FRONT TOP LEFT		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 BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS 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>10/8/22</u>	<u>130pm</u>				



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: 10/08/2022

Your Ref No: SV AUTOWORKS

Dear Sir/Madam,

Date of Accident: 02/08/2022 00:00 (SGT)

Vehicle No: SMT192U

Place of Accident: Singapore

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\$)
GBF9355L	Singapore	(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.

You have completed this transaction.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Aug 2022 / 21:33:51

Receipt Date/Time : 02 Aug 2022 / 21:33:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220802-003834

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 - GBF9355L				
As at 02 Aug 2022/18:00:00				
Insurance Co: LIBERTY INS P L				
1	Insurance Enquiry - GBF9355L Enquiry Fee 20220802213306323791	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				
526471XXXXXX6656		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.

Save as PDF

OK →

Print Receipt