CHAN JINGZHONG c/o Blk 7 Sin Ming Industrial Estate #01-76 Singapore 575642 Date: 18-11-2014 CHINA PAIPING INSURANCE (SINGADORE) PIE LTD MOTOR CLAMS DEPT. 3 ANSON ROAD #16-00 SpRINGLEAF TOWER SINGAPORE 079909

Dear Sir / Madam

ACCIDENT INVOLVING MOTOR VEHICLES_ ALONG LORNIE VIADUCT		SLRG353 E AND SLJ489D		
	e, the owner of Vehicle No.	OIV		
	Our vehicle sustained damages as a res	ult of the above said accident and I / we are now		
	Costs of repair Loss-of-Use/Rental fees 9 days Police / GIA report / LTA fees Surveyor report fees Others Dry R Medical Fee - 4 6	97.00 80.00 3.08 0.00 739.18		

SLEGGER AND SITURGE

Please advise whether you are now prepare to settle my claims as outlined above.

I / We hereby authorise my / our repairers, M/s Alan's United Auto Pte. Ltd. and/or their representatives to negotiate/compromise settlement of my / our above claim on my / our behalf. If there is a settlement I / we further authorise you to pay whatever settlement sum to my / our repairers being the outstanding repair bill and incidentals due to them.

Your kind attention and prompt settlement is much appreciated.

Yours faithfully,

LETTER OF AUTHORITY

ACCIDENT INVOLVING SLR6353 E AND SLJ489D					
ALONG LORNIE VIADUCT ON JY-10-20XX					
BY THE LETTER OF AUTHORITY, I/We, The owner of Vehicle No. Sector C, #01-76, Singapore 575642, and/or their representative to process the Third Party claim on my/our behalf and to do all and/or any of the followings: 1. To submit, negotiate/compromise and to resolve settlements of my/our above mentioned claim. 2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favor of Alan's United Auto Pte. Ltd. 3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever as they deem necessary for the purpose of settling my/our said claim.					
I / We hereby declare that all the processing and documents done by virtue of this letter of authority on my/our behalf by my/our repairers or any person authorized by them shall be as good valid and effectual to all intends and purposes whatsoever as if the same had been done or executed by me/us in person.					
I / We further confirm that the acceptance by Messrs Alan's United Auto Pte. Ltd. of the settlement amount constitute the full discharge of my/our claim(s) in respect of the above accident. Signed on the (day) (month) (year)					
Acknowledged by Owner					

(company stamp if applicable)



REGN. NO.: 53090791K

BLK 7, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-76, SINGAPORE 575642. TEL: 6453 4680

CUSTOMER

CHAN JINGZHONG C/O ALAN'S UNITED AUTO PTE LTD

BLK 7 SIN MING IND. ESTATE SECTOR C, #01-76 SINGAPORE 575642.

MR. ALAN KHONG

INVOICE NO: C24328

: CASH

DATE : 18.11.2024

TERM

RENTAL FEES FOR:-

S/N	VEHICLE NO.	VRA NO.	REFERENCE	NO. OF DAYS	UNIT PRICE (\$)	AMOUNT (\$)
1	SLL 1628Y	9915	SLR 6353E	9	\$ 120.00	\$ 1,080.00
		**	***	*******	***	

TOTAL: \$ 1,080.00

PAYMENT MODE:

BY CHEQUE:

CHIN HUI CAR RENTAL

BANK TRANSFER:

OCBC 531-709517-001

PAYNOW TO UEN:

53090791K

YOUR EARLY REMITTANCE IS MUCH APPRECIATED.

CHIN HUI CAR RENTAL

IIN HUI CAR RENTAL

BLK 7, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-76,

SINGAPORE 575642. TEL: 6453 4680

REGN. NO.: 53090791K

VEHICLE RENTAL AGREEMENT

No: 09915

HIRER'S PARTICULAR	Vehicle No: SLL 1681Y Mileage Out: 880.57	D		
Hirer: Chan Jingzhong	Make & Model: ToyoTA ACTIS Group:	1anual		
NRIC / Passport No: \$8536060D Date of Birth: 02-12-1985	OUT: Date 24-10.24 OUT: Time 3pm			
Address: 43 Bright Hill Drive #19-14	Replace Veh No: Mileage Out:			
5(573894)	OUT : Date OUT : Time			
Driving Licence No: \$8536060D Pass Date: 21.04.7006				
Contact Number: 96612921	CHARGES			
	Daily 9 @\$ 120 — per day 108	30.00		
DRIVERS PARTICULARS (if different from Hirer)	Weekly @\$ per week			
Appointed Driver:	Monthly @\$ per month			
NRIC / Passport No: Date of Birth:	Hours @\$ per hour			
.ddress:	Others @\$			
Driving Licence No: Pass Date:		/		
Contact Number:	100	277 62		
	SUB-TOTAL \$ 108	ro. 00		
Terms & Conditions	PETROL LEVEL Out E 1/4 1/2 3/4 F			
ADDITIONAL S\$3000.00 EXCESS For Hirer / Driver	In E 1/4 1/2 3/4 F			
Age 23 years old & below.		20 22		
Age 70 years old & above.	TOTAL CHARGES \$ 102	80.00		
Less than Two (2) years Driving Experience.	IMPORTANT!			
Malaysia Excess (Exclude Towing Fees and Any Charges	FOR SINGAPORE USE ONLY			
in Malaysia) - \$3,500.00 REMARKS	Scess Liability: S\$2500.00			
SLR6353 E	Malaysia Excess (With Prior Conjent): NOT ALLO WED			
32.10	10000			
PAYMENT METHOD:	Hirer's Signature			
BANK TRANSFER : OCBC 531-709517-001	1			
PAYNOW : 53090791K	Addition Driver's Signature			
I have read and agree to the terms and condition on both sides of this agreement. If I have pre-	sontad a charge/cradit card for navment. Lagrae that all amounts navable unc	fer this agreemen		

I have given CHIN HUI CAR RENTAL in connection with this agreement is true.

* IMPORTANT

- 1. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AND ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 2. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE
- 3. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CHIN HUI CAR RENTAL
- 4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY, IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CHIN HUI CAR RENTAL AND THE SAME SHALL BE ACCOPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENCED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	X V/m
02-11-24	3pm	88732		SIGNATURE OF HIRER / DRIVER

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.
Tel: 6453 8686 (3 Lines) Fax: 6459 6550
Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No.: 16842

Vehicle Insured : SLJ489D

Accident Date : 24-Oct-2024

Date: 04-Nov-2024

Our Ref: 024211 (CHINA) / CHAN

PAGE: 1

CHAN JINGZHONG 43 BRIGHT HILL DRIVE #19-14 Singapore 573894

FINAL REPAIR COST FOR MAZDA 3 SLR6353E

To supply spare parts

To remove rear seat, trim board and carpet

To apply undersealing

To putty and spray replaced parts

To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts

3,300.00

Add 9% GST :

297.00

Total:

S\$ 3,597.00

Singapore Dollars Three Thousand Five Hundred and Ninety Seven Only

DR+ Medical & Paincare Upper Thomson

(formerly Horizon Medical Centre) 200 Upper Thomson Road #01-11 Thomson Imperial Court, Singapore 574424 Email: drp_thomson@sgpaincare.com Tel: 62502692 PAINCARE UPPER THOMSON

GST Reg No: 200511317D

TAX INVOICE

CHAN JINGZHONG 43 BRIGHT HILL DRIVE

#19-14 S(573894) Invoice No.: 63204 Our Ref : 61023

: 24 Oct 2024 Date

Patient

: CHAN JINGZHONG(SXXXX060D)

Attending Doctor

: DR LEE PENG KHOW

Description	Qty	Fee
ANAREX	20.00 tabs	\$8.72
FASTUM GEL 2.5% - 30G	1.00 tube	\$8.33
CONSULTATION		\$38.00
	Sub-Total	\$55.05
	Add GST 9.0%	\$4.95
	Total Amount Payable	\$60.00
Receipt No. 68627 - NE	TS Payment Received	\$60.00
	Outstanding Balance	\$0.00

FOR BANK TRANSFER:

FOR BANK TRANSFER:
BANK ACC NAME: HORIZON MEDICAL CENTRE
BANK NAME: OVERSEA-CHINESE BANKING CORPORATION LTD
BANK ACC NO.: 712650845001
SWIFT CODE: OCBCSGSGXXX

PAYNOW TO UEN: 53156537L

For safety and hygiene purposes, purchased medication are not returnable or exchangeable.

This is a computer generated invoice which does not require a signature

INSURER ENQUIRY Find insurer

Vehicle reg. no.

SLJ489D

Date of Accident

24/10/2024

Reset

% RESULT & RECEIPT

TP Insurer Enquiry			
Insurance	China Taiping Insurance (Sing		
Period of Insurance	28/11/2023 - 27/11/2024		
Requested By	KHONG SHI JIE (ALAN'S UNITE		
Requested Date	24/10/2024 15:12		

Payment details

Request Amount: **\$\$2** GST Amount: **\$\$0.18**

Total Amount Due (GST Inclusive): **\$\$2.18**

General Insurance Association

Records Management Centre GST Registration No: **M400017735**