



吉維利企業
KIVILE ENTERPRISE

BLK 3007, UBI ROAD 1 #01-408, SINGAPORE 408701

TEL: 67488645, 67479547 FAX: 67482533

EMAIL: KIVILEPC@GMAIL.COM

WEBSITE: WWW.KIVILEPC.COM

ROC NO.: 53114844X

GST REG NO.: M90370110N

LETTER OF DEMAND

MS FIRST CAPITAL INSURANCE LIMITED

16 RAFFLES QUAY
#42-01 EMBASSY OF THE REPUBLIC OF PANAMA
SINGAPORE 048581

DATE : 19/03/2025
PAGING : PAGE 1 OF 1

TEL: 63591800 H/P:

ATTN : CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG

FBJ761K REPAIR CLAIM

NO	DESCRIPTION	QUANTITY	U/PRICE	AMOUNT
				SGD
1.	FBJ761K REPAIR COST	1	1,500.00	1,500.00
2.	LTA SEARCH	1	25.00	25.00
3.	LOSE OF USE 4 DAYS @ \$ 50	1	200.00	200.00
4.	TOW FEE	1	60.00	60.00

TOTAL	:	1,785.00
ADD GST	:	142.65
GRAND TOTAL	:	<u>1,927.65</u>

AUTHORISATION TO ACT

I/We, LOO BEE HENG (the third party claimant) of _____

(address), owner of FBJ761K (vehicle no.)
hereby authorize KIVILE ENTERPRISE (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. FBJ761K that was damaged pursuant to the accident which
occurred on 13/10/2024 (date) along TECK WHYE CRES

(location) involving vehicle no's SHC2166G (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 knowledge 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 the driver/
owner/ insurers of the other vehicle(s) is concerned.

Date: 19 / 03 / 2025 (DD/MM/YYYY)

chape sign

✓ [Signature]

Signed by the third party claimant
(with company stamp if applicable)

KIVILE ENTERPRISE
Blk 3007, Ubi Road 1 #01-408
(S) 408701 M: 90370110N
Tel: 6748 8645 Fax: 6748 2533

Signed by the workshop
(with company stamp)

my execution of this Discharge Voucher is only
for my claim for property damage and not prejudicial
to any other claims arising from the same accident

19/3/25



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TAX INVOICE

MS FIRST CAPITAL INSURANCE LIMITED

16 RAFFLES QUAY
#42-01 EMBASSY OF THE REPUBLIC OF PANAMA
SINGAPORE 048581

TEL: 63591800 H/P:

ATTN : CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG

FBJ761K REPAIR CLAIM

TAX INV NO. : AR202503-0092

DATE : 19/03/2025

PAGING : PAGE 1 OF 1

TERMS : CASH

NO	DESCRIPTION	QUANTITY	U/PRICE	AMOUNT
				SGD
1.	FBJ761K REPAIR COST	1	1,500.00	1,500.00
2.	LTA SEARCH	1	25.00	25.00
3.	LOSE OF USE 4 DAYS @ \$ 50	1	200.00	200.00
4.	TOW FEE	1	60.00	60.00

(SINGAPORE DOLLAR ONE THOUSAND NINE HUNDRED TWENTY-SEVEN AND CENTS
SIXTY-FIVE ONLY)

TOTAL	:	1,785.00
ADD GST	:	142.65
GRAND TOTAL	:	1,927.65

This is computer generated invoice. No signature is required.

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Nov 2024 / 15:40:57

Receipt Date/Time : 02 Nov 2024 / 15:40:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241102-001868

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 - SHC2166G As at 13 Oct 2024/20:42:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC2166G Enquiry Fee 20241102154010250553	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
20241102154015286		Direct Debit: eNETS Debit (Internet Banking)		27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
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.

OFFICIAL RECEIPT

No.: _____

Date: 28/10/24

Received from Kivulire Burkey

The sum of FB 781 Combriz

51/65 2000 Wye

Being payment of to JMC

60/

Cash/ Cheque No.: _____

By: [Signature]