



德興摩哆私人有限公司

DE XING MOTOR PTE. LTD.

Blk 3006 Ubi Road 1 #01-356 Singapore 408700

Tel : (65) 67468582 (4 Lines) Fax : (65) 67439525

Email : dxmotor@singnet.com.sg

Website : www.dxmotor.com

Co. Reg. No.: 198303312R



DATE: 10/08/16

SATISFACTORY & DISCHARGE VOUCHER

I/ WE, HEREBY DECLARE THAT THE REPAIRS TO MY/OUR
MOTORCYCLE VEHICLE REGISTERED NUMBER: FBK 2914
HAVE BEEN COMPLETED TO MY/ OUR SATISFACTION AND I/ WE
AGREE THAT THE PAYMENT OF THE AMOUNT PAID TO DE XING
MOTOR PTE LTD, BLK 3006 UBI ROAD 1 #01-356 SINGAPORE
408700 FOR SUCH REPAIRS ARE IN FULL DISCHARGE OF OUR
CLAIM POLICY NUMBER: _____ IN
RESPECT OF THE DAMAGES CAUSED IN ACCIDENT WHICH
OCCURRED ON THE 25/07 / 2016 .

SIGNATURE OF INSURED

NAME:

NRIC NO:

Garam arshad 10/8/16
S1526228M

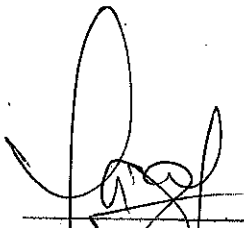
AUTHORISATION TO ACT

I, GAZALI BIN ARSHAD ("the third party claimant") of FBK291U
158 Woodlands St 13 # 11-709 ^{83 730158} (address), owner of FBK291U (vehicle no.) hereby
authorize DE XING MOTOR 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. FBK291U that was damaged pursuant to the accident which occurred on 25/
(date) along PTE TOWARDS UBI BEFORE PAYA LEBAR EXIT (location) involving vehicle
no/s SJC 7220B ("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 10 (day) of August (month) 2016 (year)



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



Signed by "the workshop"
(with company stamp)



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

10 Anson Road, #06-16 International Plaza, Singapore 079903

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

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-16-087012

Date of Request: 28/07/2016

Your Ref No: Online Purchase

De Xing Motor Pte Ltd
Blk 3006 Ubi Road 1
#01-356
Singapore 408700

Dear Sir/Madam,

Enquiry Date 28/07/2016
Enquiry By LIM GEOK HEA
TP Vehicle No. SJC7220B
Accident Date 25/07/2016

Enquiry Result

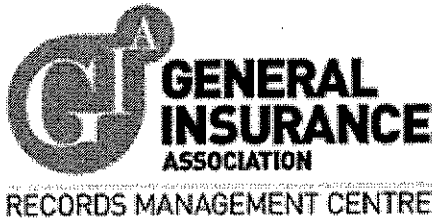
TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJC7220B	Lonpac Insurance Bhd	27/08/2015-26/08/2016	+65 62507388

Thank You.

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SINGAPORE

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Operating Hours: Monday to Friday 9am to 5pm

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TAX INVOICE

Our Ref No: GR-16-087012

Date of Request: 28/07/2016

Your Ref No: Online Purchase

De Xing Motor Pte Ltd
Blk 3006 Ubi Road 1
#01-356
Singapore 408700

Dear Sir/Madam,

Enquiry Date 28/07/2016
Enquiry By LIM GEOK HEA
TP Vehicle No. SJC7220B
Accident Date 25/07/2016

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque