

MOTOR SPORT PTE LTD

Blk 3007 Ubi Road 1, #01-446

Singapore 408701

Tel: 67496717, Fax: 67416719

Co's Reg. 199002311D

GST Reg. M2-0093053-3

vic

Date: 21 February 2017

INDIA INTERNATIONAL INSURANCE PTE LTD

#04-#05 IOB BUILDING

Singapore 049711

Motor Claim Dept.

Dear Sir/Madam,

3rd PARTY CLAIM FOR FBJ5762A

We are claiming the repair for the above motor scooter FBJ5762A as below:-

1	Repair as Invoice: 21022019	\$	1,742.17
4	Lost of use 3 days @ \$30.00	\$	90.00
	Total	\$	1,832.17
	Less 50%	\$	916.09
3	LTA search fee	\$	5.35
	Total Claim	\$	<u>921.44</u>

Attach is the Invoice and DV voucher and LTA search fee for your reference.

If you have any doubts, kindly contact me at 96638118.

Thank you.

Yours truly,



Herbert Teh
Manager

AUTHORISATION TO ACT

I, YEO ZHI XIANG, JACKSON (the third party claimant) of BLK 22 HAVELOCK ROAD #12-681 S(160022) (address), owner of FBJ5762A (vehicle no.)

Hereby authorize MOTOR SPORT PTE LTD ("the workshop") to act for me with respect to my claim for repair costs and/or loss of use ("claim") for my vehicle No.

FBJ5762A that was damaged pursuant to the accident which occurred on 06/01/2017 (date) along ALONG MCE TOWARD AYE (location) involving vehicle no/s SHD3664Z ("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 02 (date) of OCT (month) 2017 (year)



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



Signed by "the workshop"
(with chop)

**MOTOR SPORT PTE LTD**

BLK 3007 UBI ROAD 1,
#01-446, SINGAPORE (408701)
TEL: +65 67496717 FAX: +65 67416719
CR No. 199002311D GST Reg No: M2-0093053

PO No.

2102019

INVOICE**Customer**

Name **INDIA INTERNATIONAL INSURANCE PTE LTD**
Address **#04-#05 iob bUILDING**
Country **Singapore** P code **049711**
MOTOR CLAIM DEPT.

Date **2/10/2017**
Order No. _____

Qty	Description	Unit Price	TOTAL
1	FRONT COVER		\$ 239.00
1	LH FRONT COVER SIDE CENTER		\$ 39.00
1	LH BRAKE LEVER		\$ 47.00
1	LEGSHIED		\$ 103.00
1	LH SIDE SKIRT		\$ 144.00
1	LH SIDE SKIRT REAR		\$ 171.00
1	LH FOOT FLOOR BOARD		\$ 54.00
1	LH PILLION FOOTREST		\$ 33.00
1	AIR FILTER COVER		\$ 40.00
1	LH ENGINE COVER		\$ 115.00
1	LH ENGINE COVER FRONT COVER (BLACK)		\$ 25.00
1	SIDE STAND		\$ 20.00
1	MAIN STAND		\$ 88.00
1	REAR BOX		\$ 280.00
	TOTAL		\$ 1,398.00
	LESS 10%		\$ 139.80
	TOTAL		\$ 1,258.20
1	SPRAY PAINTING		\$ 220.00
1	LABOUR CHARGE		\$ 150.00
	TOTAL		\$ 1,628.20
	LIABILITY 50%		\$ 814.10
	TOTAL CLAIM		\$ 814.10
ACCIDENT CLAIM FOR FBJ5762A			

Payment Details

- ☐ Cash
☐ TT
☒ Others #VALUE!

BANK: _____
BRANCH: _____
ACCOUNT NOS: _____

SubTotal \$814.10

GST 7% \$56.99

GST INCL. TOTAL \$871.09

For MOTOR SPORT PTE LTD





Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2



Print Date/Time : 12 Jan 2017 / 08:52:52

Receipt Date/Time : 12 Jan 2017 / 08:52:52

Tax Invoice/Receipt

Receipt No. : LTACT-QBS-170112-000010

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 - SHD3664Z As at 06 Jan 2017/08:45:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHD3664Z Enquiry Fee 20170112085226685334	5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	Cash			5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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.

Print Receipt

OK

Save as PDF

India Int'l Ins P.L.
#04 - #05 10B Building
S(049711)

~~Motorcycle~~
motorcycle @ iii. rom. sg

MOTOR SPORT PTE LTD

Blk 3007 Ubi Road 1, #01-446
Singapore 408701
Tel: 67496717, Fax: 67416719
Co's Reg. 199002311D GST NO. M2-0093053-3

DISCHARGE VOUCHER

I/We, hereby declare that I/We have examined my/our vehicle after repair by Motor Sport Pte Ltd of Blk 3007 Ubi Road 1 #01-446 S(408701) and I/We satisfied that they have carried out the repairs and replacement of the parts as per the repair bill or lump sum repair to my complete satisfaction.

Please pay to MOTOR SPORT PTE LTD who is authorised to receive the above payment on my behalf.

Date and time of the collection

02/10/17 1634 H

Vehicle nos.

FBJ5762A

Name of Claimant:

YEO ZHI XIANG, JACKSON

Signature



NRIC NO

S8838261G

Address

BLK 22 HAVELOCK RD # 12-081 S(140022)

Name of Witness

TEH SIN CHIN

Signature



NRIC NO

S1508641F

Tel No.

96638118

Address

BLK 3007 UBI ROAD 1, #01-446 S(408701)

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of _____ Payment will be credited directly
(Name of Paying Organisation)
into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form,
obtain his banker's certification in Part II and return the duly completed form to

(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: _____
(Name of Paying Organisation)

Supplier's Particulars:

Name : MOTOR SPORT VTR LTD
Address : 198 JOO CHIAT ROAD #02-01 S(427469)
Telephone Number: 67496717 Fax Number: 67496719
Name of Bank : UOB Name of Branch: 7375
Account Number To Be Credited : 109-308-818-8

I/We hereby authorise _____ to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: UOB
(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.



14/2/20

Signatures and Company's stamp As In Bank Account

Date

Part II (To Be Completed By Supplier's Bank)

To: _____
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank	Branch	Account Number
<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Name & Signature of Authorised Bank Officer

Date