THIRD PARTY CLAIM

Name & Address Of Claimant:			HAHRIN BIN HA		- 500115	
C/O: KAN FOOK SING M		A Company of the Comp	U LANE 12 SI	0.6		
Name & Address Of Third Party Ins & Shenton Way #	27 - 01	AXA Insurar AXA Tower		0688		
<u> </u>			3.7.7.0			
Dear Sir/Madam,						
Accident involving vehicles		SGW3183G	&	SH	SHD9329C	
Accident involving venicles	-	501151030	on 2/6/20		ong/ at	
along	jalan e	eunos towards	_		8,	
				_		
I am the owner of vehicle registrat	ion no:	SGW3183G	which was	involved i	in the	
I am the owner of vehicle registrat above mentioned vehicle registrat	-	SGW3183G SHD9329C	which was which I und			
	-					
above mentioned vehicle registrat with you.	ion no:	SHD9329C	which I und	derstand i		
above mentioned vehicle registrat with you. The accident was clearly caused by	ion no:	SHD9329C red's negligence an	which I und	derstand i		
above mentioned vehicle registrat with you.	ion no:	SHD9329C red's negligence an	which I und	derstand i		
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all final	ion no:	SHD9329C red's negligence an	which I und	derstand i		
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all final Repair Costs	ion no:	SHD9329C red's negligence an	which I und	derstand i claiming S\$		
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all fina 1 Repair Costs 2 Miscellaneous Items	ion no:	SHD9329C red's negligence an	which I und	derstand i claiming S\$ S\$		
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all fina 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee	ion no:	SHD9329C red's negligence an	which I und	derstand i		
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all fina 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee	ion no:	SHD9329C red's negligence an	which I und	derstand i claiming S\$ S\$		
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all finations. 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use /	ion no:	SHD9329C red's negligence an s as itemized below	which I und	slaiming S\$ S\$ S\$ S\$	3,852.07 - - 7.45	
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all finations. 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for	your insui	SHD9329C red's negligence an s as itemized below	which I und	derstand i		
above mentioned vehicle registrat with you. The accident was clearly caused by compensation from you for all finations. 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Less-of Use /	your insui	SHD9329C red's negligence an s as itemized below	which I und	slaiming S\$ S\$ S\$ S\$	3,852.07 - - 7.45	

I enclosed the relevant copies of documents in support of my claims. Your prompt settlement of my claim would be much appreciated. If you require any other information, please contact my workshop at *KAN FOOK SING MOTOR WORKSHOP*, 61 Defu Lane 12 Singapore (539147), Tel: 6747 9560 Fax: 6748 1006, Email: ryan@kanfs.net / patricia@kanfs.net. I have authorized the said workshop to deal with my repairs & accept payment in relation to the claim for repairs/loss of use & execute documents on my behalf for the purpose of my convenience.

Thank you.

Your faithfully

R

AUTHORISATION FORM

TO:-						
KAN FOOK SING	G MOTOR WORKSHO	Р				
61 DEFU LANE	12					
SINGAPORE 53						
FROM:-						
NAME:	MOHD SHAHRIN	BIN HASSAN	_			
NRIC NO:	S169	1001E	_			
Door Sir/Mada	m					
Dear Sir/Mada Accident on	2/6/2018	involving vehicles	SC	W3183G 8	SHD932	9C
		ng jalan eunos				
along/at	alo	ng Jaran eunos	comaras	50111 10		
I/We	MOHD	SHAHRIN BIN HAS	SAN		the owner of	f
vehicle registra	ation no: SGW	3183G hereby	do authoriz	e you. Kan Fo	ook Sing Moto	r
		my above mentioned	vehicle.			
vvorksnop to c	ommence repairs to					
1/Ma confirm	that Kan Fook Sing M	otor Workshop is her	oby authori:	red to handle	the renairs o	f my/ our
		ttle any claims relating				
		insurers and/ or to in				
177.5		insurers and/ or to in	Struct lawy	ers on my, oc	ar bellan to la	cilitate the
third party clai	m for me/ us.					
Kan Fook Sing	Motor Workshop is h	ere by authorized to	execute and	/or sign my o	documents/ di	ischarge
		garding my/ our claim				
		MOTOR WORKSHOP				
Thank you.						
mank you.						
Yours faithfully	/					
^						
The state of the s						



TAX INVOICE COMPREHENSIVE/THIRD PARTY COVERAGE RENTAL AGREEMENT NO. RA 5293

Vehicle Reg. No. STATES Make / Model: COMPANY NAME:	Engine Capacity:	Date Out: 20/6/218 Time Out: 0933 am Mileage Out:	Date Int: 28/6/2-18 Time In: 1642-by Mileage In:
Address:		Estimated Date / Time Return: Form of Payment:	
	Tel:	-	
Person in Charge:	Fax:	8 Days @ S\$ (O per Day	\$ 800
Designation:	Contact No.	^	
A H	1 1 2 22 11	Weeks @ S\$ per Week	
DRIVER NAME: Moha		Months @ S\$ per Month	
rnggol field	Tel (O):	Additional @ S\$ per Hours	1
# 03-493 CS) R2 219 6 NRIC/Passport # S169 100 11	H/p No.: 8569 8524 Country of Issue:	TOTAL	\$ 800
Date of Birth: 15/1/1965	A STATE OF THE STA	GOODS & SERVICES TAX (GST) 7/	\$ 56
Driving Licence #: Expiry Date:	Years of Driving:	TOTAL CHARGE DUE	\$ 856
ADDITIONAL DRIVER:		DEPOSIT BY RENTER	4
Address:	Tel (R):		
	Tel (O):	BALANCE DUE FROM RENTER	
	H/p No.:		
NRIC/Passport #:	Country of Issue:		Fuel Gauge
Date of Birth:	Nationality:	Right Side	
Driving Licence #:	Country of Issue:		
Expiry Date:	Years of Driving:		F F
RENTER'S Liability for Vehicle Damag	e shall NOT Exceed S\$	Rear	
For Singapo Own Damage Ex All damages borne by hirer for	ore Use Only cess S\$1,500.0 Third Party Coverage vehicle	Left Side	Front Rear
Agreement Prepared By	Checked Out By:	Checked In By:	RENTER'S I/D

RENTER'S DECLARATION:

I/We agreed to the terms & conditions of the above & declared that all informations given is true and correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. I/We hereby authorized KAN CAR RENTAL to/charge all amount due to this rental to my/our account.





Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

19 Jun 2018 / 09:41:24

Receipt Date/Time:

19 Jun 2018 / 09:41:24

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180619-000382

Previous Receipt No.:

Trevious recorpt ivo				
S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD9329C As at 02 Jun 2018/11:55:00 Insurance Co: AXA INSURANCE PTE LTD 1 Insurance Enquiry - SHD9329C		7.00	0.49	7.49
Enquiry Fee 20180619093858662023		7.00	0.49	7.45
	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			
	20180619094036540 ^C	Direct Debit: eN (Internet Ba	IETS Debit anking)	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.