

**Autolution Industrial Pte Ltd**

Tan Chong Motor Sales Pte Ltd's Authorised Dealer
19 Ubi Road 4
Singapore 408623
Tel: (65) 64909000, 67008080
Fax: (65) 6497480
Business Reg. No.: 194500871W

DATE: 8/1/2019

YOUR REF:

OUR REF: INS/IC/EA/0414/18

The Motor Claims Department

AXA INSURANCE PTE LTD

ATTENTION TO CLAIMS OFFICER :

MOTOR CLAIM MANAGER

Dear Sir/ Madam,

Accident Involving: MY CLIENT VEHICLE SGY1113L AND AGAINST YOUR INSURED VEHICLE SGV8226P

Accident Date: 17/7/2018 0:00

Place and time of accident: AIRPORT ROAD HEADING FOR KPE

RE: Direct Settlement for the Vehicle Number. SGY1113L

On behalf of the owner of Motor Vehicle No. SGY1113L, which was involved
in the captioned accidentThe Vehicle was surveyed by your appointed suveyor at **AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623**and I based my claims on his recommendation for SGD \$2178.66 being the repair cost and period of repair for
3 days. (Strictly on a Without Prejudice Basis)As the accident was caused by the negligent act of your insured SGV8226P I am submitting this claim for your
consideration

COST REPAIR		SGD \$	1,814.41
COST OF LESS	DAYS (S) SGD\$ /DAY	SGD \$	
(Please refer to authorization letter)			
FUEL EXPENSES		SGD \$	9.50
MEDICAL FEE		SGD \$	63.85
LTA SEARCH /SURVEY FEE		SGD \$	2.00
COST OF CAR RENTAL	3 DAY(S) SGD \$	SGD \$	288.90
TOTAL AMOUNT		SGD \$	2,178.66

We enclose herewith the following documents to support my claims,

- | | |
|-------------------------|--------------------------|
| A. AUTHORIZATION LETTER | E. FINAL REPAIR BILL (S) |
| B. LTA SEARCH | F. MEDICAL FEE |
| C. SATISFACTORY NOTE | G. FUEL RECEIPT |
| D. CAR RENTAL INVOICE | |

Kindly look into this matter and let me hear from you on the settlement of the owner's
claims as soon as possible. Thank you.Yours Faithfully
Elmer Alfonso
Service ExecutiveAUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 64909000 FAX: 6497480TAN CHONG
MOTOR SALES



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

16 AUGUST 2018

ONG TECK KHIM
BLK 237 COMPASSVALE WALK
#10-536
SINGAPORE 540237

Dear Sir/Madam,

OUR REF : CC4/ASM1803634/Uub3
YOUR REF : SGV 8226P

ACCIDENT INVOLVING SGV 8226P / SGY 1113L AND OTHERS ALONG AIRPORT ROAD ON 17/07/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s **AUTOLUTION INDUSTRIAL PTE LTD** acting on behalf of the owner of SGY 1113L against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties (chain collision) where your vehicle was the 2nd vehicle, we are of the opinion that we cannot be absolved from liability.

Please be informed that your No Claim Discount (NCD) will be withheld for the time being, pending for the final allocation of liability.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to cs-a@lkkauto.com within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at cs-a@lkkauto.com

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely

THIN THIN HLAING
LKK Auto Consultants Pte Ltd
DID: 6841 2360
FAX: 6741 4108
Email: thinthin@lkkauto.com

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

• **LETTER OF AUTHORITY AND INDEMNITY**

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng kee Road, Singapore 159097
- ☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ **Third Party (Direct Settlement)**
- ☐ **Own Damage (Recovery Claim)**

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SGY 1113L **AND** SGV 8226 P
ON 19/07/2018 **AT** AIRPORT ROAD HEADING FOR KPE

1. I, the owner of vehicle no. SGY 1113L hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. ✓ I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop
Name <u>LIM LEE (LINLI)</u>		Company Name <u>Autolution Industrial Pte Ltd</u>
Address <u>BLK 133 EDGEDALE PLAINS # 02-48 820133</u>		Claim Officer's Name <u>EMER ALFONSO</u>
Telephone No _____		Telephone No <u>9045 2054</u>
Date <u>27/09/2018</u>	Email _____	Date <u>15 UBI ROAD 4 SINGAPORE 408623</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>[Signature]</u>	Claim Officer Signature <u>[Signature]</u>

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV 8226P (Insd veh)	Model: Nissan Qashqai 1.2(A)
	SGY 1113L (TP veh)	
Date of Accident/ Time:	17/07/2018	

Repair Estimate	: \$	3,472.02	
Final Repair Cost (w/GST)	: \$	1,814.41	
Loss of Use	: \$	-	days at \$ per day
Rental (if any) (w/GST)	: \$	288.90	3 days at \$ 90.00 per day
LTA / GIA Search Fee	: \$	2.00	
Others: (Medical Fee)	: \$	63.85	
Final Settlement Sum	: \$	2,169.16	

Payee Name: AUTOLUTION INDUSTRIAL PTE LTD	
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES [] NO (Kindly indicate below)	
A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>28</u>
BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>0</u> (%)
<i>* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.</i>	
Remarks:	

NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVE THEIR RIGHTS OF RECOVERY IN THE EVENT OF FRAUD / MIS REPRESENTATION / MISTAKE / MATERIAL NON DISCLOSURE. AXA ALSO RESERVES THEIR RIGHTS TO WITHDRAW THEIR ACCEPTANCE IN THE EVENT OF ANY INCONSISTENCIES/FRAUD/SUSPECTED FRAUD/MIS REPRESENTATION AND/OR MATERIAL NON DISCLOSURE OF FACTS/MISTAKE(S).

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of **ANDUJAT** to act for and on their behalf in this accident.

  Signature of workshop representative / Workshop stamp Name of Representative: ETHER ALTONSO Date: 25/03/2019	  Signature of Witness / Workshop stamp (if applicable) Name of Witness: Hamsah Saad Date: 25/3/2019
 CKS Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:	

AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
Business Reg. No.: 199500871W
GST Reg. No.: M2-8920338-9



TAX INVOICE

GST REG: M2-8920338-9

NAME :
ADDRESS : AXA INSURANCE PTE LTD
8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2426300A
VEHICLE NO : SJNFEAJ11U1959270
SGY1113L ←

INVOICE NO. :
INVOICE DATE : W32146398
TERMS : 09-JAN-2019
DATE REC'D : CREDIT
SA/SE : 05-SEP-2018
JOB NO : ELMER
MILEAGE : HG785827
YOUR REFERENCE : 014742
INS/IC/EA/0414/18

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNTS
1	LABOUR		
1	LABOUR CHARGES TO REPAIR REAR END PANEL,RENEW FRT BUMPER		375.00
2	CHARGES TO SPRAY PAINTING SAME		400.00
3	RENEW REVERSE SENSOR		110.00
	SUBTOTAL :		885.00
	PARTS		
1	CLIP REAR BUMPER @ \$1.20 EACH		5.76
	Oty:6 @ \$1.20 each (Disc:20.00% After Disc:\$5.76each)		
2	REAR BUMPER FASCIA		573.60
	Oty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)		
3	REAR BUMPER SIDE BRACKET RH		28.72
	Oty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)		
4	REAR BUMPER SIDE BRACKET LH		28.72
	Oty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)		
5	SENSOR-REVERSE		250.00
	Oty:1 @ \$250.00 each (Special Nett Item)		
	SUBTOTAL :		886.80
	REMARKS		
1	THIRD PARTY DIRECT SETTLEMENT		

DOLLARS:

Wong

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO :

RELEASE BY

AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
Business Reg. No.: 199500871W
GST Reg. No.: M2-8920338-9



TAX INVOICE

GST REG: M2-8920338-9

NAME :
ADDRESS : AXA INSURANCE PTE LTD
8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2426300A
VEHICLE NO : SJNFEAJ11U1959270
SGY1113L

INVOICE NO. :
INVOICE DATE : W32146398
TERMS : 09-JAN-2019
DATE REC'D : CREDIT
SA/SE : 05-SEP-2018
JOB NO : ELMER
MILEAGE : HG785827
YOUR REFERENCE : 014742
INS/IC/EA/0414/18

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNTS
2	YOUR INSURED VEHICLE SGV8226P Insurance Co : AXA INSURANCE PTE LTD Policy No. : - Claim Type .. : DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA : 17-JUL-2018 Our Ref : INS/IC/EA/0414/18 Surveyor : SURVEYOR FROM INSURANCE CO		
	LABOUR :		885.00
	PARTS :		886.80
	SUBTOTAL :		1771.80
	ADD. DISCOUNT :		76.09
	TOTAL :		1695.71
	GST (7%) :		118.70
	AMOUNT DUE :		1814.41

DOLLARS: (NB : NC=No Charge:P=Included in Package;W=Warranty;G=Goodwill)
ONE THOUSAND EIGHT HUNDRED FOURTEEN
AND CENTS FORTY ONE ONLY.

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO :

RELEASE BY

27-09-2018

10:49:30

SGY1113L (HG785827/W32146398)



www.tanchong.com

DOWNTOWN

DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6703 8400 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

AUTOLUTION INDUSTRIAL PTE LTD

19 UBI ROAD 4
UBI SERVICE CENTRE

S(408623)
ATTN : ELMER

GST Reg No. : M2-0067432-4
Tax Invoice : S1013853
Inv. date....: 27-SEP-2018
Print date...: 27-SEP-2018
Print time...: 12:06:00
Page no.....: 1
Agreement no: TP2018378
Salesman....: AK

Description

Amount

RENTAL CHARGE FROM 24-SEP-2018 TO 27-SEP-2018
NISSAN SYLPHY 1.5 4AT - SKG6921K
(LIM LEE @ NURISSA LIM)

270.00

DR 43100 - 300

CR 11513 - 310

TOTAL SGD(BEFORE GST) 270.00
GST(7%) 18.90
TOTAL SGD(AFTER GST) 288.90

POSTED



N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

DOWNTOWN TRAVEL SERVICES PTE LTD





Autolution Industrial Pte Ltd

19 UBI ROAD 4
UBI ESTATE
SINGAPORE 408823
Tel: 6342 4716
Fax: 6342 4717

TAN CHONG MOTOR SALES PTE LTD

TO BE COMPLETE BY TC STAFF

DATE 19/9/2018

DEPARTMENT MOTOR CLAIMS DEPT. REQUESTED BY ELMER ALFONSO

INVOICE TO :

AUTOLUTION INDUSTRIAL PTE LTD

REASON(S)

CUSTOMER WILL SEND HIS/HER VEHICLE FOR REPAIR ON 24/09/2018
AT AUTHORIZED NISSAN WORKSHOP UBI BRANCH FOR 3 DAYS REPAIR
CUSTOMER REQUEST REQUEST REPLACEMENT VEHICLE UPON REPAIR OF
HIS VEHICLE .

OWNER'S CAR PLATE NO.

SGY1113L

DATE REQUIRED

24/9/2018 DATE RETURN 27/9/2018

MODEL OF VEHICLE REQUIRED: CEFIRO / SUNNY (MANUAL OR AUTO)

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
UBI ESTATE
SINGAPORE 408823
Tel: 6342 4716
Fax: 6342 4717
19/9/2018

AUTHORIZED BY:

THAM CHUNG YUEN

(NAME & SIGNATURE OF DEPT. MANAGER)

TO BE COMPLETE BY DOWNTOWN STAFF

VEHICLE NUMBER ASSIGN

SKG 6921K

RENTAL RATE

\$90 / -

PROCESS BY

Kahor



www.tanchong.com.sg



Hiring Agreement

Co.Reg.No : 198403671H
GST Reg.No.: M2-0067432-1

TP2018378

CUSTOMER COPY

SALESMAN CODE: AK

Vehicle Number: SKG6921K Make & Model: NISSAN SYLPHY 1.5 4AT Date: 24/09/2018
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: AUTOLUTION INDUSTRIAL PTE LTD
Address: 19 UBI ROAD 4 UBI SERVICE CENTRE
Singapore: (408623)
Contact Person: ELMER Tel: 64909666

1st Driver

Name: LIM LEE
Address: BLK 133 EDGEDALE PLAINS # 02 - 48
Singapore: ()
Contact No: 97836305 (H) (O) (HP)
Occupation: _____ Date of Birth: 09/01/1984
Passport / NRIC No: S8401113D Nationality: SINGAPOREAN
Driver's Licence No: S8401113D Driving Exp: yrs
Country of Issue: SINGAPORE Driving Date: 17/01/2007

Additional Driver

Name: _____
Address: _____
Singapore: ()
Contact No: (H) (O) (HP)
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp: yrs
Country of Issue: _____ Driving Date: _____

Remarks / Delivery Location

SGY1113L 3RD PARTY CLAIM REF TC UBI ELMER

Check In / Out

Date Out: 24/09/2018 Time Out 13:00:00 Km Out 12345.00

Petrol Level: F

Agreed Date of Return: 27/09/2018 13:00:00

Date In: _____ Time In _____ Km In _____

Petrol Level: E

Collision Damage Waiver & PAI

ACCEPTS

To Pay Extra Fees

Daily S\$0.00

Weekly S\$

Monthly S\$

Weekend S\$

Non-Waivable Excess

S\$ 0.00 per accident

DECLINES

Hirer Declines CDW

Excess S\$ 2,000.00

per accident

Signature _____

Signature [Signature]

*The above is subjected to 7% GST.

Per Day	90.00	270.00
Per Week		
Per Month		
Weekend		
Rental Charges	270.00	
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	18.90	
Sub Total	288.90	

OVERALL CHARGES

Deposit Tax Invoice

Deposit Inv: _____ Amount _____
O/R No: _____ Date _____

For Official Use

INV: _____ O/R: _____ Date _____
INV: _____ O/R: _____ Date _____
INV: _____ O/R: _____ Date _____

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of S\$250 will be applicable to ionize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of S\$50 will be applied.

[Signature]
HIRER'S SIGNATURE

[Signature]
DOWNTOWN TRAVEL SERVICES PTE LTD





RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE6 Raffles Quay #18-00, Singapore 048580
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-18-114030
Date of Request: 25/07/2018

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd
911, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

Enquiry Date 25/07/2018
Enquiry By Eric Koh Yong Lang
TP Vehicle No. SGV8226P
Accident Date 17/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGV8226P	AXA Insurance Pte Ltd	27/06/2018-26/06/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

7/25/2018

Invoice



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-114030
Date of Request: 25/07/2018

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd
911, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

Enquiry Date 25/07/2018
Enquiry By Eric Koh Yong Lang
TP Vehicle No. SGV8226P
Accident Date 17/07/2018

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

Edgedale Medical Clinic
Blk 122A Edgedale Plains #01-187 S(821122)
Tel: 6635 2272 Email: edgedaleclinic@gmail.com

GST Reg No : 201609711W

Co Reg No : 201609711W

TAX INVOICE

LIM LEE NURISSA
133 EDGEDALE PLAINS
#02-48
S(820133)

Invoice No. : 19738
Our Reference : 00811
Date : 18 Jul 2018

Patient : LIM LEE NURISSA (S8401113D)

Doctor : Dr Yan Shiyuan

DESCRIPTION	QTY	FEE (S\$)
ARCOXIA TABLET 120MG	5.00 tabs	17.00
CAMGESIC TABLET (ANAREX)	20.00 tabs	9.20
ROXIFEN GEL (PIROXICAM)	1.00 tube	9.50
CONSULTATION		24.00
	Sub-Total	59.70
	Add GST 7.0%	4.18
	Rounding Adjustment	-0.03
	Total Amount Payable	63.85
Receipt No. 21763 - NETS	Payment Received	63.85
	Outstanding Balance	0.00

Medications sold are not refundable.

This is a computer generated invoice which does not require a signature
E. & O.E

Page 1 of 1

NETS

NETSV016.D84
EDGEDALE MEDICAL AND
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CLINIC PTE LTD
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TOTAL : \$63.85