THIRD PARTY CLAIM

Date: _	15/04/2019						
Name & A	Address Of Claimant:		CHEE WI	ENG K	EONG	VINCE	NT
C/O:	KAN FOOK SING MOTO	OR WORKSHO		J LAN			
Name & A	Address Of Third Party Insure	ed:				GAPORE	E PTE LTD
Dear Sir/N	Madam,						
Accident i	nvolving vehicles	SJN	1633A		&		SJZ8134P
	VI-			on	25/1	2/2018	
			TER RD				
	wner of vehicle registration	no: S	IER RD JN1633A	v	vhich w	vas involv	ved in the
above me with you. The accide	ntioned vehicle registration i	no: S	JN1633A JZ8134P	V I am tl	vhich I	understa	and is insured
above me with you. The accide		no: S	JN1633A JZ8134P	V I am tl	vhich I	understa	and is insured
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above me with you. The accide compensa 1 Re	ntioned vehicle registration i ent was clearly caused by you tion from you for all financia	no: S	JN1633A JZ8134P	l am tl	vhich I	understa re claimir	and is insured $\frac{1605-0}{2}$
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above me with you. The accide compensa 1 Re 2 Mi 3 Su 4 LT 5 Los Re 6 Exc	ent was clearly caused by you tion from you for all financia pair Costs iscellaneous Items rveyor Fee A/GIA Search Fee ss of Use /	no: S no: S ur insured's neg I losses as item	JN1633A JZ8134P sligence and ized below:	l am th	vhich I	understa re claimir S S: S: S:	s 1605-00 \$ 1 005-00 \$ - \$ 2-00

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

AUTHORISATION FORM

TO:-					
KAN FOOK SIN	NG MOTOR WORKSHO	OP			
61 DEFU LANI		74.0			
SINGAPORE 5	39147				
FROM:-					
NAME:	CHEE WENG KE	ONG VINCENT			
NRIC NO:		L0004D			
Dear Sir/Mada					
Accident on	25/12/2018	involving vehicles _	SJN1633A	&	SJZ8134P
along/at		BELASTI	ER RD		
I/We	CHEE	WENG KEONG VINCE	ENT	th	e owner of
vehicle registra			authorize you. Kan		
I/ We confirm to vehicle and/ or against other to third party claim	that Kan Fook Sing Me to negotiate and set hird party/ parties or m for me/ us.	my above mentioned ve otor Workshop is hereby tle any claims relating to insurers and/ or to instr	authorized to hand the above accident uct lawyers on my/	t whic our b	h I/ We may have ehalf to facilitate the
vouchers/ disch	narge agreements reg	ere by authorized to exer arding my/our claim to MOTOR WORKSHOP.	cute and /or sign m facilitate my conve	y docu	iments/ discharge e. ALL PAYMENT
Thank you. Yours faithfully					
1 mg					















TAX INVOICE

No. 46531

KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12, Singapore 539147

Tel: (65) 6747 9560, 6743 5344, 6858 4361 • Fax: (65) 6748 1006, 6281 8428

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

Business Reg. No. 221468-00E GST Reg. No. M9-0005333-E

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

INVOICE NO: 46531

DATE

: 13-04-2019

VEHICLE NO.

: SJN1633A

ACCIDENT DATE

: 25-12-2018 19:00

THIRD PARTY REF. : SJZ8134P

ATTN: MOTOR CLAIMS DEPT.

INVOICE COST OF REPAIRS TO VEICLE SJN1633A MERCEDES-BENZ B180

QTY PARTS DESCRIPTION LABOUR CHARGES LUMP SUM REPAIRS

AMOUNT (SG\$)

1500.00

1,500.00

1,500.00

TOTAL

TOTAL REPAIR COST

(D)

GST 용

INVOICE AMOUNT

105.00 1,605.00

IN PANEL-BEATING & BODY-WORK, OUR WORKSHOP IS WELL-EQUIPPED WITH THE LATEST TECHNOLOGY --- CELETTE BENCH PULLER SYSTEM WHICH ENABLE US TO MEASURE CORRECTLY & REPAIR MANY DIFFERENT KINDS OF DAMAGES, SERIOUS DAMAGES TO THE FLOOR-BOARD CHASSIS & WHEEL-HOUSING CAN BE RESTORED BACK TO THE ACCORDING MEASUREMENT. WE ARE ABLE TO REPAIR & RESTORE ANY BADLY DAMAGED VEHICLE BACK TO ITS ORIGINAL SPECIFICATIONS TO ENSURE SAFETY WHILE DRIVING.



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-18-198025

Date of Request:

26/12/2018

Your Ref No:

Online Purchase

Kan Fook Sing Motor Workshop No. 61 Defu Lane 12

Singapore 539147

Dear Sir/Madam,

Enquiry Date

26/12/2018

Enquiry By

Margaret Lee

TP Vehicle No.

SJZ8134P

Accident Date

25/12/2018

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

Thank You.

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For GIARMC Official use:

[X] GIRO [] Cash [] Cheque



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

Third Party Insurer Enquiry

Our Ref No:

GR-18-198025

Date of Request:

26/12/2018

Your Ref No:

Online Purchase

Kan Fook Sing Motor Workshop No. 61 Defu Lane 12

Singapore 539147

Dear Sir/Madam,

Enquiry Date

26/12/2018

Enquiry By

Margaret Lee

TP Vehicle No.

SJZ8134P

Accident Date

25/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Desired of	
SJZ8134P	AYA Incurrence Die Livi	Period of Insurance	Insurer Tel. No.
	AXA Insurance Pte Ltd	09/04/2018-28/06/2019	6338 7288

Thank You.

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