



**JCN AUTOLUTION PTE LTD** Company Reg No. 201813305W

Address: No 8, Kaki Bukit Ave 4, #07-23, Premier@ Kaki Bukit, Singapore 415875

☎ +65 6881 1772



sales@jcngroup.com

Our Ref : GBG 5488H  
Your Ref : GBF 7828C

8<sup>th</sup> July 2019

**WITHOUT PREJUDICE**

**China Taiping Insurance (S) Pte Ltd**

3 Anson Road

#16-00, Springleaf Tower

Singapore 079909

**Attention: Motor Claims Department**

**BY EMAIL @ [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)**

Dear Sir/ Mdm,

**CLAIMANT: PATRICK DENTAL CERAMIC ARTS**

**RE: ACCIDENT INVOLVING GBG 5488H & GBF 7828C CTE TOWARDS CITY (BEFORE PIE/BRADDEL EXIT) ON 31/12/2018 AT ABOUT 1125 HOURS**

We refer to the above matter.

Please be informed that the quantum has been agreed between your surveyor Mr Adrian from LKK Auto Consultancy Pte Ltd and our Mr.Erik Chan

Please find our claims as follows:-

01. Cost of Repair (inclusive of GST)	\$1,078.00
02. Loss of Rental (8 days x \$150.00 per day)	\$1,200.00
03. GIA search/report & LTA search fees	\$ <u>29.00</u>
<b>Total :</b>	<b>\$2,307.00</b>

=====



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Pre-repair inspection arranged on 2<sup>nd</sup> January 2019, surveyor attended on 3<sup>rd</sup> January 2019. (additional two days rental incurred due to PRI)

One weekend incurred for rental.

**Total number of days in additional 4 days.**

A copy each of the following supporting documents is enclosed:

- (1) GIA Report for Vehicle GBG 5488H
- (2) Final Repair Bill
- (3) Vehicle registration card
- (4) GIA Report / LTA search fee
- (5) Letter of Authority
- (6) Certificate of Insurance
- (7) Rental Invoice and agreement

Yours faithfully,



JCN Autolution Pte Ltd

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	02/01/2019 13:43
Date Of Accident	31/12/2018 11:25
Exact Location Of Accident	CTE TOWARDS CITY (BEFORE PIE/BRADDELL EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5488H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PATRICK DENTAL CERAMIC ARTS
Co Reg No	53019891J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93673371
Alternative Phone No	OFFICE-68423371

### Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY-660CC GA (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-005837
Cover Note Number	

### Driver

Name of Driver	LIU TECK BOO
NRIC No	S1539638E
Date Of Birth	14/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96651167
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 113 HOUGANG AVE 1 #08-1232
Postcode	530113
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7828C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIU DONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Patrick Dental Ceramic Arts  
33 Ubi Ave 3 #08-30, Tower B  
Vertex Singapore 408868  
Tel: 6842 3321 Fax: 6842 7040

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

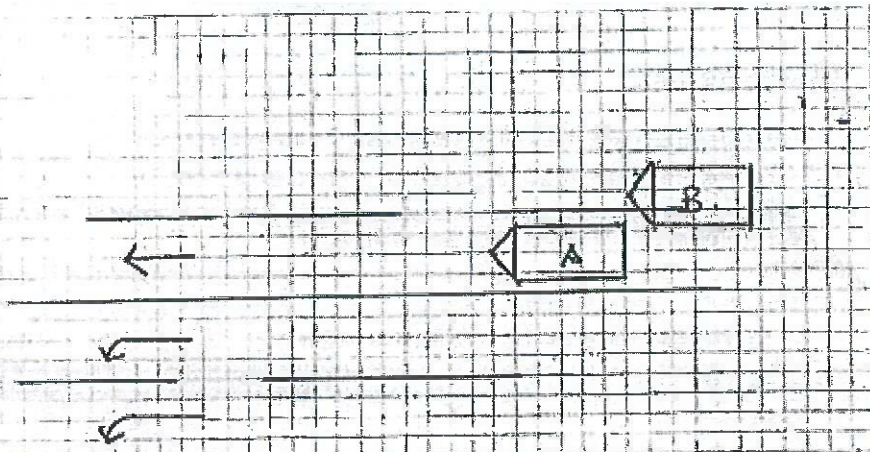
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31-12-2018 at 11:25 hrs, I was travelling along CTE towards PLE. My vehicle was stationary as the vehicle ahead stopped due to slow traffic. Suddenly, I felt a collision impact from the rear. Vehicle B travelling on right lane collided onto the rear of my vehicle. There is no injury at the point of accident.

VEHICLE A G8G 5488H

VEHICLE B G8F 7828C

## DECLARATION

I/We declare that the information given is true in every respect.  
 33 Ubi Ave 3 #08-30, Tower B  
 Vertex Singapore 408868  
 Tel: 6842 3371 Fax: 6842 7040

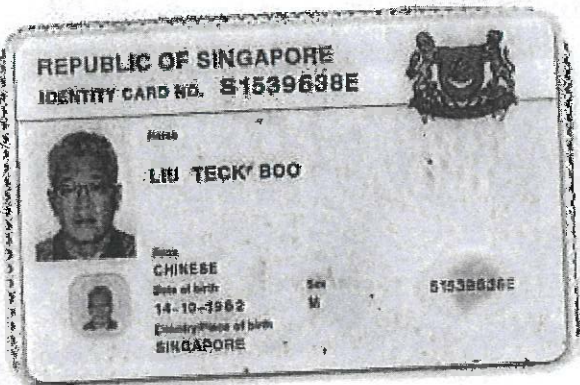
Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



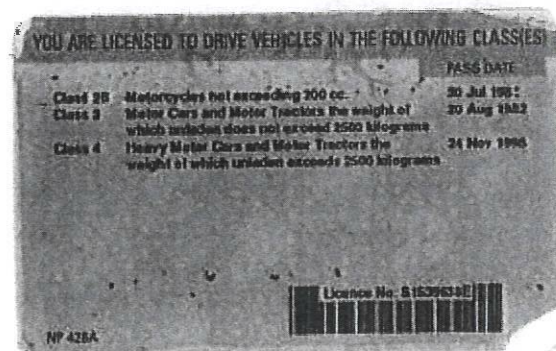
# Sketch Plan #3



**PATRICK**  
DENTAL CURIOUS ARTS

Annie Ong  
Administrator  
No. 9367 3771

Patrick Dental Curious Arts  
31, Cecil Ave 3 #08-39 Lobby B Vertex  
Singapore 468868  
Tel: 68429371 Fax: 68427840  
e-mail: patarts@singnet.com.sg



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





**JCN Autolution Pte Ltd** COMPANY REG NO.: 201813305W  
8 Kaki Bukit Ave 4, #07-23, Premier @ Kaki Bukit,  
Singapore 415875  
+65 6881 1772 sales@jcngroup.com

PATRICK DENTAL CERAMIC ARTS  
33 UBI AVE 3 #08-30, TOWER B  
VERTEX SINGAPORE  
Singapore 408868

Contact : 6842 3371 6842 7040

**TAX INVOICE**

Date : 09/07/2019  
Date in : 31/12/2018  
Vehicle Num. : GBG5488H  
Make/Model : SUZUKI EVERY PA660 AUTO-2017  
Chassis/Eng# : DA17V241471/R06A2099016  
Accident Date : 31/12/2018  
Claim No : C100038  
Reference :  
Policy No. : DMCPHQ18-005837 (10/09/2019)

GLOBAL SUM	Amount \$
AS PER DIRECT SETTLEMENT	1,078.00
REF : DATED 09/07/2019	
BY LKK Auto Consultants Pte Ltd	

E. & O.E.	Sub \$ :	1,078.00
	Add GST ( 0% ) \$ :	0.00
	Total Amount \$ :	1,078.00



JCN Autolution Pte Ltd

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	9891J
<b>Vehicle Details</b>	
Vehicle No.:	GBG5488H
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Jan 2019
Vehicle Make:	SUZUKI
Vehicle Model:	EVERY PA 660 AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	R06A2099016
Chassis No.:	DA17V241471
Maximum Power Output:	-
Open Market Value:	\$13,066.00
Original Registration Date:	31 Aug 2017
First Registration Date:	31 Aug 2017
Transfer Count:	1
Actual ARF Paid:	\$654.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$36,879.00
COE Rebate Amount:	\$31,842.00
<b>Total Rebate Amount:</b>	<b>\$31,842.00</b>

The information contained herein is correct as at 02 Jan 2019

OK

## TAX INVOICE

Our Ref No: GR-19-004194

Date of Request: 08/01/2019

Your Ref No: WALK IN SEAH

JCN AUTOLUTION PTE LTD - KAKI BUKIT  
NO.1 KAKI BUKIT AVENUE 6, BLK D #01-85 , AUTOBAY @ KAKI BUKIT  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: GBG5488H

Date of Accident: 31/12/2018

Place of Accident: CTE

Involving Vehicle No: GBF7828C

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



## TAX INVOICE

Our Ref No: GR-19-004196

Date of Request: 08/01/2019

Your Ref No: WALK IN SEAH

JCN AUTOLUTION PTE LTD - KAKI BUKIT  
NO.1 KAKI BUKIT AVENUE 6, BLK D #01-85 , AUTOBAY @ KAKI BUKIT  
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 31/12/2018

Vehicle No: GBG5488H

Place of Accident: CTE TOWARDS CITY (BEFORE PIE/BRADDELL EXIT)

Involving Vehicle No: GBF7828C

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBF7828C	CTE TOWARDS CITY (BEFORE PIE/BRADDELL EXIT)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

# Letter of Authority

RE: The Road Accident involving vehicles no. GBG 5488H  
and GBF 7828C along  
CPE Towards City (Before PIS Exit 7 Smiddle Pond)  
on 2-12-18 at 7:25 hrs.

1. I/ We, hereby appointed JCN AUTOLUTION PTE LTD to be my agent and I/We authorised my said agent to give you all instructions pertaining to the conduct of my **Third-Party Claim** including instructions to commence legal proceedings in court in my name/our name against the respective insurer/owner/driver or company, if applicable.
2. \*\* My said agent has my authority to decide on my behalf whether to accept any offer of settlement from the respective insurer/owner/driver or company.
3. I understand and agreed that until I revoke my said agent's authority in writing to you, I am bounded by all instructions given by my said agent to you.
4. \*\* Upon settlement of the Third-Party Claim and in case the settlement monies were sent to me/us by the insurers/owner/company, I/We undertake to make payment to JCN Autolution Pte Ltd for the costs of repairs settled and related expenses and disbursement incurred.
4. The above-mentioned vehicle is to be repair at JCN Autolution Pte Ltd on my own will without any inducement, threat or promise.

## **Patrick Dental Ceramic Arts**

33 Ubi Ave 3 #08-30, Tower B

Vertex Singapore 408868

Tel: 6842 3371 Fax: 6842 7040

-----  
Signature of Owner/Company  
(Company's stamp if applicable)  
Name:  
RCB/NRIC/Passport No.:  
Address:

JCN AUTOLUTION PTE LTD

(RCB No. 201813305W)

NO.8 KAKI BUKIT AVE 4, #07-23, PREMIER@KAKI BUKIT S 415875

CONTACT: +65 6881 1772/ +65 9677 5772 EMAIL: erik@jcngrp.com

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE PRIVATE (SCH I)**

**Comprehensive**

**Certificate No. : DMCPHQ18-005837**

**1. Index Mark and Registration Number of Vehicles**

GBG5488H

**2. Name of Policyholder**

PATRICK DENTAL CERAMIC ARTS

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

11/09/2018

**4. Date of Expiry of Insurance**

10/09/2019

**5. Person or Classes of persons entitled to drive\***

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

1)Use in connection with the Insured's business.

2)Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3)Use for social domestic and pleasure purposes.

**THE POLICY DOES NOT COVER**

1)Use for hire or reward or for racing pace-making reliability trial or speed testing.

2)Use whilst drawing a greater number of trailers in all than is permitted by Law.

3)Use for the carriage of passengers for hire or reward.

4)Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

Form: LCVP1

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

EQ Insurance-MARS Motor  
Accident Help Center

**6311 3211**



# FONG MOTORS CAR RENTAL

1 KAKI BUKIT AVENUE 6 #01-45 KAKI BUKIT, AUTOBAY  
SINGAPORE 417883

TEL: 6747 6388 H/P: 9633 7504

UEN: 53371081B

NO: 10181

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULAR

Name: (as in I/C) PATRICK DENTAL CERAMIC  
NRIC/PASSPORT NO: 53019891J 8378  
Address (Res): \_\_\_\_\_

Name & Address of employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_  
Driving License No: \_\_\_\_\_ D/L Type: Local / Int'l  
Issue Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Tel: (O) \_\_\_\_\_ (R) \_\_\_\_\_ HP: 6842 3371

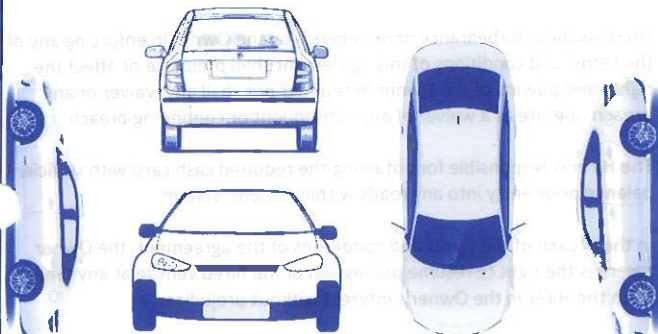
### ADDITIONAL DRIVER'S PARTICULAR

Name: (as in I/C) \_\_\_\_\_  
NRIC/PASSPORT NO: \_\_\_\_\_  
Address (Res): \_\_\_\_\_

Name & Address of employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_

### VEHICLE CHECK LIST



INDICATE:  
A - ACCIDENTS  
D - DENTS  
S - SCRATCHES

Vehicle No: SMF 122X Replace Veh No: \_\_\_\_\_

Mileage Out: \_\_\_\_\_

Make & Model: \_\_\_\_\_ Auto / Manual

Date Out: 21/12/2018 Time: 14:00hrs

HIRE / PERIOD EXPIRY Time: \_\_\_\_\_

NON-WAIVER EXCESS =\$

### CHARGES

Daily	8 @ \$ 150	Per day	1200
Weekly	@ \$	Per week	
Monthly	@ \$	Per month	
Hours	@ \$	Per hour	
Malaysia	@ \$		
CDW	@ \$	Per day/month	
PAI	@ \$	Per day/month	

Delivery / Collection Services

SUB - TOTAL \$ 1200

### PETROL LEVEL

Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

### EXTENSION

Misc. \_\_\_\_\_

### TOTAL CHARGES \$

Patrick Dental Ceramic Arts

33 Ubi Ave 3 #08-30, Tower B  
Vertex Singapore 408868  
Tel: 6842 3371 Fax: 6842 7040

Hirer's Signature: \_\_\_\_\_

Additional Driver's Signature: \_\_\_\_\_

I have read and agree to the terms and conditions on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/credit card. All information that I have given to FONG MOTORS CAR RENTAL in connection with this agreement is true.

### \*IMPORTANT NOTES

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY FONG MOTORS CAR RENTAL.

RETURN OF VEHICLE. THE HIRER / DRIVER IS TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSURED BY THE COMPANY SHALL BE THE DAY AND TIME THE VEHICLE IS RETURNED TO FONG MOTORS CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	FONG MOTORS CAR RENTAL	Signature of Hirer / Driver
8/1/19	15:00hrs				



Patrick Dental Ceramic Arts  
33 Ubi Ave 3 #08-30, Tower B  
Vertex Singapore 408868  
Tel: 6842 3371 Fax: 6842 7040



# Fong Motors Car Rental

(53371081B)

## INVOICE

No. : FM-000275

PATRICK DENTAL CERAMIC ARTS

33 UBI AVE 3

#08-30, TOWER B

VERTEX

SINGAPORE 408868

TEL : 68423371

FAX :

Your Ref. :

Our D/O No. :

Terms : C.O.D.

Date : 07/03/2019

Page : 1 of 1

Item	Description	Qty	UOM	U/ Price S\$	Disc.	Total S\$
1.	SMF122X (31/12/18- 08/01/19) REPLACE VEHICLE NO. GBG5488H REF AGREEMENT NO. 10181	1	CAR	1,200.00		1,200.00

SINGAPORE DOLLAR ONE THOUSAND TWO HUNDRED ONLY

Total **1,200.00**

### Notes :

1. All cheques should be crossed and made payable to Fong Motors Car Rental
2. Goods sold are neither returnable nor refundable. Otherwise a cancellation fee of 20% on purchase price will be imposed.

Authorised Signature

