

Zero Gravity

2 Kaki Bukit Ave 2

#01-25 Kaki Bukit Autohub Singapore 417921

Tel: 67412845 Fax: 67412170

13/05/2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

AIG Building 78 Shenton Way

#07-16 Singapore 079120

Sirs / Madams

RE: ACCIDENT INVOLVING VEHICLE(S) GBD6284M & SLF4969E AT EUNOS LINK NEAR ENTERPRISE ONE ON 25/01/2019.

We understand that you are the insurer of vehicle SLF4969E.

I/We wish to inform you that my/our vehicle GBD6284M have been completed repairs to my/our satisfaction by ZERO GRAVITY. I/We therefore propose to claim from your as follows:

1. Cost of Repair	S\$1200.00
2. LTA Search Fee	S\$7.45
3. Loss of Use (S\$100.00 X 3 Days)	S\$300.00

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

TIFFANY



ZERO GRAVITY

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67412845 Fax No: +65 67412170

Email: zero_gravity@singnet.com.sg

Buss.Reg.No.: 52888887X

FINAL REPAIR BILL

No : I-007297

AIG ASIA PACIFIC INSURANCE PTE. LTD

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

Attention: Motor Claim Department

TEL : 64193000

FAX :

Your Ref. : SLF4969E
 Vehicle No. : GBD6284M
 Make & Model : TOYOTA DYNA
 Chasis No. : JTFAT35Y70K204074
 Engine No. : 1KD2469857
 Accident Date : 25-01-2019
 Policy No. : GA161542/1
 Date : 13-05-2019
 Page : 1 of 1

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price	Amount
			S\$	S\$
1	Lumpsum	1.0 X		1,200.00

SINGAPORE DOLLAR ONE THOUSAND TWO HUNDRED ONLY

E. & O.E

Total	S\$	1,200.00
Discount	S\$	0.00
Net Total	S\$	1,200.00



Terms: C.O.D.

Customer's Signature/Co. Stamp

ZERO GRAVITY

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise if is assumed that this bill is accepted as correct.

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Jan 2019 / 12:56:59

Receipt Date/Time : 28 Jan 2019 / 12:56:59

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190128-001511

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 - SLF4969E				
As at 25 Jan 2019/17:55:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLF4969E Enquiry Fee 20190128124656227333	7.00	0.49	7.49
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				
	xxxxxxxxxxxx9766		Credit Card: Visa/MasterCard	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.

LETTER OF AUTHORITY

ACCIDENT ON: 25/01/2019

INVOLVING VEHICLE(S) NO.: GBD6284M & SLF4969E

AT/ALONG: Euros Link Near Enterprise One

I, Tor Teck Chuan NRIC No/Co Reg. No.: S1134906D of

Blk 124 Bedok Reservoir Road #06-1111 Singapore 470124

Owner/Driver of motor vehicle registration no: GBD6284M insured by

MS AXA under policy no: GA161542/1 do hereby authorize **m/s Zero Gravity** ("my Repairer") of 2 Kaki Bukit Ave 2, # 01-25 Kaki Bukit Autohub, Singapore 417921, to act as my representative in my claim ~~against my insurance~~ and/or against the owner(s) / driver(s) of motor vehicle(s) registration no(s): SLF4969E in respect of the above-mentioned accident.

I also hereby authorize my repairer to proceed repair to my vehicle, give all further instructions on my behalf concerning the said claim and as such, all future correspondences should be addressed to my repairer.

My repairer is further authorized to receive on my behalf monies claims, correspondence and to give a valid discharge and I also hereby appoint my repairer as my attorney and to sign any discharge voucher or any other documents in connection with this matter on and for my behalf.

I confirm that in the event of unsuccessful claim against the negligent party and/or my own insurer (if only under comprehensive cover) for the damages caused to my vehicle, I agree to pay for all the costs and incidentals incurred by my repairer.

I the above-mentioned vehicle owner/driver hereby affirm the above-mentioned statement to be true and correct.

Date this 28 day of 01 Year 2019

Signature : 
(Company Stamp if applicable)

Full Name : Tor Teck Chuan

NRIC No : S1134906D

Contact No : (HP) _____ (O) 98153796 (H) 97494560