

# Zero Gravity

2 Kaki Bukit Ave 2

#01-25 Kaki Bukit Autohub Singapore 417921

Tel: 67412845 Fax: 6741217

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16/05/2019

FWD SINGAPORE PTE LTD  
6 TEMASEK BOULEVARD  
#18-01 SUNTEC TOWER FOUR  
SINGAPORE 038986

Sirs / Madams

RE: ACCIDENT INVOLVING VEHICLE(S) GU1297K & SJU2217A ALONG UPP BUKIT  
TIMAH RD ON 29/04/2019.

We understand that you are the insurer of vehicle SJU2217A.

I/We wish to inform you that my/our vehicle GU1297K have been completed repairs to my/our satisfaction by ZERO GRAVITY. I/We therefore propose to claim from you as follows:

1. Cost of Repair	S\$3500.00
2. LTA Search Fee	S\$7.45
3. Loss of Use (S\$100.00 x 6days)	S\$600.00

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.: 5288887X

## FINAL REPAIR BILL

No : I-007308

FWD SINGAPORE PTE LTD

6 TEMASEK BOULEVARD

#18-01 SUNTEC TOWER FOUR

SINGAPORE 038986

TEL : 68208888

FAX :

Your Ref. : SJU2217A  
Vehicle No. : GU1297K  
Make & Model : NISSAN CABSTAR  
Chasis No. : JN1SF4F23Z0842923  
Engine No. : QD32137992  
Accident Date : 29-04-2019  
Policy No. : Z19VC05001557  
Date : 16-05-2019  
Page : 1 of 1

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

Item	Description	Qty	U/ Price S\$	Amount S\$
1	Lumpsum	1.0 X		3,500.00

SINGAPORE DOLLAR THREE THOUSAND FIVE HUNDRED ONLY

E. & O.E

Total S\$ 3,500.00

Discount S\$ 0.00

Net Total S\$ 3,500.00

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 it is assumed that this bill is accepted as correct.

&gt; Back to OneMotoring



Land Transport Authority  
 10 Sin Ming Drive  
 Singapore 575701  
 GST Registration No. : M4-0006529-2

Print Date/Time : 07 May 2019 / 10:12:32

Receipt Date/Time : 07 May 2019 / 10:12:32

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190507-000737

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SJU2217A

As at 29 Apr 2019/12:05:00

Insurance Co: FWD SINGAPORE PTE. LTD.

1 Insurance Enquiry - SJU2217A  
 Enquiry Fee  
 20190507101121684231

<b>Sub-Total</b>	7.00	0.49	7.49
<b>Total Before Rounding</b>	7.00	0.49	7.49
<b>Rounding Difference</b>			0.04
<b>Total Amount Payable</b>			7.45

Paid By

xxxxxxxxxxxx5595	Credit Card: Visa/MasterCard	7.45
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<b>Total</b>	7.45
<b>Cash Change</b>	0.00
<b>Tendered Amount</b>	7.45
<b>Excess Refundable Amount</b>	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: 29-4-2019

INVOLVING VEHICLE(S) NO.: SJU 2217 A & GU1297K

AT/ALONG: Upp Bukit Timah Road

I, <sup>Company Name</sup> KATONG FLOWER SHOP PTE LTD <sup>ROC</sup> NRIC No/Co Reg. No.: 197402311G of  
<sup>address</sup> 221-A BEDOK SOUTH AVE 1 Singapore 469339

Owner/Driver of motor vehicle registration no: GU1297K insured by

MS LONPAC INSURANCE SHD under policy no: Z19VC05001557 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): SJU 2217 A 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.

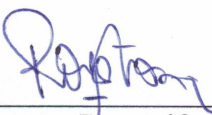
My repairer is further authorized to receive on my behalf monies claims, correspondence and to give a valid discharge and I also hereby appoint my repairer as my attorney and to sign any discharge voucher or any other documents in connection with this matter on and for my behalf.

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 30 day of April Year 2019

Signature

:   
(Company Stamp if applicable)



Full Name

: Rayston Law

NRIC No

: S1832788-B

Contact No

: (HP) 97588929 (O) 64422155 (H) \_\_\_\_\_