KIM CHWEE AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-50 Autobay Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 199802379R

Date: 08.08.2019

AXA Insurance Pte Ltd 8 Shenton Way #27-01 AXA Tower Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SLM 1674M / SJR 3470T AND OTHER ON 28.05.2019

We are the authorized repair workshop for the owner of motor vehicle no: SLM 1674M, which was involved in the captioned accident with your insured vehicle no: SJR 3470T. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

| | | \$ 20,142.00 |
|----|--|-----------------|
| 3) | GIA Search Fee | \$ 2.00 |
| 2) | Loss of Use (4 days + 1 Sunday X S\$100) | \$ 1,950.00 |
| 1) | Cost of Repair (inclusive of GST) | \$ 18,190.00 |

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) GIA Search Result

e) GIA Report

g) Insurance Certificate

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) I/C & Driving Licence

h) Vehicle Registration Log Card

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you. Yours faithfully,

Jason Tang (jason@fastechauto.com.sg)
For KIM CHWEE AUTO PTE LTD

TAX INVOICE

KIM CHWEE AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-50 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 199802379R

Tax Invoice: 21119

:08.08.2019

:SLM 1674M

AXA Insurance Pte Ltd

8 Shenton Way #27-01 AXA Tower

Vehicle No Singapore 068811 Make/Model : CITROEN C4 PICASSO

Chassis/Eng# :

Attn: Motor Claim Department Accident Date : 28.05.2019

Claim No

Reference :0519 -21119

Policy No

Date

Amount

To proceed on lump sum repair 17000.00 S\$

> E. & O. E. Total: S\$

GST @ 7%: S\$

17000.00 1190.00

Amount Due: S\$

18190.00

for KIM CHWEE AUTO PTE LTD

All Invoices are subjected to GST

Fong Motors Car Rental

(53371081B)

1 Autobay@Kaki Bukit #01-45 Singapore 417883

Tel: 6748 5648

| | | INVOICE | No. | : | FM-000373 |
|----------------------------|------|---------|-------------|---|------------|
| C/O FASTECH- NEOW CHEW KEC | ONG | | Your Ref. | : | |
| | | | Our D/O No. | : | |
| | | | Terms | : | C.O.D. |
| | | | Date | : | 11/06/2019 |
| TEL : | FAX: | | Page | : | 1 of 1 |

 Item
 Description
 Qty
 UOM
 U/ Price
 Disc.
 Total

 S\$
 S\$

 1. SMF122X (28/05/19- 10/06/19)
 1
 CAR
 1,950.00
 1,950.00

REF AGREEMENT NO. 10301

REPLACE VEHICLE NO. SLM1674M

SINGAPORE DOLLAR ONE THOUSAND NINE HUNDRED FIFTY ONLY

Total 1,950.00

Notes

 All cheques should be crossed and made payable to Fong Motors Car Rental

 Goods sold are neither returnable nor refundable. Otherwise a cancellation fee of 20% on purchase price will be imposed.

Authorised Signature

FONG MOTORS CAR RENTAL

1 KAKI BUKIT AVENUE 6 #01-45 KAKI BUKIT, AUTOBAY SINGAPORE 417883 HP: 8182 0548 H/P: 9633 7504

UEN: 53371081B

NO: 10301

VEHICLE RENTAL AGREEMENT

| HIRER'S PARTICULAR | | | 1 1 | | Vehic | le No | :Jul- | 1227 | ∠ Rej | place | Veh No: | SLN | 11674M |
|--|--|--|---|--|---|---|---|--|---|---|---|--------|--------------------------|
| Name: (as in I/C) | ame: (as in I/C) New Chew Keens | | | Mileage Out: | | | | | | | | | |
| NRIC/PASSPORT NO: | 3 72 | 63853 | 1 | | Make | & M | odel: | upud | e E1 | 34 | Auto / 1 | Mani | ual |
| Address (Res): BIG | | 7 1 2 1 | | - | | | 1.86 | | | | | | 15 pm |
| Name & Address of e | mployer: | | | | | _ | IOD EX | | | 450 | Time: | | |
| | | | 14 | 00.0 | NON- | WAI | /ER EXC | CESS = | \$ | | | | 18 10 11 |
| Occupation: DONG | | | | 2013 | | | | CHAI | RGES | | 1 116 | | |
| Driving License No: | 160 k na | _ D/L Type | Local / | Int'l | Daily | 13 | @\$ | | | _ | r day | | 1950 |
| Tel: (0) | | | | | Weel | _ | | 1_ | | | r week | | . (|
| ADDITIONAL DRIVER | | | | | Mont | 27 | @\$ | | | | r month | | |
| Name: (as in I/C) | | | 4 | | | _ | | 10 11 | | 15.19% | a name want | - | |
| NRIC/PASSPORT NO: | | | / | 100 | Hour | | @\$ | | | Pe | r hour | _ | |
| Address (Res): | - | boul | / | | Mala | _ | @\$ | | | | | | |
| Name & Address of e | ale ? | V9171100 1 | - GI - I- | 100 | CDW | | @\$ | ME | | Pe | r day/mor | nth | |
| Name & Address of e | mployer: _ | A THE PERSON NAMED IN | | - | PAI | | @\$ | tes | Mile - | Pe | r day/mor | nth | |
| Occupation: | | Driving Exp |): | | Deliv | ery / | Collect | on Sei | rvices | | | | - market will |
| | | | | 4947 | | | | | SI | UB - | - TOTAL | \$ | 0281 |
| VEHICLE CHECK LIST: | | | | | PETR | OL LE | VEL | | | | | | |
| | | | | | Out | E | 1/4 | 1/2 | 3/4 | F | | 11.1 | |
| | | | | | Out | Е | 1/4 | 1/2 | 3/4 | F | | - | |
| 100 | | | | F | EXTE | IOISI | V . | | | | | 770 | |
| | | | (3) | Misc. | | | | | OXITY | | | | |
| | | | | | | DE C | K. T | | TOT | AL C | HARGES | \$ | 1950 |
| INDICATE: A - ACCIDENTS | | - DENTS - SCRATCHE | | | 30.1 | | nature | | 3 | | nà | | |
| A - ACCIDENTS | 3 | SCRAICHE | 5 | | Addi | iona | Driver | 's Sign | lature | _ | | | |
| I have read and agree to the payable under this agreeme on the charge/credit card. A *IMPORTANT NOTES* 1. ONLY PERSON ABOVE 22 YEAR 2. ALL PARKING AND TRAFFIC VI 3. THE HIRER SHALL BE LIABLE F 4. IN CASE OF ACCIDENT, THE HI 5. VEHICLE IS STRICTLY FOR SINCE RETURN OF VEHICLE. THE HIRER THE DAY AND TIME THE VEHICLE | Il information III Information | ing and traffic in hat I have given more than 2 years for any latter to rental off y and may not a light in the coluit | ARS DRIVING OF THE HILL FICE IMMED BE DRIVEN O MN "SIGNAT | MOTORS C G EXPERIENC RER. AN ADM T THE RATE S MATELY. IF TH OUT OF SING | E, AUTHOR MINISTRATIVE ERE IS BOD APORE WIT | SED, LIC SED, LIC SE CHAR HOUR (LY INJUI | CENSED AN GE WILL BE DR PER DAY RIES. A POL RIOR CONS | My signa with this D SIGNING LEVIED C INCLUSIV ICE REPOR ENT OF TH | THIS AGE ON ANY TR JE OF COM RT MUST E BE COMPA | REEMEN AFFIC V V AND/C BE MADE NY FON | be considered ue. T MAY DRIVE TO OLATIONS. DR PAI WHERE A E WITHIN 24 HC G MOTORS CAR D BELOW SHAP | HE VEH | ICLE. ABLE. ALL ED TO BE |
| CHALLENGED OR QUESTIONED (| ON ANY ACCOUN | T WHATSOEVER. | 1 | FO | | | | 518 | _ | | 1 | | William III |
| DATE IN TIME IN | MILEAGE | CHECKED | BY | FONO | POTOR | SCAF | RENTA | AL. | KN | 6 | 1 | | |
| 10/06/19 9.35am | | | IFT I 9 | | | | | | | | | | |

Invoice 28/05/2019



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-19-084562

Date of Request:

28/05/2019

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

28/05/2019

Enquiry By

Tang Kok Wee, Allan

Vehicle No.

SJR3470T

Accident Date

28/05/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SJR3470T | AXA Insurance Pte Ltd | 20/06/2018-19/06/2019 | 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.

s is a computer generated document and requires no signature.

Invoice 28/05/2019



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

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Our Ref No:

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Date of Request:

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Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

28/05/2019

Enquiry By

Tang Kok Wee, Allan

Vehicle No.

SJR3470T

Accident Date

28/05/2019

| 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:

[X] GIRO [] Cash [] Cheque

AUTHORISATION TO ACT

| #01-26E People's Park Centre (5) 058357 (address | esthird party claimant") of 101 Upper (ross stret ss), owner of SLM 1671M (vehicle no.) hereby ("the workshop") to act for me with respect |
|--|---|
| | |
| | d/or loss of use ("claim") for my vehicle no. |
| along AYE Twds (Hy | to the accident which occurred on 18.05.209 (date) |
| O SHALL SHAL | (location) involving |
| vehicle no/s SIR 3470T ("the accident | "). |
| | |
| | ny above mentioned claim in a manner that they |
| | zed to receive payment further to settlement of my |
| claim with payment cheque/s being made in f | avour of the workshop. |
| | the workshop may reach on my behalf is on a liability basis insofar as the driver/owner/insurers |
| Dated this | (month) 20 <u>19</u> (year) |
| ESSENTIAL BEAUTY TRADING | A LINE A |
| Signed by "the third party claimant" | Signed by "the workshop" |
| (with company stamp if applicable) | (with company stamp) |