



Attn: Hsiao Joye

FAX: 6509 9501
Email: contact@casgarage.sg

28.11.2019

Our Ref: SMK 7417Z

Your Ref No: SHA 2085S

M/s India International Insurance Pte Ltd
Motor Claims Department
64 Cecil Street
#05-01 IOB Building
Singapore 049711

BY POST

Dear Sir/Mdm

**ACCIDENT INVOLVING SMK 7417Z AND SHA 2085S ALONG LOR 8 TOA PAYOH SLIPRD INTO
LOR 6 TOA PAYOH ON 20.08.2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **SEEZER PAULOSE** the registered owner of motor vehicle number
SMK 7417Z which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle
number **SHA 2085S** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1. Part by part Repair (Recommended by LKK Adrian)	\$ 1,498.80
2. GIA Search Fee	\$ 29.00
3. LTA Search Fee	\$ 7.45
4. Loss of Rental (3 days x \$ 140)	\$ 420.00

TOTAL AMOUNT \$ 1,955.25

We enclosed hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) LTA Search Invoice
- (C) GIA Search Invoice
- (D) Rental Agreement
- (E) Rental Invoice
- (F) Letter of Authority

Kindly acknowledge receipt of the above and documents and your favorable reply is greatly appreciated.

CAS GARAGE PTE LTD
UEN 201828067M
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,
SINGAPORE 417883

Ms Nicole Chong
Administrator
Mobile: 65 97916119
Email: nicolechong.cas@gmail.com



Telephone: 6484 2220
Email: casgaragesg@gmail.com

FAX: 6509 9501

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMK 74172 AND SHA 20855
AT/ALONG Lor 8 Toa Payoh Sup Rd into Lor 6 Toa Payoh
ON 20 DAY AUG MONTH 19 YEAR

- I/We, the owner of vehicle no. SMK 74172 hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.

Dated this 20 day AUG month 19 year

Signature : [Signature]
Name : Seetzer Paulose
NRIC/ROC No. : S 1323 1772
Address : 137 Lor Ah Soo
#02-528 S'530137

Company Stamp

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: MCT19080518
Claimant Ref: SMK 7417Z

We/I, CAS GARAGE PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 1,830.00 (Global Sum) ~~(repair costs: S\$)~~ ~~(deductible: S\$)~~, vehicle no. SMK 7417Z that was damaged pursuant to the accident which occurred on 20/08/2019 (date) at LORONG 8 TOA PAYOH SLIP ROAD INTO LOR 8 TOA PAYOH (location) involving vehicle no. SHA 2085S (insured vehicle). This is pursuant to the inspection conducted on 29/08/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner SEEZER PAULOSE ("the third party claimant") of vehicle no. SMK 7417Z to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SMK 7417Z (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 1,830.00 to CAS GARAGE PTE LTD

Dated this 19 day of Dec 2019

CLAIMANT:

Signature: 
Signed by "the workshop" (with chop)

Name: CHONG AI XIN

NRIC: 67665700P
CAS GARAGE PTE LTD

Address: UEN 201828067M
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,
SINGAPORE 417883

Nationality: MSIAN

Occupation: ADMIN

WITNESS:

Signature:  LWP
Signed by appointed Surveyor

Name: LKK Auto Consultants Pte Ltd

NRIC: 199607198R

Address: 51 Ubi Avenue 1
#01-25 Paya Ubi Ind. Park S(408933)

Nationality: _____

Occupation: _____



INVOICE

INDIA INTERNATIONAL INSURANCE

Invoice Date
29 Nov 2019

CAS GARAGE PTE LTD
1 KAKI BUKIT AVENUE 6
#02-22 AUTOBAY
SINGAPORE 417883

Invoice Number
TI190143

Reference
SMK 7417Z HYUNDAI
AVANTE

Description	Quantity	Unit Price	Tax	Amount SGD
PART BY PART REPAIR (RECOMMENDED BY LKK ADRIAN)	1.00	1,498.80	No Tax	1,498.80
Date of Accident : 20.08.2019				
Subtotal				1,498.80
TOTAL SGD				1,498.80

Due Date: 29 Nov 2019

PAYMENT ADVICE

To: CAS GARAGE PTE LTD
1 KAKI BUKIT AVENUE 6
#02-22 AUTOBAY
SINGAPORE 417883

Customer INDIA INTERNATIONAL
INSURANCE

Invoice Number TI190143

Amount Due 1,498.80

Due Date 29 Nov 2019

Amount Enclosed

Enter the amount you are paying above

Registered Office: 1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY, SINGAPORE 417883.

Fong Motors Car Rental

(53371081B)

1 Autobay@Kaki Bukit #01-45

Singapore 417883

Tel: 6748 5648

INVOICE

No. : FM-000476

C/O CAS GARAGE- SEEZER PAULOSE

BLK 137 LOR AH SOO

#02-528

SINGAPORE 530137

TEL : 92384817

FAX :

Your Ref. :

Our D/O No. :

Terms : C.O.D.

Date : 02/09/2019

Page : 1 of 1

Item	Description	Qty	UOM	U/ Price S\$	Disc.	Total S\$
1.	SMF122X (28/08/19- 31/08/19) REPLACE VEHICLE NO. SMK7417Z REF AGREEMENT NO. 10415	1	CAR	420.00		420.00

SINGAPORE DOLLAR FOUR HUNDRED TWENTY ONLY

Total **420.00**

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



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

CAS

1128813036

NO: 10415

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>Sleezer Paulose</u> NRIC/PASSPORT NO: <u>S 1323 1772</u> Address (Res): <u>Blk 137 Lorong Ah Soo</u> <u>#02-528 S 520137</u> Name & Address of employer: _____ Occupation: _____ Driving Exp: <u>54 years</u> Driving License No: <u>S 1323 1772</u> D/L Type: <u>Local / Int'l</u> Issue Date: <u>15/11/2003</u> Date of Birth: <u>26/11/1958</u> I: (O) _____ (R) _____ HP: <u>92384817</u>		Vehicle No: <u>9NF122X</u> Replace Veh No: <u>8UK74172</u> Mileage Out: <u>22,662</u> Make & Model: <u>Hyundai Elantra</u> <u>Auto</u> / Manual Date Out: <u>28/8/19</u> Time: <u>5.10pm</u> HIRE / PERIOD EXPIRY Time: _____ NON-WAIVER EXCESS = \$ _____																																					
ADDITIONAL DRIVER'S PARTICULAR Name: (as in I/C) _____ NRIC/PASSPORT NO: _____ Address (Res): _____ Name & Address of employer: _____ Occupation: _____ Driving Exp: _____		CHARGES: <table border="1"> <tr> <td>Daily</td> <td>3 @ \$ 140</td> <td>Per day</td> <td>420</td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>Per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>Per month</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>Per hour</td> <td></td> </tr> <tr> <td>Malaysia</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>Per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>Per day/month</td> <td></td> </tr> <tr> <td colspan="4">Delivery / Collection Services</td> </tr> <tr> <td colspan="3">SUB - TOTAL \$</td> <td>420</td> </tr> </table>		Daily	3 @ \$ 140	Per day	420	Weekly	@ \$	Per week		Monthly	@ \$	Per month		Hours	@ \$	Per hour		Malaysia	@ \$			CDW	@ \$	Per day/month		PAI	@ \$	Per day/month		Delivery / Collection Services				SUB - TOTAL \$			420
Daily	3 @ \$ 140	Per day	420																																				
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PAI	@ \$	Per day/month																																					
Delivery / Collection Services																																							
SUB - TOTAL \$			420																																				
VEHICLE CHECK LIST:  INDICATE: A - ACCIDENTS D - DENTS S - SCRATCHES		PETROL LEVEL <u>2 mark</u> <table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> </table> EXTENSION _____ Misc. _____ TOTAL CHARGES \$ 420 Hirer's Signature:  Additional Driver's Signature: _____		Out	E	1/4	1/2	3/4	F		Out	E	1/4	1/2	3/4	F																							
Out	E	1/4	1/2	3/4	F																																		
Out	E	1/4	1/2	3/4	F																																		

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 LEVED 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 INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO FONG MOTORS CAR RENTAL. 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	SIGNATURE OF HIRER / DRIVER	
31/08/2019	1545				

> [Back to OneMotoring](#)

SMK74172



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

Print Date/Time : 26 Aug 2019 / 11:01:03
Receipt Date/Time : 26 Aug 2019 / 11:01:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190826-000893
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 - SHA2085S As at 20 Aug 2019/17:30:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHA2085S Enquiry Fee 20190826110011086365	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				
	xxxxxxxxxxxx3869	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.

[Print Receipt](#) [OK](#) [Save as PDF](#)

TAX INVOICE

Our Ref No: GR-19-139611
Date of Request: 27/08/2019

Your Ref No: WALK IN GAN

CAS GARAGE PTE LTD
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SMK7417Z
Date of Accident: 20/08/2019
Place of Accident: LOR 8 TOA PAYOH
Involving Vehicle No: SHA2085S

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.

For GIARMC Official use:
Date:
☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-139612
Date of Request: 27/08/2019

Your Ref No: WALK IN GAN

CAS GARAGE PTE LTD
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 20/08/2019
Vehicle No: SMK7417Z
Place of Accident: LORONG 8 TOA PAYOH SLIP ROAD INTO LOR 6 TOA PAYOH
Involving Vehicle No: SHA2085S

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\$)
SHA2085S	LORONG 8 TOA PAYOH SLIP ROAD INTO LOR 6 TOA PAYOH	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