

FAX: 6509 9501

Email: contact@casgarage.sg

09.12.2019

Our Ref: SKW 1183Y

Proforma Inv: CAS/19/P10121

Your Ref No.: SMC 3662A

M/s India International Insurance Pte Ltd

BY POST

Motor Claims Department

64 Cecil Street #05-01 IOB Building Singapore 049711

Dear Sir/Mdm

#### ACCIDENT INVOLVING SKW 1183Y AND SMC 3662A ALONG GEYLANG SERAI (CITY) ON 14.09.2019

Please refer to the above mentioned accident.

We are writing in on the behalf of

ANG KHIAN SENG

the registered owner of motor vehicle number

SKW 1183Y

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 SMC 3662A As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1	Lump Sum Repair (Recommended by LKK Adrian)	5	5,400.00
2	GIA Search Fee	5	29.00
3.	LTA Search Fee	5	7.45
4.	Loss of Rental ( 6 days x \$ 180)	5	1,080.00
	N. 54 (1)		

#### TOTAL AMOUNT

6,516.45

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

wledge receipt of the above said documents and your favorable reply is greatly appreciated.

VEN 201828067M

KAK BYRT AVENUES, #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

CCI	DENT	INV(	OLVING	VEHICI	E NO	o. skw lif.	3 Y A	ND_	Smc	3661 A
T/AI	ONG	FTEYL	ANT SEE	CAI TOWAR	os CITY					
ON_	14	DAY_	09	MONTH	2019	YEAR				
b) c) d) e) f)	Vehicles You are appoints insurers You have insurers or any di Upon re and disi directly In the e claim, I If for v recover underta my/our I/we ha	e further a ment are go including we my/our son such to document to esolving in bursements into your event that, l/we shall re whatever to rable under ske to pay behalf or ave read an	authorized to given by me if necessary, full authori erms as you to confirm m ty/our claim, a for acting account. I/we am/are render full co reasons, my/ or the policy the full am to pay you the d understand	o appoint solice you with respective with respective to instruct a deem fit. Upon y acceptance of you are author for me/us and a required to at a poperation, our insurers recording to any our of insurance or your of your any or your and or your any or your a	itors on my cet to the co legal proces my/our solid settlement f the settlem ized to agre to relieve p tend at my/ eject my/our make any epair bill a amount, as ement and a		ive the solicities against a settlement of the s	tors full t third gainst th with the to sign my clair mount o ttlement court t court t claims	I instruction that it is a sum of their processing connection to the connection of the connection c	ctions as if the river and/or his party. party and/or his charge Voucher by behalf. professional cos n my/our behal ection to my/ou and/or any lose out, I/we agree to
Signa Name NRIO		No.	: 500	KHIAN SE	HGI CHU KAN		ompany Sta	imp		



### INDIA INTERNATIONAL INSURANCE PTE LTD

### EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

India Ref: MCA190233 Claimant Ref : SKW 1183Y

Well, CA	S GARAGE PTE LTD ("th	e workshop") hereby confirm that	we/I have reached an agreement
with the appoint	ed Surveyor of India International Insura	nce Pte Ltd LKK Auto Con	sultants Pte Ltd (name
of Surveyor) wit	h respect to the amount claimed for	S\$ 6,150.00 (Global Sum)	et), -QC(lissesf
			int to the accident which occurred
on 14/09/2019	(date) at _ALONG GEYLANG SERAI	TOWARDS CITY (location) involve	ving vehicle no SMC 3662A (insured
vehicle). This is ;	pursuant to the inspection conducted on1	6/09/2019 (date) at 'the workshop	3.
Ne/I confirm th	at we/l are/am authorized by the owner	ANG KHIAN SENG	("the third party
laimant") of ve	hicle no SKW 1183Yto make the claim a	s set out in the above paragraph a	and we/I have full authority to settle
he matter on the party claimant.	his/her behalf in a manner that we/l dee	em fit. We/I enclose herein the le	tter of authority given by "the third
hey will or ha urther claim as	onlime that we/I will indemnify India Internieve already incurred in the event that "togainst the former for any loss and expent to the damage to <a href="SKW 1183Y">SKW 1183Y</a> (vehicle in	the third party claimant" after the nses suffered pertaining to cost of	e above said agreement lodges a
	nat the agreement reached above is in accident and that further this settlement		기급이라 중의 경기 중에 가게 하는 경기가 없다고 있다.
his assument	is subject to the application of Singapore	a law and the Classes Caude b	and a contract to the state of the same and the
and the same of th	ut of the same.	and the singapore courts in	ave exclusive jurisdiction over any
rspute arising o	ut of the same.		
Ve/I authorize	you to pay the total amount of S\$_6,1	50.00 to CAS GARAGE PTE	LTD
	day of Teb 20 3		
	00		
CLAIMANT:	( VIX)	WITNESS:	((LKK))
Signature:	Cury	Signature:	( Lup
290000000000000000000000000000000000000	Signed by "the workshop" (with chop		Signed by appointed Surveyor
lame:	CHUM AT XIN	Name:	LKK Auto Consultants Pte Ltd
IRIC:	CAS GARAGE PTE LT	D NRIC:	199607198R
Address:	1 KAKI BUKIT AVENUE 6, 402-22 AUT	QBAY, Address:	51 Ubi Avenue 1
	SINGAPORE 417883		#01-25 Paya Ubi Ind. Park S(408933
lationality:	MISIAN	Nationality	
Den meller	MIMAR		
Occupation:		Occupation:	



# INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD

Invoice Date 9 Dec 2019

Invoice Number TI190146

Reference SKW 1183Y TOYOTA HARRIER CAS GARAGE PTE LTD 1 KAKI BUKIT AVENUE 6 #02-22 AUTOBAY SINGAPORE 417883

Description	Quantity	Unit Price	Tax	Amount SGD
Lump Sum Repair Cost (Recommended by LKK Adrian)	1.00	5,400.00	No Tax	5,400.00
Date of Accident : 14.09.2019				
			Subtotal	5,400.00
		9	TOTAL SGD	5,400.00

Due Date: 9 Dec 2019

# **PAYMENT ADVICE**

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

Customer	INDIA INTERNATIONAL INSURANCE PTE LTD
Invoice Number	TI190146
Amount Due	5,400.00
Due Date	9 Dec 2019

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-000499

C/O CAS- ANG KHIAN SENG

Your Ref.

Our D/O No. :

Blk 281 CCK AVE 3

: C.O.D.

#08-346 SINGAPORE 680281 Terms

TEL: 96716512

FAX:

Date

: 23/09/2019

Page

: 1 of 1

Item	Description	Qty	MOU	U/ Price	Disc.	Total
				S\$		5\$
1.	SGY6209L (14/09/19- 20/09/19)	1	CAR	1,080.00		1,080.00

REPLACE VEHICLE NO. 10432

REF AGREEMENT NO. 10432

\$ 00053

SINGAPORE DOLLAR ONE THOUSAND EIGHTY ONLY

Total

1,080.00

Notes:

1. 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** 

CAS

# 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: 10432

### VEHICLE RENTAL AGREEMENT

HIRER'S F	PARTICULA	R .		Veh	icle No	SGY	620	LRep	olace	Veh No:		
Name: (a:	s in I/C)	Ang Kh	ian Serp	Mil	Mileage Out: 1/288 D							
NRIC/PAS	SPORT NO	50	124168D	Ma Ma	ke & M	odel:				Auto /-	Manı	ual-
Address (	Res): BLK	680281	C/C Ave 3 #08	7-34-6 Dat	e Out:	14/	09/	19		Time:	1-3	30pm
Name & A				HIR	E / PER	IOD EX	PIRY			Time:		-
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Driving Li	cense No:		D/L Type Loca	il / Int'l	-		-				_	-0-
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### 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

### TAX INVOICE

Our Ref No:

GR-19-152742

Date of Request:

17/09/2019

Your Ref No:

WALK IN GUN

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

Dear Sir/Madam,

Your Vehicle No:

SKW1183Y

Date of Accident: 14/09/2019

Place of Accident: GEYLANG SERAI

Involving Vehicle No: SMC3662A

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 [X] Cash [] Cheque



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

### TAX INVOICE

Our Ref No:

GR-19-152744

Date of Request:

17/09/2019

Your Ref No:

WALK IN GUN

CAS GARAGE PTE LTD

NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY

SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

14/09/2019

Vehicle No:

SKW1183Y

Place of Accident:

ALONG GEYLANG SERAI TOWARDS CITY

Involving Vehicle No: SMC3662A

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\$)
SMC3662A	ALONG GEYLANG SERAI TOWARDS CITY	14.00	1	13.08
GST Amount				0.92
otal 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 [X] Cash [] Cheque

### > Back to OneMotoring





Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

16 Sep 2019 / 10:18:03

Receipt Date/Time: 16 Sep 2019 / 10:18:03

### Tax Invoice/Receipt

Receipt No.: ITNET-00000-190916-000631

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 - SMC3662A As at 14 Sep 2019/13:00:00 Insurance Co: INDIA INT'L INS PTE LTD 1 Insurance Enquiry - SMC3662A				
Enquiry Fee 20190916101707731720		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			
	xxxxxxxxxxx3869	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