#### MOTOR CLAIMS DISCHARGE VOUCHER

Policy No: DMCVSN3033771900 Claim No: SNM19D204959-GBH9669X-THP

Claimant : LOW BOON TUAN Amount : S\$3,318.00

SINGAPORE DOLLARS THREE THOUSAND THREE HUNDRED EIGHTEEN

ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SKK 9902A Insured Vehicle No. : GBH 9669X

Date of Loss : 18.10.2019

Place of Accident : GAMBAS AVENUE TOWARDS WOODLANDS

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : BAN TONG TABLEWARE SERVICE TRADING

Driver Name : LEOW ENG KEONG TOMMY

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$			
(2) Cost of Repair/Excess	S\$	2,889.00		
(3) Loss of Use/Rental/Earning	S\$	400.00		
(4) GIA/Police Reports/				
Investigation Results/Search Fees	S\$	29.00		
(5) Medical Reports/Expenses	S\$			
(6) Survey Fees/P.T. Fees	S\$			
(7) Cost including Disbursement	S\$			
	====	==========		
TOTAL	S\$	3,318.00	60	
	====	==============		

Claimant Name: Low Boon Tuan NRIC No : S1825658D

Signature : \_\_\_\_\_\_ Date : \_\_\_\_\_

Provide siways that this discharge of my chim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident



Date: 25-Nov-19	Your Ref: CC4/CTI190I8838/ha
	Our ref: LTP102019/102 (SKI
( WITHOUT PREJUDICE )	*
Attention To: MS VIC ALPHE	(From LKK Auto Consultants Pte Ltd)
Insurance Company : CHINA TAIPING INS	(S) PTE LTD
Dear Sir/Mdm,	
IN THE MATTER OF ACCIDENT INVOLVING SH	KK9902A & GBH9669X ON 18.10.2019
We refer to the above matter.	
We are instructed and authorised by our client In related to the above road traffic accident the	ent of the season and the season of the seas
All supporting documents are enclosed herew	ith:-
X Authorization To Act	[ x ] Original Tax Invoice no. INV44207
Original Rental Receipt and Agreement	[ x ] GIA invoice
[ ] Letter Of Discharge	E-day licence receipt
Survey was done by Insurance instruction	and was surveyed by Mr Kenneth
on 29 Oct 2019.	
As a result of the accident, our client's vehicle	e was damaged and has been put to loss and
Expenses, particulars of which are as follows:	-
1 ] Cost of repair (inclusive of 7% GST)	\$ 2,889.00
2 ] Loss of Use	\$ 400.00
3 1 GIA search & report fee	\$ 29.00

Please acknowledge receipt of this letter within 14 days. If you agreeable to the above, please forward your payment. Payment to be issued directly to LIM TAN MOTOR PTE LTD within 4 weeks. Should there be any injury related to this matter, any settlement agreed is WITHOUT PREJUDICE to the related injury claim.

Your faithfully **Mandy Lim** 

Total

Email: mandy@ltm.sg

Lim Tan Motor Pte Ltd

3,318.00

Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721

Tel:65-64520893 Fax:65-64589127 Email: edmund@LTM.sg

Website: www.LTM.sg

Co.Reg No.199307277D

GST Reg No.M2-0019086-0

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## To Whom It May Concern

## **AUTHORIZATION TO ACT**

I/We, LOW BOON TUAN ('the third party Claimant') of 63 ROSEWOOD DRIVE #02-12 SE 737874 (Address) Owner of SKK9902A (vehicle number) hereby authorize LIM TAN MOTOR PTE LTD ('the workshop') to act for me with respect to my/our claim for repair costs and/or rental and/or Loss of use ('claim') for my/our vehicle number SKK9902A That was damaged pursuant to the accident which occurred on 18-Oct-19 (date)Along GAMBAS AVE TOWARDS WOODLANDS (locate on) involving vehicle number GBH9669X (the accident').

I/We further authorize the workshop to settle my above mentioned claim in a Manner that they deem fit and the workshop is further authorized to receive Payment further to settlement of my claim with payment cheque/s being made In favour of the workshop.

Dated this 29 (day ) of October (month) 2019 (year)

Signed By ' the third party claimant '

Signed By ' the workshop'



## LIM TAN MOTOR PTE LTD

林陳摩哆私人有限公司

Company's Registration No.:199307277D GST Registration No.:M2-0119086-0

(Warranty and Performance) Blk 9 Sector C #01-38/40/42Sin Ming Industrial Estate, Singapore 575644 Tel: +65 6452 2135 Fax: +65 6452 2159

Blk 176 Sin Ming Drive #03-09/10/06 Sin Ming Autocare Singapore 575721

> Tel: +65 6452 0893 (24Hrs) Fax: +65 6458 9127

Main Office / Workshop

Email: sales@LTM.sg WWW.LTM.SG

Blk 17 Sector A #01-65 Sin Ming Industrial Estate, Singapore 575675

**LOW BOON TUAN - CLAIMS** 

TAX INVOICE

: INV44207

ATTN

MILEAGE:

DATE

: 19-11-2019

TEL

: MOTOR CLAIMS DEPT

W.O NO.

: SO44492 **TERMS**  : COD

FAX

DESCRIPTION

CAR NO.

: SKK 9902 A

**U.PRICE** 

: 1

A/C NO.

: 30B0/067

MAKE MODEL

**PAGE** 

DIS **AMOUNT** 

TO LUMP SUM REPAIR AS RECOMMENDED BY SURVEYOR

1 UNIT

QTY

2,700.00

SINGAPORE DOLLARS: TWO THOUSAND EIGHT HUNDRED AND EIGHTY NINE ONLY

REMARKS:

CHINA TAIPING REFER NO. GBH9669X DOA 18.10.2019

LTM REFER NO. LTP102019/102

TOTAL QTY:

1.00

**SUBTOTAL** 2,700.00 0.00

TOTAL **GST 7 %** 

DISCOUNT

2,700.00 189.00

**NET** Deposit

Balance

2,889.00 0.00

2,889.00

AUTHORISED SIGNATURE(S)

CUSTOMER NAME / SIGNATURE / DATE

Customer Acknowledgement

I/We confirm that I/We incurred the repair costs herein and will observe my/our Agreement with the repairer. I/We declare the repair for the above vehicle have been completed to my/our satisfaction



# 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-19-172782

Date of Request:

21/10/2019

Your Ref No:

Online Purchase

Lim Tan Motor Pte Ltd Blk 176 Sin Ming Drive #03-09/10 Sin Ming Auto Care Singapore 575721

Dear Sir/Madam,

Date of Accident:

18/10/2019

Vehicle No:

SKK9902A

Place of Accident:

GAMBAS AVE TOWARDS WOODLANDS

Involving Vehicle No: GBH9669X

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\$)
GBH9669X	GAMBAS AVE TOWARDS WOODLANDS	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:

[X] GIRO [] 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-19-172523

Date of Request:

19/10/2019

Your Ref No:

Online Purchase

Lim Tan Motor Pte Ltd Blk 176 Sin Ming Drive #03-09/10 Sin Ming Auto Care Singapore 575721

Dear Sir/Madam,

### Your Search Criteria:

Date of Accident:

18/10/2019

Place of Accident:

GAMBAS AVE TOWARDS WOODLANDS

Client Vehicle No:

SKK9902A

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:

[X] GIRO [] Cash [] Cheque