



Proforma Inv : CAS/20/PI0071

FAX: 6509 9501
Email: contact@casgarage.sg

04.06.2020

Our Ref : SMJ 8706M

Your Ref : SLM 6368P

M/s AXA Insurance Pte Ltd
8 Shenton Way
#27-01
Singapore 068811

Dear Sir/Mdm

ACCIDENT INVOLVING SMJ 8706M AND SLM 6368P ALONG TECK WHYE CRESCENT ON 13.12.2019

Please refer to the above mentioned accident.

We are writing in on the behalf of **TOH MING YAO** the registered owner of motor vehicle number **SMJ 8706M** 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 **SLM 6368P** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair (Recommended By LKK Adrian)	\$	20,000.00
2.	Loss of Use (17 days x \$ 80)	\$	1,360.00
3.	GIA Fees	\$	29.00
4.	LTA Fees	\$	7.45

TOTAL AMOUNT	\$	21,396.45
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We enclsod hereby the following documents for your consideration :

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

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

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

Ms Nicole Chong
Administrator
Mobile: 65 97916119
Email: nicole@casgarage.sg



INVOICE

AXA INSURANCE PTE LTD

Invoice Date

4 Jun 2020

CAS GARAGE PTE LTD

1 KAKI BUKIT AVENUE 6

Invoice Number

TI-20-0078-1193TP

#02-22 AUTOBAY

SINGAPORE 417883

Reference

SMJ 8706M HYUNDAI

AVANTE

Description	Quantity	Unit Price	Tax	Amount SGD
LUMP SUM REPAIR COST (RECOMMENDED BY LKK ADRIAN)	1.00	20,000.00	No Tax	20,000.00
Subtotal				20,000.00
TOTAL SGD				20,000.00

Due Date: 4 Jun 2020



PAYMENT ADVICE

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

Customer

AXA INSURANCE PTE LTD

Invoice Number

TI-20-0078-1193TP

Amount Due

20,000.00

Due Date

4 Jun 2020

Amount Enclosed

Enter the amount you are paying above

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Dec 2019 / 11:26:56

Receipt Date/Time : 16 Dec 2019 / 11:26:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191216-001107

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 - SLT7665M				
As at 15 Dec 2019/18:45:00				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLT7665M Enquiry Fee 20191216112459970358	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SKX5551L				
As at 14 Dec 2019/22:00:00				
Insurance Co: FWD SINGAPORE PTE. LTD.				
2	Insurance Enquiry - SKX5551L Enquiry Fee 20191216112500035350	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLM6368P <i>SMJ 8706M</i>				
As at 13 Dec 2019/17:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SLM6368P Enquiry Fee 20191216112500099590	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		21.00	1.47	22.47
Rounding Difference				0.02
Total Amount Payable				22.45
Paid By				
	xxxxxxxxxxxx5744	Credit Card: Visa/MasterCard		22.45
Total				22.45
Cash Change				0.00
Tendered Amount				22.45
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.

TAX INVOICE

Our Ref No: GR-19-207511

Date of Request: 17/12/2019

Your Ref No: WALK IN GERALD

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

Dear Sir/Madam,

Your Vehicle No: SMJ8706M

Date of Accident: 13/12/2019

Place of Accident: TECK WHYE CRESCENT

Involving Vehicle No: SLM6368P (NO REPORT) VALID TILL 18-27/12

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-19-211728

Date of Request: 24/12/2019

Your Ref No:

WALK IN GERALD

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

Dear Sir/Madam,

Date of Accident: 13/12/2019

Vehicle No: SMJ8706M

Place of Accident: TECK WHYE CRESCENT (CCK AVE 1)

Involving Vehicle No: SLM6368P

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\$)
SLM6368P	TECK WHYE CRESCENT (CCK AVE 1)	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



FAX: 6509 9501

Email: contact@casgarage.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMJ 8706M AND SLM 6368 P
AT/ALONG Teck Whye Crescent (CEK AVE1)
ON 13 DAY 12 MONTH 2019 YEAR

- I/We, the owner of vehicle no. SMJ 8706M 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 13 day 12 month 2019 year

Signature : [Signature]
Name : Toh Ming Yao
NRIC/ROC No. : S81220724
Address : Blk 464 CEK AVE 4 #14-
19 S, 680464

Company Stamp