

MS FIRST Capital Insurance Limited
36 Robinson Road #16-01
CITY HOUSE
Singapore 068877

Your Insured Veh No. : **SHC185P**
Your Ref :
Our Ref : **GBC3368E**
Date : **01/06/2020**

WITHOUT PREJUDICE

Dear Sir/Madam

**Accident involving SHC185P and GBC3368E
on 12/02/2020 at BOON KENG ROAD.**

Please refer only to the boxes marked (x).

- ☒ We refer to ☒ the above accident
☐ our/your letter dated
- ☒ We have been authorised by the owner of vehicle number **GBC3368E** which was damaged by your insured's motor vehicle number **SHC185P** in the aforesaid accident.
- ☒ We are instructed that the accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

Cost of Repair / Insurance Excess	4,868.50
Survey report fees	-
Loss of Use (Days @ \$0 per day)	-
Car Rental Fees	640.00
GIA/LTA search fees	7.45
Total S\$	5,515.95

- ☒ We forward herewith the following relevant supporting documents:-
- | | |
|--|--|
| <input type="checkbox"/> Survey Reports & photographs (To be returned within 7 days on demand) | <input checked="" type="checkbox"/> Copy of NRIC/Driving licence |
| <input checked="" type="checkbox"/> Final repair bill(Tax Invoice) | <input checked="" type="checkbox"/> Copy of LTA/GIA vehicle search |
| <input type="checkbox"/> Bill/Receipt for the excess | <input checked="" type="checkbox"/> Non-injury motor report form |
| <input checked="" type="checkbox"/> Rental Agreement | <input checked="" type="checkbox"/> Letter of Authority |
| <input checked="" type="checkbox"/> Copy of the Insurance Certificate | |
- ☒ Cheque to be make payable to **Messrs SME MOTOR PTE LTD.**
- ☐ Any request for a re-survey of our client's vehicle must be arrange within the 14 days upon receipt of this letter. The re-survey must be conducted at our premises, in the presence of our client.
- ☒ Please note that you should send to us an acknowledgment of receipt of this letter within 07 days of your receipt of this letter.

Yours faithfully,



SME MOTOR PTE LTD

encl:

WE HEREBY ACKNOWLEDGE RECEIPT

PLEASE CHOP AND SIGN Date: _____

SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883
TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg
GST:201119451E RCB NO:201119451E

M/S : MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD #16-01
CITY HOUSE
Singapore 068877
TEL: 65073848 FAX: 65073849
ATTN: Motor Claim Department
Your Ref No: 19/FC/TP-034(12)
Claim Type: Third Party
Accident Date: 12/02/2020

Claim No: EST0005335
Final No: INV0004604
Date: 31 Mar 2020
Policy No: MA006811
Veh Reg No: GBC3368E
Make/Model: NISSAN CABSTAR
Chasis No: 0
Engine No:
Reg. Date:

Tax Invoice to Vehicle No :GBC3368E

PAGE:1

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>

As agreed to proceed repair at Lump Sum Repair	S\$ 4,550.00
Less Excess	S\$ 0.00
Amount Before GST	S\$ 4,550.00
Add GST @ 7%	318.50
Total Amount payable	<u>S\$ 4,868.50</u>

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND EIGHT HUNDRED SIXTY EIGHT AND CENTS
FIFTY ONLY

For SME Motor Pte Ltd



E. & O. E.

AUTHORISED SIGNATURE

NO: 8729

DATE IN	TIME IN	MILEAGE	CHECKED BY	 SIGNATURE OF HIRER / DRIVER
26/2/20	1235 hrs.			

CHIN HUI CAR RENTAL

REGN. NO.: 53090791K

BLK 7, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-76, SINGAPORE 575642. TEL: 6453 4680

SRINIVASAN BALAMURUGAN

OFFICIAL RECEIPT

M/s C/O WORLD OF WOOD PTE LTD

No: 273231

35 TANNERY RD, #07-05 TANNERY BLOCK,

SINGAPORE 347740

Date: 28.05.2020

S/No.	Description	Amount
1	RENTAL FEES FOR GBC 2102L VRA NO: 8729	<u>\$ 640.00</u>

SINGAPORE DOLLARS SIX HUNDRED FORTY ONLY

PAYMENT MODE:

CASH -

CHEQUE -


Chin Hui Car Rental

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

Print Date/Time : 13 Feb 2020 / 14:39:33
Receipt Date/Time : 13 Feb 2020 / 14:39:33

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200213-001922

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 - SHC185P				
As at 12 Feb 2020/11:20:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC185P			
	Enquiry Fee	7.00	0.49	7.49
	20200213143837003975			
	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				
	xxxxxxxxxxxx8065	Credit Card:		7.45
		Visa/MasterCard		
	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.