



1 Kaki Bukit Ave 6, # 02-22/21/20 @ Autobay Blk D Singapore 417883

Company & GST Registration No : 201828067M

Proforma Inv : CAS/20/PI0127

FAX: 6509 9501
Email: contact@casgarage.sg

23.11.2020

Our Ref: SKC 3293E

Your Ref No : SHC 7711A

M/s MS First Capital Insurance Ltd
Motor Claims Department

36 Robinson Road
16-01 City House
Singapore 068877

BY POST

Dear Sir/Mdm

ACCIDENT INVOLVING SKC 3293E AND SHC 7711A ALONG CIRCULAR RD (SOUTH BRIDGE RD)
19.03.2020

Please refer to the above mentioned accident.

We are writing in on the behalf of **CARS 88 HIRE PTE LTD** the registered owner of motor vehicle number **SKC 3293E** 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 **SHC 7711A** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1. Lumpsum repair cost (Recommended By Mr Low)	\$ 4,280.00 (W/GST)
2. Loss of Use (7 days x \$ 60)	\$ 420.00
3. GIA Search	\$ 29.00
TOTAL AMOUNT	\$ 4,729.00

We enclsod hereby the following documents for your consideration :

- (A) Proforma invoice
- (B) LTA Search Invoice
- (C) Letter of Authority

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



Ms Nicole Chong
Admin and Finance Officer
Mobile: 65 97916119
Email: nicole@casgarage.sg

TAX INVOICE

Our Ref No: GR-20-048846

Date of Request: 24/03/2020

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: 19/03/2020

Vehicle No: SKC3293E

Place of Accident: CIRCULAR RD (SOUTH BRIDGE RD)

Involving Vehicle No: SHC7711A

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\$)
SHC7711A	CIRCULAR RD (SOUTH BRIDGE RD)	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

*Man
Claim*

TAX INVOICE

Our Ref No: GR-20-048845

Date of Request: 24/03/2020

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: SKC3293E
Date of Accident: 19/03/2020
Place of Accident: CIRCULAR RD
Involving Vehicle No: SHC7711A

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



FAX: 6509 9501

Email: contact@casgarage.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SKC3293E AND SHC7711A
AT/ALONG Circular Rd (South Bridge Rd)
ON 19 DAY MARCH MONTH 2020 YEAR

- a) I/We, the owner of vehicle no. SKC3293E hereby instruct and authorize you to commence repair to the said vehicles.
- b) 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.
- c) 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.
- d) 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.
- e) 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.
- f) 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.
- g) I/we have read and understand the above statement and agreed.

Dated this 19 day MARCH month 2020 year

Signature : [Signature]
Name : CARS 88 Hire P/L
NRIC/ROC No. : _____
Address : _____

Company Stamp

