

Chen Weirong
C/O 54 YUNNAN ROAD
SINGAPORE 637917

OUR REF : 9945 FIRST
YOUR REF : D20001815MFSH
DATE : 07/4/2021

ATTN: THE MOTOR CLAIMS DEPT
First Capital Insurance Ltd
36 Robinson Road #16-01
City House S(068877)

Dear Sir/ Mdm,

Re: Accident involving vehicle no. SMN 9945L & Your Insured SHC705BC
On 3/4/2020 along Blk 140 Teck Whye Lane loading/unloading

I/We wish to inform you that my/our vehicle have been completed repairs to my/our satisfaction by M/S SNG AH TEE MOTOR & PANEL SERVICE PTE. LTD. I/We therefore propose to claim from you as followed:-

- | | |
|--|-------------|
| 1. COST OF REPAIR / EXCESS | S\$ 1563.06 |
| 2. LOSS OF USE \$ 70.00 /per DAY FOR 3 DAYS | S\$ 210.00 |
| 3. SURVEY FEE (survey by LK) | S\$ - |
| 4. POLICE REPORTS/ LTA SEARCH FEE/ GIA REPORTS | S\$ 7.45 |
| 5. OTHERS (medical fees \$48 + \$51) | S\$ 99.00 |

TOTAL:

S\$ 1879.51

For the payment, kindly make payable directly to my/our repairer M/S SNG AH TEE MOTOR & PANEL SERVICE PTE LTD of BLK 3 PIONEER ROAD NORTH #01-18 S'PORE 628457

Your kind and early co-operation will be greatly appreciated.
Thank You.

Yours Faithfully,

Enclosed documents:-

GIA report/assessment	☒
Original/Copy of Surveyor report	☐
Original/Copy of Photographs	☐
Insurance Cert/ Logcard	☐
Copy of IC/ Driving License	☐
Witness Statement	☐
Final Bill / Tax Invoice	☒
Others Search Fee, medical fees	☒

FIRST CAPITAL INSURANCE LIMITED
MOTOR CLAIMS DEP
36 ROBINSON ROAD #16-01
CITY HOUSE SINGAPORE 068877

ATTENTION :
CONTACT : 6222 2311 FAX NO: 6507 3849

INVOICE. SO004866

DATE 08/04/2020
ACCIDENT DATE : 03/04/2020
VEHICLE NO : SMN9945L
CHASSIS/ENG.NO : MRHFC5650GT000279
VEHICLE MODEL : HONDA CIVIC
CLAIM NO :
POLICY NO :
REMARK : 9945FIRST TP AGAST
SHC7058C

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
** LIST PRICE **							
1	1	PC	FRT DOOR RH	784.20	20	627.36	627.36
2	1	PC	FRT SIDE MIRROR RH	254.30	20	203.44	203.44
----- SUB-TOTAL:							830.80

** WORK LABOUR **

TO CHECK WIRING	30.00	30.00
TO KNOCK, WELD, REMOVE & FIX ON ABOVE PARTS	250.00	250.00
TO PUTTY & SPRAY PAINTING ON AFFECTED AREAS	250.00	250.00
TO RESET / DIAGNOSE FAULT CODE	100.00	100.00
----- SUB-TOTAL		630.00

SAM

> Back to OneMotoring



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

Print Date/Time : 06 Apr 2020 / 14:15:11

Receipt Date/Time : 06 Apr 2020 / 14:15:11

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200406-002506

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHC7058C				
As at 03 Apr 2020/21:55:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC7058C Enquiry Fee 20200406141356962242	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				
		454750XXXXXX9296	eNETS Credit Card	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.

CCK FAMILY CLINIC



Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

GST Reg No : 20-0201430-W

TAX INVOICE

CHEN WEIRONG
610 CHOA CHU KANG STREET 62
#05-157

S(680610)

Patient : CHEN WEIRONG (S8816420B)

Invoice No. : 643442
Our Reference : 126212
Date : 03 Apr 2020

DESCRIPTION	QTY	FEE (S\$)
ANAREX TABLET (R)	20.00 tabs	8.00
ARCOXIA 120MG TAB	5.00 tabs	11.00
CONSULTATION		29.00

Total Amount Payable	48.00
Receipt No. 1037398 - NETS Payment Received	48.00
Outstanding Balance	S\$0.00

Inclusive of GST 7.0% : \$ 3.14

This is a computer generated invoice which does not require a signature
E. & O.E

CCK FAMILY CLINIC



Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

GST Reg No : 20-0201430-W

TAX INVOICE

CHAI JIA LING
101 TECK WHYE LANE
#04-408
S(680101)

Patient : CHAI JIA LING (S8920783E)

Invoice No. : 643443
Our Reference : 227101
Date : 03 Apr 2020

DESCRIPTION	QTY	FEE (\$)
ANAREX TABLET (R)	20.00 tabs	8.00
ARCOXIA 120MG TAB	5.00 tabs	11.00
METOCLOPRAMIDE 10MG TAB (R)	10.00 tabs	3.00
CONSULTATION		29.00

Total Amount Payable	51.00
Receipt No. 1037399 - NETS Payment Received	51.00
Outstanding Balance	S\$0.00

Inclusive of GST 7.0% : \$ 3.34

This is a computer generated invoice which does not require a signature
E. & O.E



CCK FAMILY CLINIC

Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

Medical Certificate

Date : 03 Apr 2020
MC No. : 0000522638

s to certify that :

: CHAI JIA LING

: S8920783E

IFIT FOR DUTY for 3 days

03/04/2020 to 05/04/2020 inclusive.

Dr. James Cheong
M.B.B.S. (Singapore)
MCR - 13302G

DR JAMES CHEONG
CCK FAMILY CLINIC PTE LTD
Blk 304 Choa Chu Kang Ave 4
#01-653 Singapore 680304
Tel: 6891 0338 Fax: 6891 0983

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



CCK FAMILY CLINIC

Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

Medical Certificate

Date : 03 Apr 2020
MC No. : 0000522639

This is to certify that :

Name : CHEN WEIRONG

NRIC : S8816420B

is UNFIT FOR DUTY for 3 days

from 03/04/2020 to 05/04/2020 inclusive.

Dr. James Cheong
M.B.B.S. (Singapore)
MCR - 13302G

DR JAMES CHEONG
CCK FAMILY CLINIC PTE LTD
Blk 304 Choa Chu Kang Ave 4
#01-653 Singapore 680304
Tel: 6891 0338 Fax: 6891 0983

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