

Zero Gravity
2 Kaki Bukit Ave 2
#01-25 Kaki Bukit Autohub Singapore 417921
Tel: 67412845 Fax: 67412170

21/07/2020

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877
Attn: Motor Claim Department

Sirs / Madams

RE: ACCIDENT INVOLVING VEHICLE(S) SJM9712H & SHC3710D AT INFRONT OF A&E
(CHANGI HOSPITAL) ON 15/06/2020.

We understand that you are the insurer of vehicle SHC3710D.

I/We wish to inform you that my/our vehicle SJM9712H have been completed repairs to my/our satisfaction by ZERO GRAVITY. I/We therefore propose to claim from your as follows:

- | | |
|------------------------------------|------------|
| 1. Cost of Repair | S\$4100.00 |
| 2. LTA Search Fee | S\$7.45 |
| 3. Loss of Use (S\$80.00 x 5 days) | S\$400.00 |

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

Mei Ni



ZERO GRAVITY

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67412845 Fax No: +65 67412170

Email: zero_gravity@singnet.com.sg

Reg.No.: 52888887X

FINAL REPAIR BILL

No : I-009169

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

Attention: Motor Claim Department

TEL : 65073848/68543466 FAX : 65073849

Your Ref. : SHC3710D
Vehicle No. : SJM9712H
Make & Model : TOYOTA AXIO
Chasis No. : NZE1416094469
Engine No. : 1N2D169854
Accident Date : 15/06/2020
Policy No. : 2070007717
Date : 21/07/2020
Page : 1 of 1

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price S\$	Amount S\$
1	Lumpsum	1.0 X		4,100.00

SINGAPORE DOLLAR FOUR THOUSAND ONE HUNDRED ONLY

E. & O.E

Customer's Signature/Co. Stamp

ZERO GRAVITY

Total	S\$	4,100.00
Discount	S\$	0.00
Net Total	S\$	4,100.00

Terms: C.O.D.

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise it is assumed that this bill is accepted as correct.

LETTER OF AUTHORITY

ACCIDENT ON: 15/06/2020

INVOLVING VEHICLE(S) NO.: SJM9712H & SHC3710D

AT/ALONG: INFRONT OF A&E (CHANGI HOSPITAL)

I, ANN BINTE OTHMAN NRIC No/Co Reg. No.: S1307701/J of
BLK. 171, BEDOK SOUTH RD, #04-407 Singapore 460171

Owner/Driver of motor vehicle registration no: SJM 9712H insured by

MS AIG under policy no: 2070007717 do hereby
authorize m/s **Zero Gravity** ("my Repairer") of 2 Kaki Bukit Ave 2, # 01-25 Kaki Bukit
Autohub, Singapore 417921, to act as my representative in my claim against my insurance
and/or against the owner(s) / driver(s) of motor vehicle(s) registration no(s):
SHC 3710D in respect of the above-mentioned accident.


I also hereby authorize my repairer to proceed repair to my vehicle, give all further instructions
on my behalf concerning the said claim and as such, all future correspondences should be
addressed to my repairer.

My repairer is further authorized to receive on my behalf monies claims, correspondence and
to give a valid discharge and I also hereby appoint my repairer as my attorney and to sign any
discharge voucher or any other documents in connection with this matter on and for my behalf.

I confirm that in the event of unsuccessful claim against the negligent party and/or my own
insurer (if only under comprehensive cover) for the damages caused to my vehicle, I agree to
pay for all the costs and incidentals incurred by my repairer.

I the above-mentioned vehicle owner/driver hereby affirm the above-mentioned statement to be
true and correct.

Date this 16 day of 06 Year 2020

Signature : 
(Company Stamp if applicable)

Full Name : ANN BINTE OTHMAN

NRIC No : S1307701/J

Contact No : (HP) 91777710 (O) 96674035 (H) _____



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Jun 2020 / 13:00:29

Receipt Date/Time : 16 Jun 2020 / 13:00:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200616-001682

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC3710D

As at 15 Jun 2020/12:00:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHC3710D

Enquiry Fee

20200616125850731112

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

518834XXXXXX7004

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.