



FAX: 6509 9501
Email: contact@casgarage.sg

Proforma Inv : CAS/20/PI0139

26.11.2020

Our Ref: SMU 390J

Your Ref No.: GZ 1281D

M/s India International Insurance Pte Ltd

BY POST

Motor Claims Department

64 Cecil Street
#05-01 IOB Building
Singapore 049711

Dear Sir/Mdm

**ACCIDENT INVOLVING SMU 390J AND GZ 1281D ALONG BLK 473A PASIR RIS DR 6 MSCP ON
20.08.2020**

Please refer to the above mentioned accident.

We are writing in on the behalf of **NG JIA JUN DARYL** the registered owner of motor vehicle number **SMU 390J** 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 **GZ 1281D** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

- | | |
|--|---------------------|
| 1. Lump Sum Repair (Recommended by LKK Adrian) | \$ 2,514.50 (W/GST) |
| 2. GIA Search Fee | \$ 29.00 |
| 3. Loss of Rental (5 days x \$ 120) | \$ 600.00 |

TOTAL AMOUNT

\$ 3,143.50

We enclsod hereby the following documents for your consideration :

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

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

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





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Email: contact@casgarage.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMY 390J AND GZ 1281D
AT/ALONG BLK 473A PASIR RIS DRIVE 6 MSCP
ON 20 DAY 08 MONTH 2020 YEAR

- a) I/We, the owner of vehicle no. SMY 390J 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 20 day 08 month 2020 year

Signature: [Handwritten Signature]
Name: DARYL NG JIA JUN
NRIC/ROC No.: S9145459 I
Address: BLK 467 PASIR RIS DRIVE 6
#12-420 S 510467

Company Stamp



CS CAR RENTAL

smu3p0J

1 KAKI BUKIT AVENUE 6
#02-38, AUTOBAY
SINGAPORE (417883)
TEL:6484 2220 H/P:9692 2220

NO: 10111

UEN.: 53394623M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: <u>SM P43365</u>		Replace Veh No:							
Name: (as in I/C) <u>Daryl Alk JIA JUN</u>		Mileage Out: <u>12,452KM.</u>		Mileage Out:							
NRIC/PASSPORT No: <u>S9145459Z</u>		Make & Model: <u>H/Avante</u>		Auto/Manual							
Address (Res) <u>Blk 467 Pasir Ris Drive 6</u> <u>#12-420, S (S10467)</u>		Out : Date <u>24/8/2020</u>		Time: <u>104hrs</u>							
Name & Address of Employer _____		HIRE / PERIOD EXPIRY _____		Time: _____							
Occupation: _____		Driving Exp: <u>8 years</u>		NON-WAIVER EXCESS=\$ <u>2000 (1P) 3000 (OP)</u>							
Driving Licence No: <u>S9145459Z</u>		D/L Type: <u>Local</u> / International		CHARGES <u>exceeded hrs</u>							
Issue Date: <u>10.09.2015</u>		Date of Birth: <u>07-12-1991</u>		Daily <u>5</u> @ \$ <u>120</u> per day <u>600</u> <u>00</u>							
Tel: (O) <u>90069474</u> (R) _____		HP _____		Weekly @ \$ _____ per week							
ADDITIONAL DRIVER'S PARTICULARS		Monthly @ \$ _____ per month		Hours @ \$ _____ per hour							
Name: (as in I/C) _____		Others @ \$ _____		CDW @ \$ _____ per day/month							
NRIC/PASSPORT No: _____		PAI @ \$ _____ per day/month		Delivery/Collection Service							
Address (Res) _____		SUB-TOTAL \$ <u>600</u> <u>00</u>									
Driving License No: _____		D/L Type: Local / International									
Issue Date: _____		Date of Birth: _____									
Occupation: _____		Driving Exp: _____									
VEHICLE CHECK LIST		PETROL LEVEL									
INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS					Out	E	<u>1/4</u>	1/2	3/4	F	
	RIGHT	FRONT	TOP	LEFT	In	E	1/4	1/2	3/4	F	
ACCESSORIES CHECK		EXTENSION									
<input type="checkbox"/> Ashtray	<input type="checkbox"/> Cig Lighter	<input type="checkbox"/> S/Tyre	Misc.								
<input type="checkbox"/> STD Tools	<input type="checkbox"/> Jack	<input type="checkbox"/> Hub Caps	TOTAL CHARGES \$								
<input type="checkbox"/> Radio/Cass	<input type="checkbox"/> CD	<input type="checkbox"/> Cartridges	Hire's Signature _____ Additional Driver's Signature _____								

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CS CAR RENTAL in connection with this agreement is true.

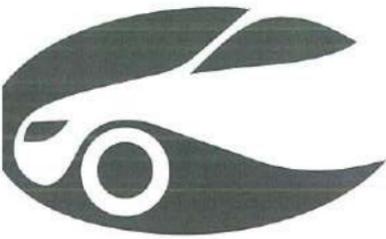
*IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CS CAR RENTAL.

RETURN OF VEHICLE. THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SINGAPORE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CS CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS
<u>28.08.20</u>	<u>1700</u>			

SIGNATURE OF HIRER/DRIVER



CS CAR RENTAL

1 KAKI BUKIT AVENUE 6
#02-38, AUTOBAY
SINGAPORE (417883)
TEL:6484 2220 H/P:9692 2220
UEN NO.: 53394623M

NO. 10084
Date : 28/8/2020

OFFICIAL RECEIPT

Received from Daryl Ng Jia Jun (SMT#U390J)

Amount sum of Dollars Six Hundred Only

Amounting Payment Of (5x days x 120)

5007

CS CAR RENTAL
↓



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-099441

Date of Request: 24/08/2020

Your Ref No: PURCHASE BY EMAIL

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

Dear Sir/Madam,

Your Vehicle No: SMU390J

Date of Accident: 20/08/2020

Place of Accident: 473A PASIR RIS DR 6

Involving Vehicle No: GZ1281D

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



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-099442

Date of Request: 24/08/2020

Your Ref No: PURCHASE BY EMAIL

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

Dear Sir/Madam,

Date of Accident: 20/08/2020

Vehicle No: SMU390J

Place of Accident: BLK 473A PASIR RIS DRIVE 6 MSCP

Involving Vehicle No: GZ1281D

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\$)
GZ1281D	BLK 473A PASIR RIS DRIVE 6 MSCP	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