



1 Kaki Bukit Ave 6, # 02-22/21/20 @ Autobay Blk D Singapore 417883
Company & GST Registration No : 201828067M

Proforma Inv : CAS/20/PI0128

FAX: 6509 9501
Email: contact@casgarage.sg

23.11.2020

Our Ref : SMU 983Z

Your Ref No : SHC 8816A

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 SMU 983Z AND SHC 8816A ALONG RIVERVALE DR (MSCP) EXIT TO
REVERVALE DR ON 31.08.2020**

Please refer to the above mentioned accident.

We are writing in on the behalf of **LI JUXIANG** the registered owner of motor vehicle number
SMU 983Z 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 8816A** 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)	\$ 1,872.50 (W/GST)
2. Loss of Use (4 days x \$ 60)	\$ 240.00
3. LTA Search	\$ 29.00
TOTAL AMOUNT	\$ 2,141.50

We enclsloed 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

TP accid
SMU 983Z



**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

RECORDS MANAGEMENT CENTRE

TAX INVOICE

Our Ref No: GR-20-105395
Date of Request: 04/09/2020
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: 31/08/2020
Vehicle No: SMU983Z
Place of Accident: RIVERVALE DRIVE (MSCP) EXIT TO RIVERVALE DRIVE
Involving Vehicle No: SHC8816A

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\$)
SHC8816A	RIVERVALE DRIVE (MSCP) EXIT TO RIVERVALE DRIVE	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



RECORDS MANAGEMENT CENTRE

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GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-105394

Date of Request: 04/09/2020

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: SMU983Z

Date of Accident: 31/08/2020

Place of Accident: RIVERVALE DR

Involving Vehicle No: SHC8816A

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. SMU 983Z AND SHC 8816A
AT/ALONG Rivervale Drive (MSCP) Exit to Rivervale Drive
ON 31 DAY 08 MONTH 2020 YEAR

- I/We, the owner of vehicle no. SMU 983Z hereby instruct and authorize you to commence repair to the said vehicles.
- 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.
- 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.
- 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.
- 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.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses 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.
- I/we have read and understand the above statement and agreed.

Dated this 31 day 08 month 2020 year

Signature : 
Name : Li Juxiang
NRIC/ROC No. : S79755 157
Address : Blk 441A Fernvale Rd
#12-301 S'791441

Company Stamp

