



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

Proforma Inv : CAS/20/PI0122

FAX: 6509 9501
Email: contact@casgarage.sg

19.11.2020

Our Ref : SMT 7358M

Your Ref No : SHD 4369U

M/s MS First Capital Insurance Ltd

BY POST

Motor Claims Department

36 Robinson Road
16-01 City House
Singapore 068877

Dear Sir/Mdm

**ACCIDENT INVOLVING SMT 7358M AND SHD 4369U ALONG BELILIOS RD TURNING LH INTO
S'GOON RD ON 09.09.2020**

Please refer to the above mentioned accident.

We are writing in on the behalf of **NAZEER HUSSAIN S/O MOHAMED HANIFFA** the registered owner of motor vehicle number **SMT 7358M** 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 **SHD 4369U** 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 LKK Adrian) | \$ 7,276.00 (W/GST) |
| 2. | Loss of Rental (9 days x \$ 120) | \$ 1,080.00 |
| 3. | LTA Search | \$ 7.45 |

TOTAL AMOUNT

\$ 8,363.45

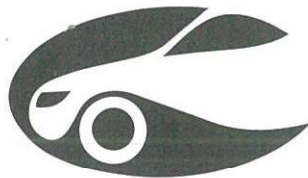
We enclsloed hereby the following documents for your consideration :

- (A) Proforma invoice
- (B) LTA Search Invoice
- (C) Letter of Authority
- (D) Rental Agreement
- (E) Rental Invoice

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



CS CAR RENTAL

SMT 7358M

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

NO: **10121**

UEN.: 53394623M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: SLX394U		Replace Veh No:	
Name: (as in I/C) <u>Nazeer Hussain s/o Mohd Haniffa</u>		Mileage Out:		Mileage Out:	
NRIC/PASSPORT No: <u>S1807862I</u>		Make & Model: <u>HYUNDAI ELANTRA</u>		Auto/Manual	
Address (Res): <u>Bukit Timah West ST 33</u>		Out : Date <u>09.09.2020</u>		Time: <u>4pm</u>	
<u>#08-39 57640744</u>		HIRE / PERIOD EXPIRY		Time:	
Name & Address of Employer		NON-WAIVER EXCESS=\$			
Occupation :		Driving Exp:			
Driving Licence No: <u>S1807862I</u>		D/L Type: <u>Local</u> / International			
Issue Date:		Date of Birth: <u>90686942</u>			
Tel:(O) (R) HP					
ADDITIONAL DRIVER'S PARTICULARS					
Name: (as in I/C)					
NRIC/PASSPORT No:					
Address (Res):					
Driving License No: D/L Type : Local / International					
Issue Date: <u>5/5/1994</u> Date of Birth: <u>13/10/1967</u>					
Occupation: Driving Exp:					
VEHICLE CHECK LIST					
<div><div>D - DENTS S - SCRATCHES A - ACCIDENTS</div><div><div>RIGHT FRONT TOP LEFT</div></div></div>					
ACCESSORIES CHECK					
<div><input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre</div> <div><input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps</div> <div><input type="checkbox"/> Radio/Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges</div>					
CHARGES					
Daily	9	@ \$ 120	per day	1080	00
Weekly		@ \$	per week		
Monthly		@ \$	per month		
Hours		@ \$	per hour		
Others		@ \$			
CDW		@ \$	per day/month		
PAI		@ \$	per day/month		
Delivery/Collection Service					
SUB-TOTAL \$				1080	00
PETROL LEVEL					
Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F
EXTENSION					
Misc.					
TOTAL CHARGES \$					
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

1. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
3. 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.
4. 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.
5. **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 SHAL 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	SIGNATURE OF HIRER/DRIVER
18/9	1120				

CS CAR RENTAL

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

NO. **10075**

Date: 18/09/2020

SPECIAL RECEIPT

Received from

Nazeer Hussain s/o Mohamed Haniffa (SMT 73JPM)

Sum of Dollars

One Thousand and eighty Only-

Payment Of

SLX394U (9 days x \$120)

10807

h/Cheque No.

CS CAR RENTAL





Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

SMT 7358m

Print Date/Time : 09 Sep 2020 / 17:13:06

Receipt Date/Time : 09 Sep 2020 / 17:13:06

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200909-002871

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD4369U				
As at 09 Sep 2020/14:10:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHD4369U Enquiry Fee 20200909171050470253	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				
	554827XXXXXX3869	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.



FAX: 6509 9501

Email: contact@casgarage.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMT73J8M AND SHD 43694
AT/ALONG Belili's Rd turnp LH into S'poo Rd
ON 9 DAY Sept MONTH 2020 YEAR

- I/We, the owner of vehicle no. SMT73J8M 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 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.
- I/we have read and understand the above statement and agreed.

Dated this 9 day Sept month 2020 year

Signature : [Signature]
Name : Nazeer Hussain s/o Mohd Haniffa
NRIC/ROC No. : S18078221
Address : BK 744 Junc West St 73
#08-39 S'640744

Company Stamp

