1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933

TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD 64, CECIL STREET, #04/#05 IOB BUILDING SINGAPORE 049711

GST Ref. No: 20-0000274-Z

Vehicle No: SKT7338U Invoice No: CGI-ASC-21IR00834G

Chasis No: KL1CA26UJFB014288

Engine No: LE9142820037 Invoice Date: 5 May 2021

DESCRIPTION AMOUNT SGD

Parts

<u>)</u>
860.00
56.00
57.00
20.00
145.00
885.00
662.00
662.00
570.00
566.00
440.00
330.00
_

Supplementary Items

Supplementary reems	Φ.	225.00
13 1 Keyless receiver sensor	\$	335.00

Total: \$ 7,588.00 Less 10%: \$ 758.80

Parts Total: \$ 6,829.20

Labour

No.		Description		Price (SGD)	
	1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate and align repair / replacement parts.	\$	1,100.00	
	2	Carry out spray painting on accident affected area	\$	900.00	

3	To disconnect wire harness of electrical component to facilitate repairs, reconnect and check electrical function after repair	\$ 30.00
4	To remove and refix reverse sensor and conduct test	\$ 60.00
5	To remove and refix reverse camera and conduct test	\$ 50.00
6	To conduct transfer of parts from old tailgate to new tailgate	\$ 110.00
7	To remove and refix rear tail gate windscreen	\$ 110.00

Labour Total: \$ 2,360.00

Other

	No.		Other Description	Price (SGD)
Γ	1	10	Rear Bumper Lower Clips	\$ 50.00
r	2	1	Rear Windscreen Sealant	\$ 60.00

Other Total: \$ 110.00

Total: \$ 9,299.20

Less 20% Lump Sum : \$ 1,859.84

After 20% Lump Sum: \$ 7,400.00 GST (7%) \$ 518.00

Grand Total: \$ 7,918.00



Suhaimi Ong Service Advisor

Tel: 68441985 Fax:68445185

E&OE

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "1ST Autoworks Pte Ltd".
- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 09 Nov 2020 / 15:43:21 Receipt Date/Time : 09 Nov 2020 / 15:43:21

Tax Invoice/Receipt

Receipt No.: ITNET-00000-201109-002552

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 - SHD2074H As at 03 Nov 2020/09:00:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SHD2074H Enquiry Fee		7.00	0.49	7.49
20201109154216964365	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 20201109154233184	Direct Debit: eNl		7.45
	Total	(Internet Banking	g)	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.

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THE CORONATION CLINIC

rech pair atur a DIGLOFENAC TABLET
road traffic accident RHEWILTH GIL

587 Bukit Tim at Coronation St

DR LEE BOOM KOK THOMA THE CORONATION ELINIC epping Plaza

Singapore 289707

Authorization To Act

I, Africe (a fleath) the CK ("the third party claimant") of
I, Africe (a) Beach the CH ("the third party claimant") of 7 Uh; (Or Affine Conke 5 fore 408604 (vehicle no.) hereby authorize 1st Autowals the CH
(address), owner of Ski 73384 (vehicle no.) hereby
("the workshop") to act for me with respect to my claim for repair
costs and/or rental and/or loss of use ("claim") for my vehicle
no. Sict 73354 that was damaged pursuant to the accident which
occurred on 03/1//2020 (date) along Nochor Road towards Which Now (location) involving vehicle no/s 54020744 ("the accident")
Beach Pour (location) involving
venicle no/s 34020744
("the accident").
I further authorize the workshop to settle my above mentioned claim in a manner that
they deem fit and the workshop is further authorized to receive payment further to
settlement of my claim with payment cheque/s being made in favour of the workshop.
I further acknowledge that any settlement the workshop may reach on my behalf is on
a without prejudice and without admission of liability basis in so far as the
driver/owner/insurers of the other vehicle/s is concerned.
Dated this day of (month) 20 (year)
Dated this day of (month) 20 (year)
10 ± 76
Suhaimi Ong
The state of the s

Signed by "the workshop"

Signed by "the third party claimant"

Letter of Authorisation & Indeminity

Acciden	it Involving Vehicle no. SET 73384	and S40 20741	On
At	aher Max Towards Bruch	Noce	
1.	I/We, the owner of vehicle no.	SMT)}}P4_hereb	y instruct and authorize ("the workshop"
	to commence repairs to the said vehicle. third party, I/we forthwith pay you the surepair to my/our said vehicle.		e of my/our claim against the
2.	Your are further authorized to appoint sol instructions as if the appointment is made the conduct of my/our claim against the	and instructions are third party driver as	given by me/us with respect to nd/or his insurers including i
3.	necessary, to commence legal proceedings You have my/our full authority to instruct third party and/or his insurers on such term	my/our solicitors to	
4.	Upon resolving my/our claim, you are a amount of their professional costs and a payment of the balance of the settlement of the event that my/our claim or legal costs and disbursements of my/our solicitors no	authorized to agree disbursement for act sum on my/our behal of the third party as	f directly into your account. In well as the professional cost
5.	by you on our behalf. I/we also hereby instruct and authorise your from the third party all outstanding balance.	es that are still owing	om the claim monies received g to you, namely the balance o
6.	repair costs and rental of substitute vehicle In the event that I/we am/are required to a connection with my/our claim, I/we shall r	ttend at my/our solici	tors office or to attend court in
7.	In the event that my/our claim against the cannot be proceeded with and/or if any Ju by the third party, I/we authorise you to recost of repairs and any other losses recorrespect, I/we understand and accept the insurance shall be borne by me/us.	e third party and/or hadgement or settlement evert the claim again overable under my/ou	is insurers is not successful of ent is not honoured or satisfied st my/our own insurers for the air policy of insurance. In thi
8.	If for whatever reasons, my/our insurers repairs and/or any other losses recoverable pay less than the amount claimed by you, your repair bill and survey fees and any or the part of the difference of the differ	e under the policy of I/we agree and unde ther expenses reason	insurance or make an offer to rtake to pay the full amount o
9.	or to pay you the difference in amount, as I/we shall keep you informed of any corre to this action agreeing to pay or receive an	spondences and/or su	ummons that I may receive duc claim.
Signatur	Dated this	day of	20
Name -		,	Witnessed by:
IC No :	ny stamp, if applicable)	,-	Suha, M.
Cor	1: 7 45 (1228, Aprile tre, Spr. 408604		
Tel:	65113061		

Letter of Demand

To: Twin Ty + C Jas Phe CH	
Re: Accident involving my vehicle no. SHI) 20144 on 03/11/2020 at 0900 Roche Mad Towards Beach Roce 1) I/We, the owner of vehicle no. 1st Authority Ote CH to act for me/us to recover damages sustain from the third party driver and/or insurers.	hereby appoint ("the workshop")
Vehicle Repair cost / Excess Vehicle Rental Fee for days @ \$ per day Loss of use/rental for days @ \$ per day Loss of income for days @ \$ per day Police search fee/police report fee/LTA search fee Others 3/3/Astry search fee Others Fees Total	\$ [13:00
Signature of vehicle owner	Witnessed by: Sukani