

DING AUTO PTE LTD

Business Reg. No : 201311788Z

BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645

Tel: 6452 1208 Fax: 6452 0614

(24 hrs towing services)

TAX INVOICE

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00

Springleaf Tower Singapore 079909

ATTN : MOTOR CLAIM DEPARTMENT

TEL : 6389 6111

FAX : 6224 7175

INVOICE : I-002251

DATE : 28-12-2020

GST REG NO : 201311788Z

TERMS : C.O.D.

PO NO : MITSUBISHI FUS

OUR REF : XE 5209Y

PAGE : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	COST OF REPAIR	1	6,220.00	6,220.00
2	EXCESS	1	-1,500.00	-1,500.00
REMARKS : JOB CARD NO. 7002265 WORK ORDER NO. 0407420		SUB TOTAL	:	4,720.00
		GST	:	330.40
		TOTAL SGD	:	5,050.40
		DEPOSIT	:	
		O/S BALANCE	:	

FOR DING AUTO PTE LTD



Authorised Signature

Customer Signature

I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction

Name & Address of Insured:

Double-Trans Pte Ltd, 4 Sungai Kadut Street 2, Sungai Kadut Industrial Estate (S) 729226.

Name & Address of Repairers:

Ding Auto Pte Ltd, 176 Sin Ming Drive #04-06 (S) 575721

Date & Place of Accident:

17/03/2020, Sungai Kadut Street 1

Policy No:

PWCVSNA0000574/200

Claim No:

SNW20 P201393

Vehicle No:

XE 5209Y

Cost of Repairs:

\$5050.40(amount after excess of \$1605 paid)

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**, settling the repair costs stated above with the said repairers I/We hereby release and discharge the said Insurers from all further obligations and liabilities under the aforesaid policy in respect of an accident involving my/our said motor vehicle on the above-mentioned date and place.

I/We agree that by virtue of such payment the said Insurers are subrogated to all my/our rights and remedies in respect of the damage to the said Motor Vehicle in accordance with the laws governing the Contract of Insurance.

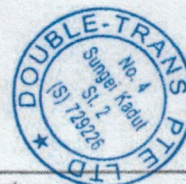
I/We hereby grant the said Insurers the authority to use my/our name to the extent necessary to effectively exercise all or any of such rights and remedies including the right to give discharge and receipts therefor. I/We further agree to furnish the said Insurers with any assistance that they may reasonably require of me/us when exercising such rights and remedies whilst on their part they agree to indemnify me/us against liability for costs charges and expenses arising in connection with any proceedings which they may take in my/our name in the exercise of such rights and remedies.

REPAIRERS:-



Company's Chop & Signature

INSURED:-



Company's Chop & Signature

WITNESS:-

Name & Signature

176 Sin Ming Drive #04-06 (S) 575721

Address

31/12/20.

Date

WITNESS:-

NORA

Name & Signature

176 Sin Ming Drive #04-06 (S) 575721

Address

04/01/21

Date