JIN AUTO SERVICES PTE LTD

TAX INVOICE

Blk 14 #01- 410/412 Defu Lane 10 Singapore 539195 Tel: 6289 8126 (24 hrs) Fax: 6287 0590

Email: jin@jinauto.com.sg

Company Reg. No: 200704370C GST Reg. No: 200704370C

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MIs MI	8			_ Invoice No: 1	8059	-
				_ Vehicle No: S	LH 803	37
				_ Date: ユン	jef21.	
Quantity		DESCRIPTION			Amount	
	Date of	Accident	: 63 21			
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N.B No responsibility will be accepted for any loss or damage to any Vehicles or parts left in this workshop for any reason whatsoever.		E. &	O. E.	ADD GST	\$ 84-	
					\$ 1284	

JIN AUTO SERVICES PTE LTD

Acknowledgement

Acc	ident Involving, SLH 80337 and SLS 6640x on 6 (3) 21
1.	Number gu 80337. have been advised by them and understand the content of my/our motor claim as specify herein:
	Type of Claim: Claim Own-policy only Direct Settlement with 3 rd Party Insurer
2.	A Compulsory policy excess. Stated in Motor Policy taken up by you, is applicable for own damage claim.
3.	You have my/our full authority to negotiate a settlement with the third party and/or his/her/their insurers on such terms as you deem fit. Upon settlement of my/our claim, you are authorised to sign any discharge Voucher or any document to confirm my/our acceptance of the settlement as full and final
4.	Loss of Use and Cost of Rental shall be computed in accordance to the number of days as recommended by the surveyor and the Benchmark Rates published in State Court Practice Direction for Non-injury Motor Accident (NIMA)Claims.
5.	I/We, am/are fully aware that Jin Auto Services Pte Ltd is assisting me/us in my/our third party insurer, I/we shall release Jin Auto Service Pte Ltd against any liability, loss claim or proceedings which may arise out of or in the course of or by reason of execution of the services.
6,	If for whatever reason, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you. I/we agree and 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

In the event that my/our insurer or third party insurer is not prepared to settle claim due to breach of policy or other reasons, I/we shall pay Jin Auto Services Pte Ltd the full repair bill.

Signed by :

Name : NRIC No:

Date: IHPM