cc4/FC1210051125/Aes3 Asher 82660347

## 國際汽車維修 KT MOTORWERK

Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978. (Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177 Email: ktmotorwerk@hotmail.com Reg. No.: 55373462B

Telephone: 98287487

Email: ktmotorwerk@hotmail.com

06th Oct 2021

Our Ref: SLG6034J

Your Ref No.:

D21001301MFBP/TT

#### MS FIRST CAPITAL INSURANCE LIMITED

Motor Claims Department NO 36,ROBINSON ROAD ,#16-01 CITY HOUSE ,S(068877)

Dear Sir/Mdm

#### ACCIDENT INVOLVING SLG6034J & SBS3398J ALONG YISHUN ON 09.04.2021 AT 1608HRS

Please refer to the above mentioned accident.

We are writing in on the behalf of STEVEN KWANG
the registered owner of motor vehicle number SLG6034J 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 SBS3398J As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for:

 1. Cost of Repair (Agree with Surveyor)
 \$ 6,700.00

 2. Rental
 \$ 960.00

 3. Search Fee
 \$ 7.45

 TOTAL AMOUNT
 \$ 7,667.45

We enclosed hereby the following documents for your consideration:

- (A) Final Repair Bill
- (B) Rental Invoice
- (C) Discharge Voucher
- (D) Letter of Authority
- (E) Search Fee

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

JOHN

Mobile: 98287487

Email: ktmotorwerk@hotmail.com

Telephone: 98287487 Fax:

64485177

Email: ktmotorwerk@hotmail.com

Tax Invoice No: T100050

FINAL REPAIR BILL

Date:

06.10.2021

MS FIRST CAPITAL INSURANCE LIMITED

**Motor Claims Department** NO 36, ROBINSON ROAD, #16-01

CITY HOUSE, S(068877)

Vehicle Number:

SLG6034J

Make/Model:

CITROEN C4

Date of Accident:

09.04.2021

Cost of Repair (Recommended By Adrian)

\$6,700

**GRAND TOTAL** 

6,700.00

**ISSUED BY** 

Mr John

Mobile:98287487

Email: ktmotorwerk@hotmail.com



### **CARS 88 HIRE PTE LTD**

7030 ANG MO KIO AVENUE 5 #02-16 NORTHSTAR @ AMK SINGAPORE 569880

UEN: 201820615D

# **Invoice**

Invoice No:

00005021

Date:

04/05/2021

Page:

Bill To KT MOTORWERK 3012 BEDOK INDUSTRIAL PARK E #01-2020

SINGAPORE 489978

| Sales Person | P.O. Number | Date Shipped | Shipped Via | Terms  |
|--------------|-------------|--------------|-------------|--------|
|              | SLM4421G    |              |             | C.O.D. |

Description **Car Plate Car Description** Amount (S\$) HIRER NAME: KWANG WAI MENG STEVEN SLM4421G **HONDA** 

NRIC: S1755985J

SHUTTLE

960.00

REPLACEMENT CAR PLATE NO: SLG6034J

BILLING PERIOD: 26/04/2021 - 04/05/2021 (8 DAYS)

RATE: \$120/DAY

Total:

960.00

# 國際汽車維修 KT MOTORWERK Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.

Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.

(Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177

Email: ktmotorwerk@hotmail.com

Reg. No. 533734628

## SATISFACTION VOUCHER

| ACCIDENT INVOLVING SIGGOS47 AND SBS3398J ON 09.04.202 ALONG NEWTON CIRCUS  |
|--|
|  |
| hereby acknowledge having received from KT MOTORWERK, my vehicle bearing registration number \$166034J_, which has been                                  |
| repaired to my satisfaction and acceptance. And I agree that the payment of the account for  |
| such repairs to KT MOTORWERK shall be in full discharge of all claims under policy number proup 1537R0Q in respect of the damage caused in the accident. |
| Signature : \$17554851   |
| Date 04.05.202)  |
| Company Stamp:<br>(if applicable)  |

(\*Based on final settlement from insurance)

# 國際汽車維修 KT MOTORWERK

Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.

(Bedok North Ave. 4) Tel; 98287487 Fax: 6448 5177

Email: ktmotorwerk@hotmail.com

Reg. No. 53373462B

## LETTER OF AUTHORITY AND INDEMNITY

a) I/We, the owner of vehicle no. \$\scrt{1460341}\$ hereby instruct and authorize you to commence

ACCIDENT INVOLVING VEHICLE NO. SUGGOSYJ AND SBS 3398 J

ON 09 DAY 04 MONTH 2021 YEAR

AT/ALONG NEWTON CIRCUS

repair to the said vehicles.

| b)                        | 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  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|
| c)                        | 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.  |  |  |  |  |  |  |  |
| d)                        | Upon resolving my/our claim, you are authorized to agree with my/our professional cost and disbursements for acting for me/us and to reliev settlement sum on my/our behalf directly into your account.  |  |  |  |  |  |  |  |
| e)                        | In the event that, I/we am/are required to attend at my/our solicito   | ors' office or to attend court in  |  |  |  |  |  |  |
| f)                        | connection to my/our claim, I/we shall render full co-operation. In the event that my/our claim against the third party and/or his insure proceeded with, I/we authorized you to make a claim against my/or repairs and any other losses recoverable under my/our policy of i understand and accept that the excess amount applicable under the polyme/us. I/we shall also be personally liable to bear all legal cost incut the repair cost by your Solicitors. | ur own insurers for the cost of<br>nsurance. In this respects, I/we<br>olicy of insurance shall be borne |  |  |  |  |  |  |
| g)<br>h)                  | If for whatever reasons, my/our insurers reject my/our claim for indem any loses recoverable under the policy of insurance or make any of claimed by you, I/we agree to undertake to pay the full amount of you any other expenses reasonably incurred on my/our behalf or to pay you case may be.  I/we have read and understand the above statement and agreed.  | fer to pay less than the amount<br>ir repair bill and survey fees and                                    |  |  |  |  |  |  |
| D . 1                     | 1. 2/ 04 2021  |  |  |  |  |  |  |  |
| Dated                     | this $26$ day $04$ month $2021$ year   |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
| Signature : Company Stamp |  |  |  |  |  |  |  |  |
| Name : greven tabang      |  |  |  |  |  |  |  |  |
| NRIC/                     | (ROC No. : S1755985)   |  |  |  |  |  |  |  |
| Addres                    | : 2 MARGATE RD \$07-00   |  |  |  |  |  |  |  |
|                           | 5438642  |  |  |  |  |  |  |  |

## > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time:

13 Apr 2021 / 15:55:31

Receipt Date/Time: 13 Apr 2021 / 15:55:31

## Tax Invoice/Receipt

Receipt No.: ITNET-00000-210413-002662

Previous Receipt No.:

| S/N Item Description/ Business Transaction Reference No. |                          | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|--|--------------------------|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SBS3398J                   |                          |                               |                        |                              |
| As at 09 Apr 2021/16:09:00                               |                          |                               |                        |                              |
| Insurance Co: MS FIRST CAPITAL INSURA                    | ANCE LIMITED             |                               |                        |                              |
| 1 Insurance Enquiry - SBS3398J                           |                          |                               |                        |                              |
| Enquiry Fee  |                          | 7.00                          | 0.49                   | 7.49                         |
| 20210413155433344564                                     | 0.1.7.1                  | 7.00                          | 0.40                   | 7.10                         |
|  | 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                  |                               |                        |                              |
|  | 400682XXXXXX7606         | 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.