



AUTOMOTIVE REPAIR CENTRE PTE LTD
38 WOODLANDS INDUSTRIAL PARK E1
#05-18 SINGAPORE 757700
TEL: 64688834 / FAX: 64622278
E-MAIL: info@automotiverepaircentre.com.sg

China Taiping Insurance (Singapore) Pte Ltd
Attn: Motor Claims Dept

Dear Sir/ Madam

LETTER OF DEMAND

ACCIDENT INVOLVING VEHICLE NO SMD3005S & SJV5924S
ALONG SLE TOWARDS BKE ON 30/04/2021.

We understand that you are the insurer of vehicle SJV5924S.

I/We wish to inform you that my/our vehicle SMD3005S have been completed repairs to my/our satisfaction by M/s AUTOMOTIVE REPAIR CENTRE PTE LTD. I/We therefore propose to claim from your as follows:

1.	Cost of Repair	S\$ 5,136.00 (w/GST 7%)
2.	Loss of Use (S\$60.00 x 09 Days + 01 Weekends)	S\$ 600.00
3.	Medical Expenses	S\$ 120.00
4.	LTA Search Fee/GIA Reports	S\$ 2.00
TOTAL		S\$ 5,858.00

Please let us have your reply soonest possible.

Thank you.

Yours faithfully



08/06/2021

LETTER OF AUTHORISATION

I/We, GAN GUANG ("claimant") of Blk 804 Woodlands Street 81 #06-35 (address), owner of SMD30055 (vehicle no.) hereby authorize **Automotive Repair Centre Pte Ltd** ("the workshop"), to act on behalf of me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SMD30055 that was damaged pursuant to the accident occurred on 30/4/21 (date) along SLE Toward BKE (location) involving vehicle no/s SJV59245 ("the accident").

I/We further authorize the workshop to settle my/our above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my/our claim with payment cheque/s being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 30 (day) of 4 (month) 2021 (year)



Signed by "the claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)



AUTOMOTIVE REPAIR CENTRE PTE LTD

Company Reg No: 201312913C GST Reg No: 201312913C

38 Woodlands Industrial Park E1 #05-18 Singapore 757700

Tel: 6468 8834 Fax: 6462 2278

Email: info@automotiverepaircentre.com.sg



PayNow UEN: 201312913C

Bill To:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD
#16-00
SPRINGLEAF TOWER
SINGAPORE 079909

Tax Invoice No: 00002889

Date: 8/6/2021

Reference: SMD3005S

Page: 1

No	DESCRIPTION	AMOUNT
1	COST OF REPAIR (LUMP SUM)	\$4,800.00
Customer Signature & Co. Stamp		Sub-Total: \$4,800.00 GST @ 7%: \$336.00 Amount Due: \$5,136.00

This is an electronically generated invoice, no signature is required



TAX INVOICE

GST REG NO. : M9036910N

30.04.2021 16:50:09 KEINNEA

AERITH GAN (YAN ROU XUAN)
804 WOODLANDS STREET 81
#06-35
Singapore 730804

External ID/NRIC : T2015314D
Case number : 7621342504C
Customer number : 3027287258
Visit date : 30.04.2021 Time: 16:42
Location :
Billing date : 30.04.2021

Patient Name : AERITH GAN (YAN ROU XUAN)

DESCRIPTION	BEFORE GRANT	AMOUNT PAYABLE
A&E ATTENDANCE FEE	240.00	120.00
Total charges	240.00	
Government grant	(120.00)	
Amount payable before GST		120.00
Add 7% GST		8.40
LESS GST ABSORBED BY THE GOVERNMENT		(8.40)
Total amount payable		120.00
Payment AERITH GAN (YAN ROU XUAN)		(120.00)

Important Note:

Patient who receives treatment at Children's Emergency (CE) will be charged an A & E Attendance Fee. Additional charges apply if the patient requires non-standard services and/or medications.

Should a patient require admission, the Attendance Fee and any other charges, together with payment made will be transferred to the hospitalization bill to facilitate claims from Medisave, subject to the withdrawal limits set by MOH.

If the total hospitalization bill is fully claimable from Medisave and/or insurance, the payment made at CE will be refunded within 21 working days upon finalization of the hospitalization bill.

Parents or guardians who are claiming the CE charges from the Civil Services Benefits Scheme (CSC), Health Promotion Board (HPB) or Public Utilities (PUB), please note that the amount will not be transferred to the hospitalization bill.

(for donations, please tear along this line and enclose the cheque payment)



Because every woman and child deserve good health.

The KKH Health Fund (part of SingHealth Fund) is a registered charity that supports needy patients, research and education at KK Women's and Children's Hospital Pte.Ltd. As an Academic Medical Centre, SingHealth advances medical research and education through its Obstetrics & Gynaecology and Paediatrics Academic Clinical Programmes. We welcome you to join in our cause in protecting and advancing the health of women and children.

I _____ (name) _____ (contact#) would like to make a one-time contribution of _____ (\$ amount) to KKH Health Fund for ☐ Needy Patients / ☐ OBGYN Academic Clinical Programme/ ☐ PAEDS Academic Clinical Programme. *If no selection is indicated, donation will be made towards Needy Patients.

I _____ (name) _____ (contact#) would like to make a monthly donation. Please contact me to make the arrangement.

Please issue a cheque in favour of "SHF-KKH Fund" and mail it to: KKH Health Fund c/o KK Women's and Children's Hospital, 100 Bukit Timah Road, S(229899).

Thank you for your contribution. Donations are entitled to tax exemption. Please provide your name, mailing address, IC and contact number at the back of your cheque. A tax exempt receipt will be issued for donations of S\$50 and above. For more information, please visit www.kkh.com.sg or email development@kkh.com.sg

Case Number: 7621342504C



TAX INVOICE

AERITH GAN (YAN ROU XUAN)
804 WOODLANDS STREET 31
#06-35
Singapore 730804

External ID/NRIC : T2015314D
Case number : 7621342504C
Billing date : 30.04.2021

Patient Name : AERITH GAN (YAN ROU XUAN)

DESCRIPTION				BEFORE GRANT	AMOUNT PAYABLE
Amount due AERITH GAN (YAN ROU XUAN):					0.00
For information					
Payment details					
Name		Date	Amount	Payment Type	
TEY HUI PING, SERENE		30.04.2021	120.00	VISA/MASTER	

The following instruction on the bill is for your information and action where applicable.
☐ Medisave Withdrawal Limit is exceeded. ☐ The Medisave account is insufficient to settle the full bill.
☐ Refund may be used to offset any other outstanding bill. A refund cheque will be sent in due course.

Address 100 Bukit Timah Road, Singapore 229899


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SJV5924S

Date of Accident

30/04/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **01/02/2021 - 31/01/2022**

Requested By **PONG JIA JUN OSCAR (Autom...**

Requested Date **30/04/2021 14:56**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**