



E-CARE AUTO SERVICES PTE LTD

51 Ubi Ave 1, #01-29 Paya Ubi Industrial Park Singapore 408933

Tel: +65 68418892 Hotline: +65 97223678

GST Reg. No.: 20102442D

China Taiping Insurance (Singapore) Pte Ltd

105 Cecil Street

#19-00 The Octagon

Singapore 069534

Tel: 63896111 Fax: 6224 7175/7478

TAX INVOICE

Our Vehicle : SMX8588M
Accident Location : 226 SUMANG LANE MSCP
Date Of Accident : 25/01/2021 21:30

Our Vehicle Model: TOYOTA ESTIMA

Cost of Repair of vehicle:	SMX8588M
<u>Lump Sum</u>	\$3,300.00 (After L/S -20%)
LTA SEARCH FEE	\$7.00
GST 7%	\$3,538.49
Loss Of Use	2 Days PRI + 3 Days Repair
Total	5 days x \$100
	\$500.00

GRAND TOTAL \$4,038.49



Company's Stamp & Signature



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LOD

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Cost of Repair of vehicle: SMX8588M

Lump Sum

\$3,300.00 (After L/S -20%)

GST 7%

\$231.00

Grand Total \$3,531.00



Company's Stamp & Signature

LETTER OF AUTHORISATION

To : E-Care Auto Services Pte Ltd

RE: ACCIDENT INVOLVING VEHICLE NOS. SMY 8588 M & SMZ 6517 X
ALONG 226 SUMANG LANE MSCP ON 25/11/2021 21:30

I/We SUA CHIN KUAN NRIC / Fin / UEN No.: S 8845369 G
of _____

the owner of vehicle no. SMY 8588 M hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my / our request:-

- (1) I/We hereby irrevocably authorise you to demand, claim, settle (in any manner you deem fit), receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc and to appoint any solicitor to act for me/us in respect of the claim and all or any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensate direct to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a successful conclusion.
- (2) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/We hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf.

- (3) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.
- (4) I undertake to pay you the cost of repair of my vehicle and all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf, in the event the contents of my accident report is untrue or inaccurate or not believed by the court.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and /or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies is sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repair settled and related expenses, costs and disbursement incurred.

My/Our insurer is/are NTUC

Policy No. 5119854175 Expiry Date : _____

Date : _____ Excess : _____



Owner's Signature/Co's Stamp (if applicable)

 Kee Yoon Boen

Witness Signature/Name

Satisfaction Voucher


Date of Accident : 25/11/2021 21:30

Vehicle Number : SMK 8588 M

Name of Workshop: E-Care Auto Services Pte Ltd

I/We, SUA CHIN KUAN

(NRIC/PIN/UEN No. 98845369 G) hereby declare and confirm
that I/we have on 04/12/2021 (date) received from the aforesaid Workshop
my/our aforesaid vehicle which has been repaired to my/our satisfaction and is now in good
running order.

Signature :  ✓

Name : SUA CHIN KUAN

Designation & Co. Stamp (*where applicable)

Date : _____

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 29 Nov 2021 / 11:13:00

Receipt Date/Time : 29 Nov 2021 / 11:13:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211129-001069

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 - SMZ6517X

As at 25 Nov 2021/21:30:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SMZ6517X

Enquiry Fee

20211129111135074384

7.00

0.49

7.49

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

8jvz62ha

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.