CARSMITH PTE LTD

Email: claims@carsmith.biz / info@carsmith.biz

Date: 06 Sep 2024

Your Ref: CD/III24080231/Xua3 Our Ref: A2408-006-SNF266C

INDIA INTERNATIONAL INSURANCE

64 Cecil St #04, #05 IOB Building Singapore 049711

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: ATOLL DISCOVERY PTE LTD

PROPERTY DAMAGES CLAIMS AS A RESULT OF A ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SNF266C AND SFG58B ALONG NEAR 48 EVANS RD, SCORE EVAN RD ON 06.08.2024.

- 1. We act for <u>ATOLL DISCOVERY PTE LTD</u>, the owner of vehicle No. **SNF266C** involved in the abovementioned road accident, in his claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
- We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. SFG58B.
- 3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Invoice Cost of Repair
b.	Invoice Rental Agreement / Loss of Use
C.	Invoice LTA Search

As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i.	Cost of Repair \$2,600.00 + GST \$234	S\$ 2,834.00
ii.	Pre-Inspection Days – 2 Days	S\$ 300.00
iii.	Rental Agreement / Loss of Use – 2 Days	S\$ 300.00
iv.	LTA Search	S\$ 27.25
٧.	Total	S\$ 3,461.25

In compliance with the protocol, we have engaged your panel of surveyor for the damages claim to the said amount. Do refer to attachment and we hope to have an amicable settlement reply soon.

5. You may acknowledge receipt of this letter by email to: claims@carsmith.biz

Yours faithfully **CARSMITH PTE LTD**



CARSMITH PRIVATE LIMITED

PREMIER 8 KAKI BUKIT AVE 4 #04-34/35 Singapore 415875 +65 90910000

GST Registration No.: 201910097E

Tax Invoice

BILL TO

INDIA INTERNATIONAL INSURANCE PTE LTD A2408-006-SNF266C

DATE **TERMS**

info@carsmith.biz

5522

06/09/2024

DUE DATE

INVOICE

Due on receipt 06/09/2024

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	LUMP SUM FOR REPAIR		1	2,600.00	2,600.00
THANK YOU		SUBTOTAL			2,600.00
		GST TOTAL			234.00
		TOTAL			2,834.00

BALANCE DUE

GST SUMMARY

RATE

GST

NET

\$\$2,834.00

GST @ 9%

234.00

2,600.00

Company Registration No. 201910097E Bank Account Details: DBS Bank: 07-2009261-9 PayNow:201910097E All payments are transacted in Singapore dollars only. All payments are non-refundable or exchangeable. Thanks for your patronage. Page 1 of 1



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

14 Aug 2024 / 14:19:32

Receipt Date/Time: 14 Aug 2024 / 14:19:22

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240814-002207

Previous Receipt No.:

1 101	nous resoupt no				
S/N	N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As a	ult of Insurance Enquiry - SFG58B it 06 Aug 2024/17:00:00 rance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SFG58B				
	Enquiry Fee		25.00	2.25	27.25
	20240814141817532232				
		Sub-Total	25.00	2.25	27.25
		Total Before Rounding	25,00	2.25	27.25
		Rounding Difference			0.00
		Total Amount Payable			27.25
		Paid By			
		20240244444225455	Direct Debit: eNETS		07.05
		20240814141835155	Debit (Interne	27.25 Banking)	
		Total			27.25
		Cash Change			0.00
		Tendered Amount			27,25
		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.

LETTER OF AUTHORISATION

To: CARSMITH PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS	SNF 166C & SFG	58B
ALONG Near 48 Evans Rd , Score		
06.08.2024		ON
1/We Atoll Discovery Pte Utd		
NRIC / Passport No.: 2017 03064W	the owner of vehicle no	SHE 266 C
hereby authorise you to commence repair to	the said vehicle forthwith.	In consideration of
you repairing my/our vehicle at my/our req	uest: -	

- 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 compensated directly 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.
- If the third-party claim is unsuccessful or in your discretion inappropriate for any reason, I/we
 hereby instruct and authorise you to claim directly 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 singapore life Ltd	
Policy No. 20004681 - 45 Expiry Date:	
Date:Excess:	
Owner's Signature/Co's Stamp (if applicable)	Witness Signature/Name
Date:	

(-	
Doon Sin / Bas day	
Dear Sir / Madam	,
RE: ACCIDENT INV	OLVING VEHICLE NOS. <u>QNF 266C</u> & <u>QFG 58 B</u> ALONG
Near 48 Evans	s Rd, Score Evan Rd ON
06.08.2024	
I/We, the registere	ed owner of vehicle registration no SNF 266 C which was
involved in the abo	ove accident with vehicle noQFG 58B insured by
	hereby authorize that any payment due to me/us from the abo
said claim be paid t	O CARSIVITH PRIVATE LIMITED
said claim be paid t	to CARSMITH PRIVATE LIMITED.
/we hereby indem	nify CARSMITH PRIVATE LIMITED against all claims and/or damages
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LETTER OF AUTHORITY

To:			
Dear Sirs,			
RE: ACCIDENT INVOLVING VEHICLE NOS SNF 266C	_ & _	SFG 58B	_ ALONG
Near 48 Evans Rd , Ocore Evan Rd		ON	
06.08.2024			
I hereby authorize you to release the sum of \$	b	eing the settlem	ent sum
for my property damage claim only to my (solicitors, worksho	p)		
Yours faithfully			



Claimant's signature / company stamp (if applicable)