

Yr Ref : AVS24/1861-PY (XE5998C)

Our Ref : YQ3260K

Without Prejudice

05TH JUL 2024

Attn: Motor Claim Dept

**LIBERTY INSURANCE PTE LTD
ONE RAFFLES QUAY
#25-01 NORTH TOWER
SINGAPORE 048583**

Dear Sir/Mdm,

Accident involving YQ3260K & XE5998C on 14/06/2024 07:30hrs at 51 Pioneer Sector 1

We refer to the above said accident.

We enclosed herewith relevant document as stated below:-

1. Accident Report
2. Final Repair Bill
3. Letter of authority
4. Certificate of insurance
5. Driver IC & DL
6. LTA search receipt

As instructed, we are claiming the following as stated below:-

1. Cost of Repair	S\$	1,744.00
2. Loss of Use (S\$ 300 x 7 days)	S\$	2,100.00
3. LTA search fee	S\$	-
Total :	S\$	3,844.00

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to here from you soonest.

Thank you.

Best Regards,



Susan Tan

R & S AutoClaim Pte Ltd

Tel : 6264 7001 ext : 110 Fax : 6264 7002

Email: rnsautoclaim@rnseng.com.sg

Tax Invoice

LIBERTY INSURANCE PTE LTD
ONE RAFFLES QUAY
#25-01 NORTH TOWER
SINGAPORE 048583
Attn: MOTOR CLAIM DEPARTMENT

INVOICE NO. : IV.24070003
DATE : 05-07-2024
TERMS : Progress Claim
REF NO. :
JOB NO. :

VEHICLE NO. : YQ3260K

CHASSIS NO. : FEB21EA35201

MODEL NO. : MITSUBISHI FEB21ER4SDEN(CBU)

DATE OF ACCIDENT : 14/06/2024

	DESCRIPTION	ITEM	UNIT PRICE	AMOUNT
1	LUMPSUM REPAIR	1	1,600.00	1,600.00

Amount	1,600.00
9% GST	144.00
Total SGD	1,744.00

Sum of Singapore Dollars One Thousand Seven Hundred Forty Four Only

Bank Details:-
Bank Name :- UNITED OVERSEAS BANK
Account Name :- R & S AUTOCLAIM PTE LTD
Account Number :- 387-313-227-0
Bank Address :- 1 FARRER PARK STATION ROAD
#01-13 CONNEXION SINGAPORE 217562
Bank Code :- 7375
Branch Code :- 332
Swift Code :- UOVBSGSG
PayNow - UEN :- 202245519N

R&S Autoclaim Pte. Ltd.



Authorised Signature

LETTER OF AUTHORISATION

RE: ACCIDENT INVOLVING VEHICLE NO.: YQ3260K & XE5998C
ALONG S1 Pioneer Sector 1 ON 14/06/2024 @ 0730

I/We Great Sun Marine Pte Ltd NRIC/Passport No.: 200718041N of 200
Tuas South Ave 2, West Point Bizhub S637205 the owner of vehicle no. _____ hereby
authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our
vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an 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 direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) 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 behalf.
- c) 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 underake to pay you for your expenses, costs and fees immediately,

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 was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are Liberty Insurance Pte Ltd
Policy No.: SD 23V15118/VCV/R00 Expiry Date: 27 Dec 2024
Date _____ Excess: _____

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

Witness Signature/Name

Singapore 069428

Address : 200 Tuas South Ave 2,
West Point Bizhub, Singapore 637205