

AUTHORIZATION TO ACT

I, TAN SAY KEONG ("the third party claimant") of 8 DAIRY FARM LANE # 08-24 (address), owner of SMV8238J (vehicle no.) hereby authorize Komoco Motors Pte Ltd to act for me with respect to my claim for repair costs and/or rental and/ or loss of use ("claim) for my vehicle no. SMV8238J that was damaged pursuant to the accident which occurred on 26/08/24 (date) along BASEMENT CARPARK DAIRY FARM (location) involving vehicle no. SHA 5757S ("the accident").
RESIDENCE

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

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

Date this 06 day of 09 (month) 2024 (year)


Signed by "third party claimant"



Signed by "the workshop"

Date:

M/s:

MS FIRST CAPITAL

INSURANCE PTE LTD.

Singapore _____

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SMV 8238J and SHA 5757S on 26/08/24

I am the owner of vehicle no SMV 8238J which was involved in an accident with your insured vehicle no SHA 5757S.

The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 4670.87
b)	Loss of Use/ Rental of vehicles for <u>3</u> day(s) @ S\$ <u>80.00</u> per day	S\$ 240.00.
c)	LTA/ GIA Search Fees	S\$ 2.18.
d)	Administrative Charges	S\$
e)	Others _____	S\$
TOTAL		S\$ 4913.05

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input type="checkbox"/>	NRIC/ Driving License
<input type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report

All payment should be made in my favour and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

Sincerely

TAN SAY KEONG

Name of Insured:

248 F

NRIC:



**KOMOCO MOTORS PTE. LTD.**

KOMOCO SERVICE CENTRE
253 Alexandra Road
#01-01 Singapore 159936
T (65) 6473 5588
www.hyundai.com.sg

KEMBANGAN SERVICE CENTRE
460 Changi Road
Singapore 419883
T (65) 6440 1131

THOMSON SERVICE CENTRE
551 Upper Thomson Road
Singapore 574415
T (65) 6844 8811

GST Ref No MR-8500364-4
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Date 25/09/2024

To : MS FIRST CAPITAL INSURANCE LIMITED
16 RAFFLES QUAY
#42-01 HONG LEONG BUILDING
SINGAPORE 048581
Tel : 6507 3848

Attn:

Tax Invoice

Invoice No : CGI-ASC-2024004788
Invoice Date : 25/09/2024
Repair Date : 03/09/2024
Our Ref : WSR-ALX-2024021162
Mileage : 54875
Term : 30 Days
Mode :
Service Advisor : ROBYN CHIN ZHI SHEN
Your Ref : SMV8238J

Item	Description	Quantity	UOM	Discount (%)	Unit Price SGD	GST	Amount SGD
1	TO CARRY OUT ACCIDENT BODY REPAIRS - FRT LHS DOOR / FRT LHS WING MIRROR	1		0.00	420.00	STD	420.00
2	TO SPRAY PAINT ON DAMAGED PORTIONS - FRT LH DOOR / FRT LH WING MIRROR	1		0.00	440.00	STD	440.00
3	TO SUPPLY DOOR SEALANT (S.NETT)	1		0.00	100.00	STD	100.00
4	TO TRANSFER DOOR MECHANISM (S.NETT)	1		0.00	210.00	STD	210.00
5	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING AFTER ACCIDENT REPAIR (S.NETT)	1		0.00	180.00	STD	180.00
6	TO REPROGRAMME AFTER ACCIDENT REPAIR (S.NETT)	1		0.00	180.00	STD	180.00
7	SUNDRIES (S.NETT)	1		0.00	20.00	STD	20.00
8	PANEL ASSY-FRONT DOOR,LH	1	UNIT	20.00	2,471.00	STD	2,471.00
9	GARNISH ASSY-DR FRAME LH	1	UNIT	20.00	40.00	STD	40.00
10	MOULDING ASSY-FRT DR FRAME,LH	1	UNIT	20.00	56.00	STD	56.00
11	MIRROR ASSY-OUTSIDE RR VIEW,LH	1	UNIT	20.00	852.00	STD	852.00
Sub Total							4,969.00
Discount Amount							(683.80)
Total							4,285.20
Goods and Service Tax							385.67
9% GST (Tax on SGD 385.67@1.0000000 = SGD385.67)							
Total Amount with GST							4,670.87

Remark : MS FIRST CAPITAL INSURANCE THIRD PARTY CLAIM
EXCESS NIL D V SIGN
INCIDENT DATE: 26/08/2024
POLICY NO: B300838151 QMY



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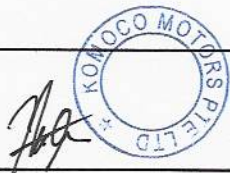
Co Reg 199609283R

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Date 25/09/2024

Amount : SGD FOUR THOUSAND, SIX HUNDRED SEVENTY AND EIGHTY-SEVEN CENTS ONLY

Confidential



E. & O. E.

Komoco Motors Pte Ltd

RIGHT HERE, RIGHT CARE

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6/9/24 out

REPAIR DISCHARGE AND SATISFACTION NOTE


Claim No. : _____

Policy No. : B300838151 QMY.

Excess : Nil

I/We hereby acknowledge having received my/our vehicle bearing registration number: SMV8238J.
from the repairer M/s Komoco Motors Pte Ltd that has repaired to my/our satisfaction and I/We agree that the cost
of settlement for such repair invoiced to M/S FIRST CAPITAL INSURANCE PTE LTD is in full and final
discharge of my/our claim in respect of damages caused to the said vehicle as a result of accident/incident that
occurred on 26/08/24.


In addition, I/We have no further claim on the above repairs in respect thereof.

Witnessed by repairer

Komoco Motors Pte Ltd

Date: 6/9/24.


Signature of Claimant/Company Stamp
Name : TAN SAY KEONG.
NRIC No.: 248F
Date: 6/9/24.


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

sha5757s

Date of Accident

26/08/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **MS First Capital Insurance Ltd**Period of Insurance **01/01/2024 - 31/12/2024**Requested By **ROBYN CHIN ZHI SHEN (KOMO...**Requested Date **27/08/2024 08:54****Payment details**Request Amount: **S\$2**GST Amount: **S\$0.18**Total Amount Due (GST Inclusive): **S\$2.18****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**