

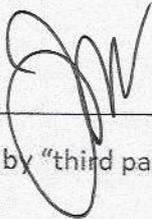
AUTHORIZATION TO ACT

I, TEO BOON HENG ("the third party claimant") of APT BLK 103A CANBERRA STREET #11-19 (address), owner of SNH3996Z (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. SNH3996Z that was damaged pursuant to the accident which occurred on 14/09/2024 (date) along CANBERRA LINK AFTER UTURN (location) involving vehicle no. SLQ8159S ("the accident").

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 03 day of 10 (month) 2024 (year)



Signed by "third party claimant"



Signed by "the workshop"

Date:

M/s:

INDIA INTERNATIONAL INSURANCE

Singapore _____

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SNH3996Z and SLQ8159S on 14/09/2024

I am the owner of vehicle no SNH3996Z which was involved in an accident with your insured vehicle no SLQ8159S.

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\$ <u>4,672.61</u>
b)	Loss of Use/ Rental of vehicles for <u>4</u> day(s) @ S\$ <u>80.00</u> per day	S\$ <u>320.00</u>
c)	LTA/ GIA Search Fees	S\$ <u>2.18</u>
d)	Administrative Charges	S\$
e)	Others _____	S\$
TOTAL		S\$ <u>4,994.79</u>

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

Name of Insured:

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
Co Reg 199609283R
Page No 1
Date 23/10/2024

To : INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#05-00 IOB BUILDING

SINGAPORE 049711
Tel : 62238122

Attn:

Tax Invoice

Invoice No : CGI-ASC-2024005230
Invoice Date : 23/10/2024
Repair Date : 30/09/2024
Our Ref : WSR-ALX-2024023313
Mileage : 35729
Term : 30 Days
Mode :
Service Advisor : NORDIN BIN MOHAMMAD
Your Ref : SNH3996Z

Item	Description	Quantity	UOM	Discount (%)	Unit Price SGD	GST	Amount SGD
1	TO CARRY OUT ACCIDENT BODY REPAIRS - FRT BUMPER / LH SIDE FENDER	1		0.00	960.00	STD	960.00
2	TO SPRAY PAINT ON DAMAGED PORTIONS - FRT BUMPER / LH SIDE FENDER	1		0.00	720.00	STD	720.00
3	TO RENEW FRT LH WHEEL RIM (S.NETT) - LABOUR CHARGE TO INSTALL	1		0.00	100.00	STD	100.00
4	TO PERFORM 4 WHEEL ALIGNMENT (S.NETT)	1		0.00	150.00	STD	150.00
5	TO REPROGRAMME AFTER THE ACCIDENT REPAIR (S.NETT)	1		0.00	180.00	STD	180.00
6	SUNDRIES (S.NETT)	1		0.00	20.00	STD	20.00
7	CLIP	10	UNIT	20.00	2.00	STD	20.00
8	PANEL ASSY-FENDER,LH	1	UNIT	20.00	1,418.00	STD	1,418.00
9	WHEEL ASSY-ALUMINIUM (17")	1	UNIT	20.00	942.00	STD	942.00
10	VALVE-TPMS	1	UNIT	20.00	221.00	STD	221.00
11	GUARD ASSY-FRONT WHEEL,LH	1	UNIT	20.00	95.00	STD	95.00
Sub Total							4,826.00
Discount Amount							(539.20)
Total							4,286.80
Goods and Service Tax							385.81
9% GST (Tax on SGD 385.81@1.0000000 = SGD385.81)							
Total Amount with GST							4,672.61

Remark : INDIA INTERNATIONAL INSURANCE THIRD PARTY CLAIM
EXCESS NIL DV SIGN
INCIDENT DATE: 14/09/2024
POLICY NO: A300714815AHM



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Co Reg 199609283R
Page No 2
Date 23/10/2024

Amount : SGD FOUR THOUSAND, SIX HUNDRED SEVENTY-TWO AND SIXTY-ONE CENTS ONLY

Confidential



E. & O. E.

Komoco Motors Pte Ltd

RIGHT HERE, RIGHT CARE

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REPAIR DISCHARGE AND SATISFACTION NOTE

Claim No. : _____

Policy No. : A300714815AHM

Excess : NIL

I/We hereby acknowledge having received my/our vehicle bearing registration number: SNH3996Z
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 INDIA INTERNATIONAL INSURANCE 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 14/09/2024.

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

Witnessed by repairer _____

Komoco Motors Pte Ltd

Date: 03/10/2024

Signature of Claimant/Company Stamp _____

Name : TEO BOON HENG

NRIC No.: 326C

Date: 03/10/2024

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLQ8159S

Date of Accident

14/09/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **01/04/2024 - 31/03/2025**

Requested By **NORDIN BIN MOHAMMAD (KO...**

Requested Date **14/09/2024 15:16**

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**