



MY CAR CONSULTANT PTE LTD

Address: 60 Jalan Lam Huat, Carros Centre #05-21 S(737869)

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

13th April 2023

Our reference: SNG665D

Your reference: SND7637E

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01 CPF Building

Singapore 068897

Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : FOCUS RENTALS PTE LTD

Address : 20 SIN MING LANE #03-64 MIDVIEW CITY S573968

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **07/08/2022** along involving our client's vehicle registration number **SNG665D** and vehicle registrations number **SND7637E** driven by you/your insured's driver at the material time.

As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$642.00
Loss of Use (\$150 X 03 DAYS)	:	\$450.00
Loss of Use W/End (\$150 X 01 DAYS)	:	\$150.00
GIA & LTA Search	:	\$7.49
Total	:	\$1249.49



TAX INVOICE

Allianz Insurance Singapore Pte Ltd
79 Robinson Road
#09-01 CPF Building
068897

Invoice Date
31 Oct 2022

Invoice Number
MCC2022-4284

Reference
SNG665D

201605878Z
201605878Z

My Car Consultant Pte. Ltd.
60 Jalan Lam Huat 05-21
Carros Center
737869
SINGAPORE

Description	Quantity	Unit Price	Tax	Amount SGD
COST OF REPAIR	1.00	600.00	7%	600.00
			Subtotal	600.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%	42.00
			TOTAL SGD	642.00

Due Date: 31 Oct 2022

GST REG NO. - 201605878Z
DBS CURRENT A/C - 018-904614-2
PAYNOW UEN - 201605878Z
CHEQUE PAYABLE TO - MY CAR CONSULTANT PTE LTD
INTEREST OF 1.5% PER MONTH WILL BE CHARGEABLE FOR OVERDUE PAYMENTS.

PAYMENT ADVICE

To: My Car Consultant Pte. Ltd.
60 Jalan Lam Huat 05-21
Carros Center
737869
SINGAPORE

Customer	Allianz Insurance Singapore Pte Ltd
Invoice Number	MCC2022-4284
Amount Due	642.00
Due Date	31 Oct 2022
Amount Enclosed	

Enter the amount you are paying above

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Aug 2022 / 13:00:05
Receipt Date/Time : 22 Aug 2022 / 13:00:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220822-001742

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 - SME1064D As at 21 Aug 2022/09:45:00 Insurance Co: LIBERTY INS P L				
1	Insurance Enquiry - SME1064D Enquiry Fee 20220822125427202084	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - XE5639P As at 18 Aug 2022/08:42:00 Insurance Co: LIBERTY INS P L				
2	Insurance Enquiry - XE5639P Enquiry Fee 20220822125427276711	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SHC7305P As at 10 Aug 2022/19:15:00 Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SHC7305P Enquiry Fee 20220822125427365940	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMN808J As at 17 Aug 2022/09:15:00 Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
4	Insurance Enquiry - SMN808J Enquiry Fee 20220822125427458234	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SND7637E As at 07 Aug 2022/18:35:00 Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
5	Insurance Enquiry - SND7637E Enquiry Fee 20220822125427526841	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		35.00	2.45	37.45
Rounding Difference				0.00
Total Amount Payable				37.45
Paid By 462845XXXXXX0617 eNETS Credit Card				
Total				37.45
Cash Change				0.00
Tendered Amount				37.45
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.



MY CAR CONSULTANT PTE LTD (Co Reg No. 201605878Z)
60 JLN LAM HUAT #05-21 CARROS CENTRE, SINGAPORE 737869
Tel: +65 9888 8885 / +65 8330 0060

LETTER OF AUTHORIZATION

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 60 Jln Lam Huat #05-21 Carros Centre, Singapore 737869

I/We, Focus Rentals Pte Hd of NRIC/Passport number/ROC number: _____, Owner of vehicle no. SNG 665D hereby authorize you to commence claim, settle and receive whatever amount payable by the insurance company 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. 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.

I/We hereby instruct and authorize 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 in the event that my/our claim is unsuccessful.

I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

I/We irrevocably authorize 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.

In the event the third party's insurers forward me/us the settlement monies, I undertake to pay you the sum claimed in relation to my property damage claim.

Dated this _____ (day) of _____ (month) 20____ (year)




Owner's signature (Company stamp if applicable)

Name:

NRIC No: