



MY CAR CONSULTANT PTE LTD

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

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

11th Oct 2024

Our reference: SNM4830K

Your reference: SH7110C

MS First Capital Insurance Limited

16 Raffles Quay

#42-01 Hong Leong Building

Singapore 048580

BY EMAIL

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : LUMENS PTE LTD

Address : 22 SIN MING LANE #01-74 MIDVIEW CITY S573969

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **18/09/2024** along involving our client's vehicle registration number **SNM4830K** and vehicle registrations number **SH7110C** 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	:	\$1,199.00
Loss of Rental (\$180 X 03 Days)	:	\$540.00
Loss of Rental - Sat (\$180 X 00 Day)	:	\$0.00
Loss of Rental - Sun (\$180 X 00 Day)	:	\$0.00
Third Party Insurer Enquiry Search Fee	:	\$2.18
Third Party Accident Report Search Fee	:	\$31.00

Towing Fee	:	\$80.00
Total	:	\$1,852.18

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
- b) Repair Bill & Official Receipt;
- c) LTA Search Results & Official Receipt;
- d) GIA Search Results & Official Receipt;
- e) Rental Agreement & Official Receipt (if Any);
- f) Towing Fee & Official Receipt;
- g) Letter Of Authorisation;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Yours faithfully,



.....
My Car Consultant Pte Ltd

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	18/09/2024 14:32 (SGT)
Reported by	Actual Driver
Date of Accident	18/09/2024 11:30 (SGT)
Exact Location of Accident	10 Jln Batu, Singapore
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM4830K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	2XXXXX961K
Email Address	ACCIDENT@LUMENS.SG
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS HYBRID
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	MR2BZ3BE300012709
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MAA00601

DRIVER

Name of Driver	TOH LYE HENG
NRIC No	SXXXX876F
Date Of Birth	28/04/1959
Occupation	Outdoor
Driving Pass Date	18/08/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91877495
Alt. Phone Number	-
Email Address	ACCIDENT@LUMENS.SG
Address	BLK 353A ANCHORVALE LANE #16-93
Address complement	-
Postcode	541353
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE DATE 18/09/2024 AT ABOUT 1130HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNM4830K ON THE WAY FOR SOME PERSONAL PURPOSES EN-ROUTE FROM RAFFLES QUAY TOWARDS 10 JALAN BATU ONCE ARRIVED I WAS REVERSING VEHICLE A AT THE PLACE BUT WHILE DOING SO I ACCIDENTALLY COLLIDED TO VEHICLE B BEARING REGISTRATION NUMBER SH7110C AS WHICH WAS EXITING THE CARPARK LOT CAUSING DAMAGES TO VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7110C
Vehicle Manufacturer	Hyundai
Vehicle Model	AE IONIQ HEV FL 1.6 DCT
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	ONG GHIM LIAN
NRIC No	SXXXX010E
Contact Number	(Phone) +65-98003767
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (ii) investigating the accident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(Collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

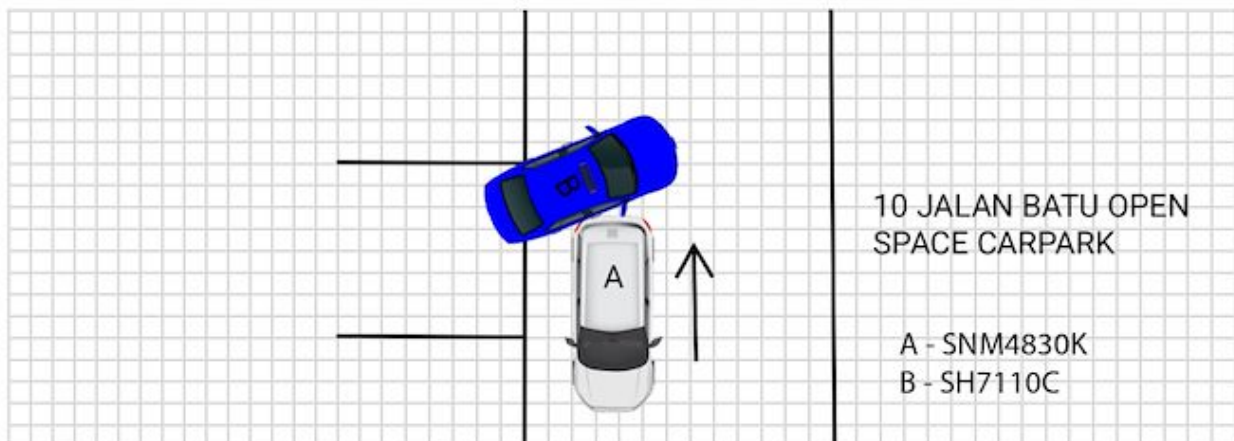
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

ACE
18092024
1300HRS



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE DATE 18/09/2024 AT ABOUT 1130HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNM4830K ON THE WAY FOR SOME PERSONAL PURPOSES EN-ROUTE FROM RAFFLES QUAY TOWARDS 10 JALAN BATU ONCE ARRIVED I WAS REVERSING VEHICLE A AT THE PLACE BUT WHILE DOING SO I ACCIDENTALLY COLLIDED TO VEHICLE B BEARING REGISTRATION NUMBER SH7110C AS WHICH WAS EXITING THE CARPARK LOT CAUSING DAMAGES TO VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

18092024
1300HRS

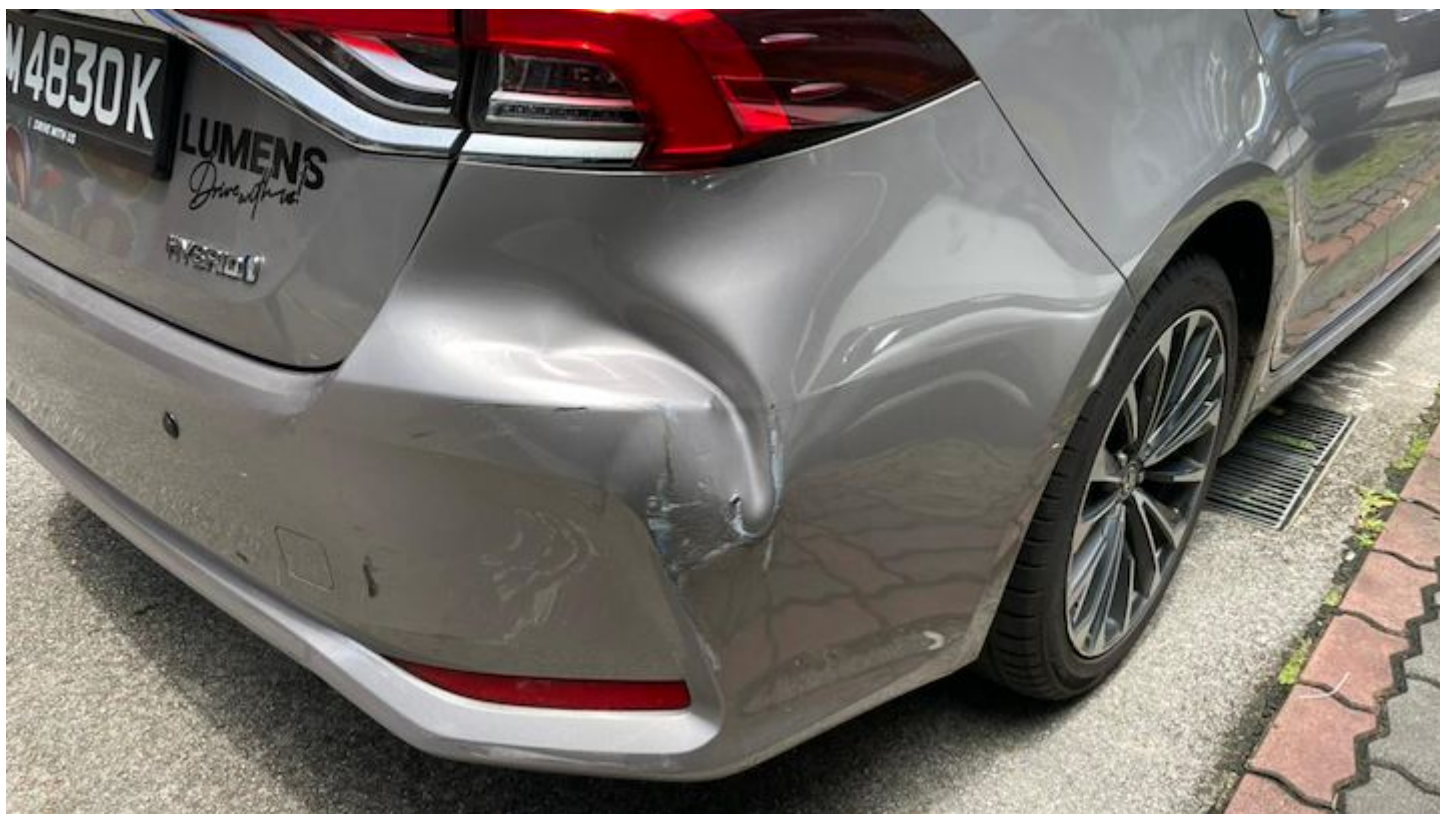


Witnessed by Reporting Centre Personnel











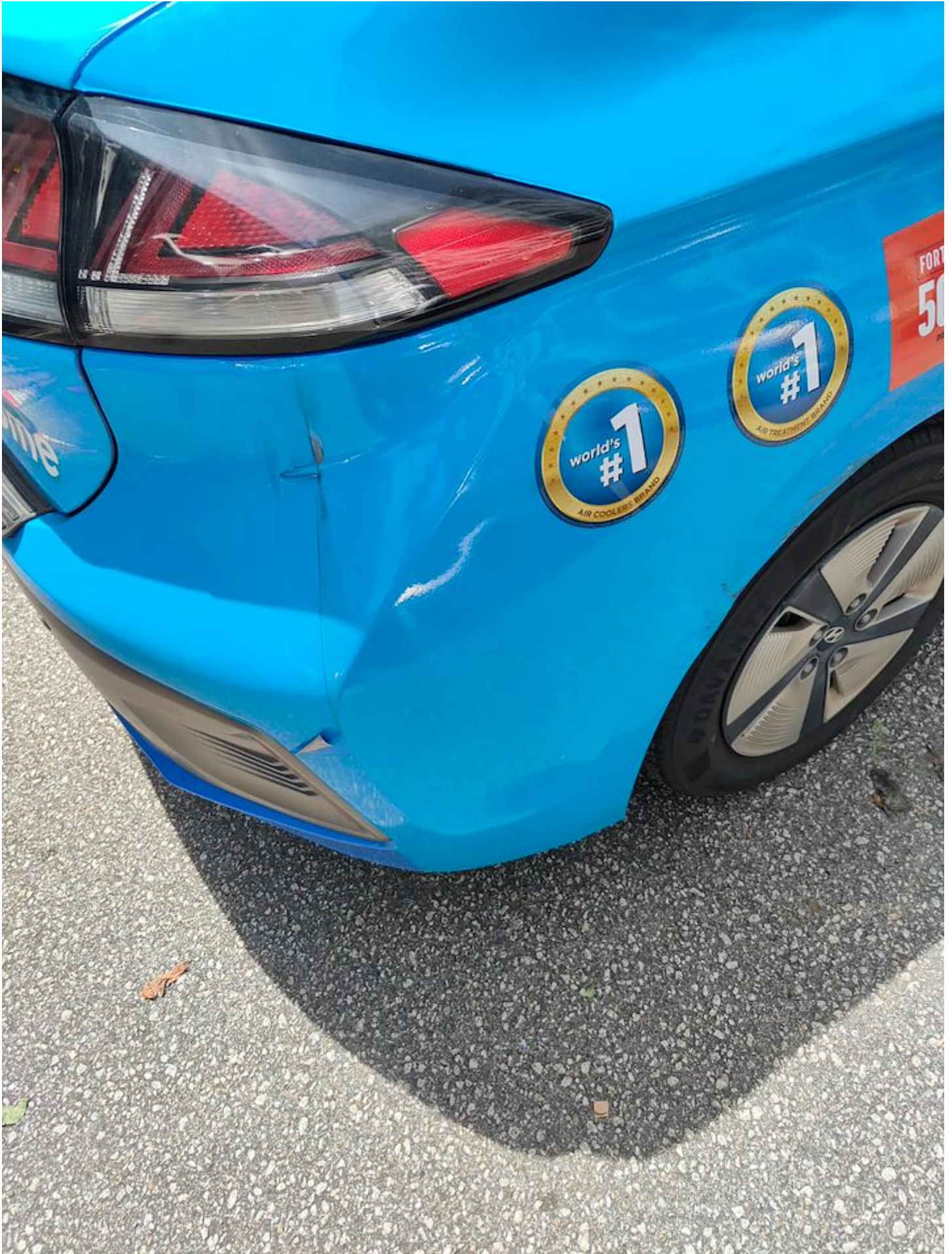


















TAX INVOICE

MS FIRST CAPITAL INSURANCE LIMITED
6 Raffles Quay
SINGAPORE 048580

Invoice Date
11 Oct 2024

Invoice Number
MCC2024-AC707

Reference
G SNM4830K

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 REPAIRS	1.00	1,100.00	9%	1,100.00
			Subtotal	1,100.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 9%	99.00
			TOTAL SGD	1,199.00

Due Date: 11 Oct 2024
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	MS FIRST CAPITAL INSURANCE LIMITED
Invoice Number	MCC2024-AC707
Amount Due	1,199.00
Due Date	11 Oct 2024
Amount Enclosed	

Enter the amount you are paying above


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SH7110C

Date of Accident

18/09/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **MS First Capital Insurance Ltd**Period of Insurance **01/01/2024 - 31/12/2024**Requested By **Jackson Ho Zhao Tian (MY CA...**Requested Date **24/09/2024 15:53****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**



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 24/09/2024

Your Ref No: SNM4830K

Dear Sir/Madam,

Date of Accident: 18/09/2024 11:25 (SGT)

Vehicle No: SNM4830K

Place of Accident: 11 Jln Batu, Block 11, Singapore 431011

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH7110C	11 Jln Batu, Block 11, Singapore 431011	(31.00)	1	(28.44)
GST Amount				(2.56)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



OPERATING LEASE AGREEMENT

60 JALAN LAM HUAT #05-68 CARROS CENTRE SINGAPORE 737869

Tel: (+6583300060)/(+6598888885)

Email: admin@mycar.sg (Company Registration No: 53387138K)

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS	ADDITIONAL HIRER'S PARTICULARS
Name (As in NRIC) : TOH LYE HENG	Name (As in NRIC) :
NRIC/Passport No : SXXXX876F	NRIC/Passport No :
Date of birth : 28-04-1959 Age :	Date of birth : Age :
Address : 353A ANCHORVALE LANE #16-93 SINGAPORE 541353	Address :
Mobile No : 91877495	Mobile No :
Type of driving license : Local / International	Type of driving license : Local / International

VEHICLE DETAILS

Make & Model : TOYOTA NOAH	Vehicle No : SNE7651H
Vehicle Out Date : 25-09-2024	Vehicle Return Date : 27-09-2024
Time Out :	Time Return :

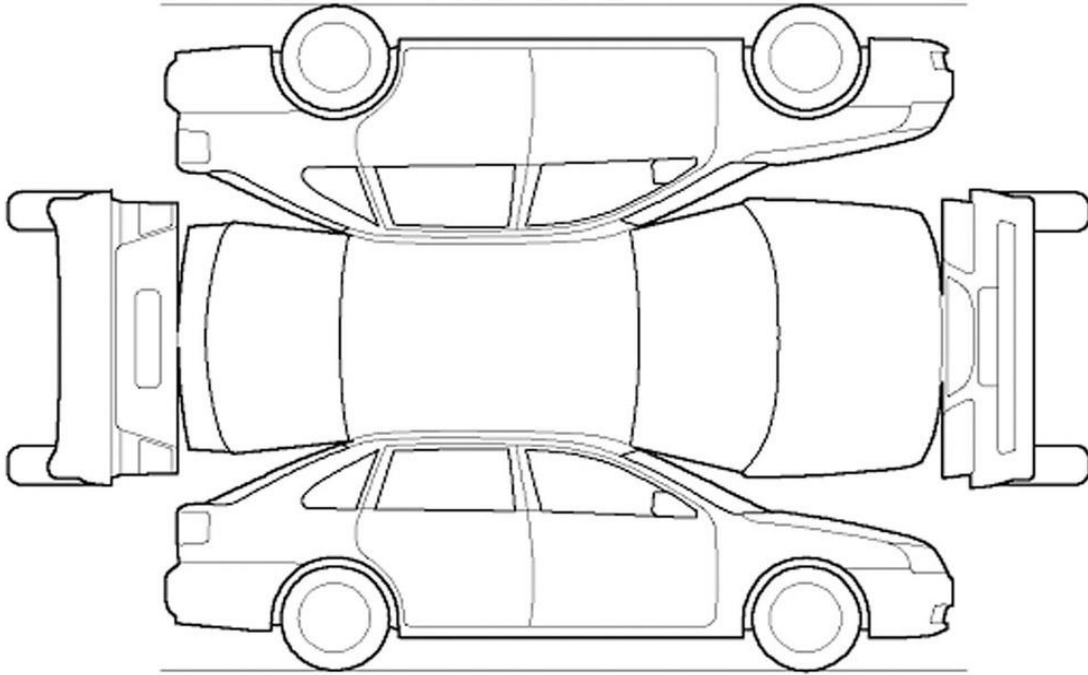
Daily - 3	Day/s	@ S\$ 180	Per Day	\$ 540
Weekly -	Week/s	@ S\$	Per Week	\$
Monthly -	Month/s	@ S\$	Per Month	\$
Deposit :				\$
Delivery Service :				\$
Others :				
Total Nett Charges				\$ 540



Hirer Signature

1AA

COLLECTION OF VEHICLE



FUEL : Low - 1/8 - 1/4 - 3/8 - Half - 5/8 - 3/4 - 7/8 - Full

Remarks :

Hirer Signature

xl



1AA

RETURN OF VEHICLE



FUEL : Low - 1/8 - 1/4 - 3/8 - Half - 5/8 - 3/4 - 7/8 - Full

Remarks :

Hirer Signature

xl



1AA

RENTAL AGREEMENT, TERMS AND CONDITIONS.

1. The Hirer / Authorized Driver ("Driver") , 1AA ("1AA").

1a. The Hirer and the authorized driver must be over 21 years of age and under 60 years old and be holding valid driving license. Failure to observe stipulation may return all damage cost to be borne by The Hirer.

2. Rates

2a. All vehicles rates quoted include insurance, maintenance in wear and tear of vehicle and unlimited mileage. Each excess hour is charged at \$20.00 per hour. Vehicles returned with less petrol than what it was taken by The Hirer, The Hirer shall have to pay additional of \$20.00 per quarter of the patrol less. The Hirer have to bear all Parking and Traffic Fines / Fees and ERP charges during the rental period.

3. Accident and Breakdowns

3a. In the event of any accident, insurance excess for those aged 24 and above with at least 2 years of driving experience would be \$4500. Whereas for those aged 24 and below and without at least 2 years of driving experience would be \$6000. The vehicle is not covered by a motor insurance policy covering personal accident for the hirer, his passenger or authorized driver. 1AA shall not be responsible for any liability claims, injuries or otherwise in connection with any accident death or the losses arising from the stated vehicle. 1AA may at the request of The Hirer and upon payment of the requisite charges arrange for separate personal accident coverage for bodily injury or death.

3b. The Hirer/Authorized driver shall report all accidents involving the stated vehicle to the owner immediately and should there be bodily injuries also to the police not later than 24 hours after the accident. The Hirer/Authorized Driver shall not agree or compound any claim partially or in full. The Hirer is to secure the names, contact numbers and addresses of all witnesses as well as the registration number of all vehicles involved in the accident. All communications/letters received from the police or third parties are to be referred to The Hirer/Authorized Driver is NOT ALLOWED to sublet/lend/borrow the rental vehicle to a third party driver. If The Hirer was caught sublet/lend/borrow the vehicle to a third party without authorized by 1AA immediately. The Hirer shall not abandon the stated vehicle without adequate provisions for safeguarding and security at the same time. Failure to comply will render The Hirer liable for all cost and third party claims.

3c. 1AA shall not be liable to The Hirer or any person for any loss or damage whatsoever and howsoever caused or occasioned by reason of 1AA resuming possession of the said vehicle nor shall 1AA be liable to any person for any monies, goods, articles or things not belonging to 1AA which are in or alleged to be in the vehicle at the time the owner resumes possession of the vehicle.

3d. The Hirer shall agree that punctured tyre/s, empty petrol tank, loss of vehicle's key and locked keys inside of vehicle does not constitute a breakdown and that in the event of 1AA's 24 hours emergency breakdown service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$50 per trip.

4. Rental Extension

4a. The Hirer wishes to extend the rental period are to inform 1AA before the return date and is required to make full payment of the vehicle rental extension cost before the date/time of the extension starts. If no payment have been made on time, 1AA will have the rights to seize the vehicle back and The Hirer will still have to bear the outstanding extension of the rental vehicle without using the rental vehicle.

5. Payments and Refundable Deposits

5a. Full payment have to be made upon collecting of rental vehicle. A final adjustment will be made upon collection of the rental vehicle. No part of such hire period charge shall in any circumstances be refundable except at the discretion of 1AA.

6. Replacement

6a. If for any reason, the stated vehicle described in the schedule of any other vehicle ordered by The Hirer prior to the commencement of the period of hire is not available at the time of such commencement, 1AA will have the right to replace the stated vehicle with an alternative vehicle of similar seating capacity and performance. If no such vehicle is available, The Hirer shall be repaid any hire charge and deposit (if any) paid by him after offsetting the payment charge and costs incurred but shall have no claims of any kind whatsoever against 1AA.

6c. Any damage of the vehicle will be charged to The Hirer according to MCCPL renewable repair costs to make good of the said damage to the same condition as it was at the start of the rental period.

7. Restriction of Use

7a. The Hirer shall not take the stated vehicle outside mainland Singapore without the written consent or authorised by 1AA. Failure to comply with this term may entail serious consequences and The Hirer shall assume personal and fully responsibility and in the event of the stated vehicle being damaged, confiscated, forfeited or seized as a result thereof, The Hirer shall indemnify 1AA for all the lost incurred of the full value of the stated vehicle.

7b. The Hirer / Authorized Driver shall refrain from dirtying the interior of the vehicle. A cleaning charge of \$50.00 will be levied for smoke odour and / or dirty vehicle. The Hirer shall bear all cost for all tires repair during long/short term rental period.

8. Others

8a. The vehicle may only be driven by The Hirer or by persons who have been expressly authorized by 1AA in the stated Rental Invoice. The Hirer/Authorized Driver is NOT ALLOWED to sublet/lend/borrow the rental vehicle to a third party driver. The Hirer must not sublet/lend/borrow the stated vehicle to a third party without authorization by 1AA.

8b. The Hirer must not repair the stated vehicle at any unauthorized workshop during or within the rental period.

8c. The Hirer must not use the stated vehicle, for racing, speeding above 130km/h (Include Oversea Usage), EXITING SINGAPORE (without written consent), using for Uber or Grab Car without written consent or declaring of false destination for Malaysia usage.

8d. Each clauses on Breaching of Agreement, The Hirer will have to bear a Compensation of Company loss not up to \$3500.00 to 1AA, AND the vehicle shall be seized by 1AA without any refund of the vehicle rental and deposit. The Hirer / Authorized Driver is to use the vehicle only for Lawful and Legitimate purposes.

For bank transfer, to DBS Current 018-904614-2. For cheque to "1AA".

I/We have read and agreed to the above-mentioned Rental Agreements.



Hirer Signature

1AA



INVOICE

MY CAR CONSULTANT

Invoice Date
25 Sept 2024

Invoice
Number
L2024-382

Reference
SNE7651H

1AA (CO REG.
53387138K)
60 JLN LAM HUAT #05-21
CARROS CENTRE
SINGAPORE 737869

Description	Quantity	Unit Price	Tax	Amount SGD
CAR REPLACEMENT FOR SNM4830K FROM 25-09-2024 TO 27-09-2024	3.00	180.00	No Tax	540.00
Subtotal				540.00
TOTAL SGD				540.00

Due Date: 25 Sept 2024
Paynow UEN: 53387138K
Bank Transfer, OCBC CURRENT: 713055879001

PAYMENT ADVICE		Customer	MY CAR CONSULTANT
To: 1AA (CO REG. 53387138K) 60 JLN LAM HUAT #05-21 CARROS CENTRE SINGAPORE 737869		Invoice Number	L2024-382
		Amount Due	540.00
		Due Date	25 Sept 2024
		Amount Enclosed	Enter the amount you are paying above



INVOICE

My Car Consultant Pte Ltd
60 Jalan Lam Huat #05-21
Carros Centre
Singapore 737869

Invoice Date
24 Sep 2024

Invoice Number
INV-2295

Reference
SNM4830K

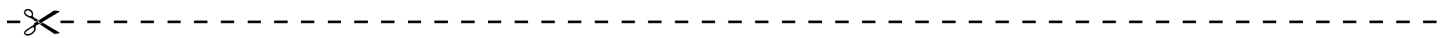
TOW ME SG PTE. LTD.
60 Jalan Lam Huat
#05-67 Carros Centre
737869
SINGAPORE

Description	Quantity	Unit Price	Amount SGD
TOWING FOR SNM4830K ON 18-09-2024	1.00	80.00	80.00
Subtotal			80.00
TOTAL SGD			80.00

Due Date: 24 Sep 2024

OCBC 601293665-001
CHEQUE PAYABLE TO : TOW ME SG PTE. LTD.
UEN:202026560M

[View and pay online now](#)



PAYMENT ADVICE

To: TOW ME SG PTE. LTD.
60 Jalan Lam Huat
#05-67 Carros Centre
737869
SINGAPORE

Customer My Car Consultant Pte Ltd
Invoice Number INV-2295

Amount Due 80.00
Due Date 24 Sep 2024

Amount Enclosed
Enter the amount you are paying above



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, _____ LUMENS PTE LTD _____ of NRIC/Passport number/ROC number: _____ 201426961K _____, Owner of vehicle no. _____ SNM4830K _____ 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: LUMENS PTE LTD

NRIC No: 201426961K