

Our Ref : SMZ 288X

Your Ref : XE4738T/

24-Jul-2024

Lonpac Insurance Bhd
300 Beach Road #17-04/07
The Concourse, Singapore 199555
Motor Claims Department

Accident involving SMZ 288X/XE4738T/ (Lonpac Insured) on 24-Jun-2024

We act for LAI CHIN MENG, the owner of vehicle no. SMZ 288X, which was involved in the above accident.

Our client suffered loss and damage because of your Insured's negligence in the driving of motor vehicle no. XE4738T/

We quantify our client claim's as follows:

1	Cost of Repair inclusive of GST	S\$ 1,035.50
2	Loss of Use S\$ 100.00/day X 3 days	S\$ 300.00
3	GIA/TP Search Fee	S\$ 29.43
	Total Claim Amount	S\$ 1,364.93

Pre-repair inspection of our client's vehicle was carried out by Surveyor Macus from LKK Auto Consultants Pte Ltd and we have finalized \$\$ 950.00 before GST on 15-Jul-2024

We enclose herewith the necessary invoices for your immediate action

Please let us know whether you are accepting liability and will be doing settlement within 7 days upon receiving this letter. If there are no discrepancies, please assist to forward the DV to us within 7 days.


Joo Hak Kee Auto Pte Ltd
T: 6743 1913 F: 6743 5234
E: yvonneang@jhk.com.sg

INVOICE

Bill To: Lonpac Insurance Bhd

Singapore

Attn: Accounts Department

Tel:

Email:

Invoice No.: INV240762 (C)

Invoice Date: 24 Jul 2024

Due Date: 31 Jul 2024

Reference: SMZ 288X

Description	Quantity	Discount	Unit Price	Tax	Amount SGD
TOTAL LUMP SUM REPAIR COST	1.00	%	950.00	9%	950.00
Subtotal (Includes discount of \$)					950.00
Total Local supply of goods and services 9%					85.50
Total Amount Due SGD					1,035.50

** A late payment interest of 2% per month will be imposed on overdue accounts

For PAYNOW payment:

UEN: 201300082W (Joo Hak Kee Auto Pte Ltd)

For Bank Transfer, our bank details as follows:

Bank Name :Overseas-Chinese Banking Corporation Ltd

Account Name :Joo Hak Kee Auto Pte Ltd

Account No :647-245505-001

Bank Code :7339

Branch Code :647

Swift Code :OCBCSGSGXXX



This is an auto-generated document. No Signature is required.

INSURER
ENQUIRY

Find insurer

Vehicle
reg. no.

XE473E

Date of
Accident

24/0 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**

Period of Insurance **07/03/2024 - 27/03/2025**

Requested **ANG SIOK CHIN, YVONNE (JOO...**
By

Requested Date **24/06/2024 13:27**

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**

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Jul 2024 / 15:22:47

Receipt Date/Time : 08 Jul 2024 / 15:22:47

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240708-002892

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - TRC5597H

As at 24 Jun 2024/09:50:00

Insurance Co: LIBERTY INS P L

1 Insurance Enquiry - TRC5597H
Enquiry Fee
20240708151621086153

25.00	2.25	27.25
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Sub-Total	25.00	2.25	27.25
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Total Before Rounding	25.00	2.25	27.25
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Rounding Difference			0.00
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Total Amount Payable			27.25
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Paid By

512972XXXXXX6119	eNETS Credit Card	27.25
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Total		27.25
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Cash Change		0.00
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Tendered Amount		27.25
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Excess Refundable Amount		0.00
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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.

LETTER OF AUTHORITY & INDEMNITY

函件的授权及弥偿

To: Joo Hak Kee Auto Pte Ltd
Blk 3007 Ubi Road 1
#01-406 Singapore 408701

Accident involving vehicle no. SMZ 288X and XE 4738 T
at WCEGA Plaza carpark
On 24/6/24

1. I/ We, the owner of vehicle no. SMZ 288X hereby instruct and authorize Joo Hak Kee Auto Pte Ltd to commence repairs to the said vehicle.
2. You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instruction as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver/ or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.
3. You have my/full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such term as you deem fit.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal suit is not successful or is dismissed for whatever reason, I/We understand and agree that I/We shall be personally liable to bear the legal cost of the third party as well as the professional cost and disbursement of my/our solicitors notwithstanding that my/solicitors were appointed by you on my/our behalf.
5. In the event that I/We am/are required to attend at my/our solicitors' office or to attend Court in connection with my/our claim, I/We shall render full co-operation.
6. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any judgment or settlement is not honored or satisfied by the third party, I/We authorize you to make a claim against my/our own insurer for the cost of repairs and any other losses recoverable under my/our policy of insurance. In the respect, I/We understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us.
7. If for whatever reason, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
8. I/We shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay or receive any monies due to this claim.

Dated this day of _____ month of _____ year 201____



Sign/Name/Company Chop
NRIC: _____
Address: _____

Name of Insurers: _____
Policy No: _____
Contact No: _____

SATISFACTION AND DISCHARGE VOUCHER

维修后满意度券

To: Joo Hak Kee Auto Pte Ltd
Blk 3007 Ubi Road 1
#01-406 Singapore 408701

and/or

To: Motor Claims Department

Claim ref no:

Policy No:

Date:

I/we, hereby certify that the repairs to my/our vehicle bearing registration number SMZ 288 X which was involved in an accident on 24/06/24 along WCE ga plaza car park has been completed by Joo Hak Kee Auto Pte Ltd to my/our satisfaction. I/we agree that payment to Joo Hak Kee Auto Pte Ltd for such repairs shall be in full satisfaction and discharge of all claims which I/we may have in respect of our mentioned vehicle and said policy number insured by Lompac Insurance Bhd.

Dated this day of _____ month of _____ year 201_____ .



Signed by owner/ driver
(with chop if applicable)

Name: _____

NRIC/Coy Reg No: _____



Signed by witness

Name: _____

Nric: _____