



Sin Ming Autocare BFG Pte Ltd

176, Sin Ming Drive #02-05

Sin Ming Autocare

Singapore 575721

Tel: (65) 6455 0600

Fax: (65) 6455 6192

Email: motorclaims@autocare.com.sg

Co. Reg. No.: 200210033N, GST Reg. No.: 20-0210033-N

Your Ref: SJQ7301C (INDIA INSURANCE)

Our Ref: SNQ1790R

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04/#05/#06 – 02 IOB BUILDING

Singapore 049711

Date: 18/11/2024

Dear Sirs/ Mdm

ACCIDENT INVOLVING - SNQ1790R AND SJQ7301C ON 24/10/2024

We are the repairers of vehicle nos. **SNQ1790R** and that you were the insurer of vehicle nos. **SJQ7301C** in the aforesaid accident. Our investigations reveal that the accident was caused by the negligence of the vehicle insured by you. As such, we are looking to you for reimbursement calculated as follows;

1) Repair Costs	S\$ 5, 341.00
2) LOU – \$100 X 4	S\$ 400.00
3) Search Fee	S\$ 2.18
4) Medical Fee	S\$ 87.01

TOTAL : S\$ 5,830.19

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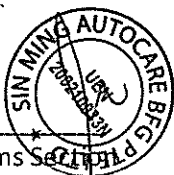
To substantiate our claim, we enclosed the following;

- 1) Final Repair bill
- 3) Letter of Authorisation/ Authority
- 4) SAS report
- 5) Search Fee

We look forward to your favorable reply in due course.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/ claimant.

Yours faithfully



Claims Section
Email: motorclaims@autocare.com.sg

Encl.



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INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #05-00 IOB BUILDING
SINGAPORE 049711

Attention : Motor Claim Department

Contact : 6223 8122 Fax No. : 6225 7743

Tax Invoice : TP/24017

Date : 18/11/2024

Vehicle Num. : SNQ1790R

Make/Model : AUDI Q5

Chassis/Eng# :

Accident Date : 24/10/2024

Claim No. :

Reference : THIRD PARTY CLAIM - INDIA INS

Policy No. : 5145123230

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1	LIST ITEMS : LUMP SUM REPAIR (Parts & Labour inclusive)		4,900.00
		List TotalS\$:		4,900.00



E. & O.E.

Total S\$: 4,900.00

GST@9% S\$: 441.00

Amount Due S\$: 5,341.00

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for Sin Ming Autocare BFG Pte Ltd


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SJQ7301C

Date of Accident

24/10/2024 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **India International Insurance ...**Period of Insurance **06/09/2024 - 05/09/2025**Requested By **SMBFG (SIN MING AUTOCARE ...**Requested Date **25/10/2024 15:52****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**

SHQ1790R



820 THOMSON ROAD, SINGAPORE 574623
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg
GST REGN NO. M4-0003321-8

24-HOUR URGENT CARE CENTRE
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

Patient Name : TAI PEI REN
ID No. : S8516572J
Account No. : O240728470

Receipt No. : 240139392
Payment Date : 25/10/2024
Print Date : 25/10/2024
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ETORICOXIB TAB 120MG	3	EA	3.42
OMEPRazole 20MG CAP	7	EA	7.91
OUTPATIENT NURSING SERVICE	1	EA	25.00
RMO CONSULTATION FEE	1	EA	43.00
SURGICAL MASK	1	EA	0.50
Total Charges			<u>79.83</u>
GST @ 9%			<u>7.18</u>
			87.01
Paid:			
AMERICAN EXPRESS BY TAI PEI REN			87.01
Mode of Payment : AMERICAN EXPRESS			
Reference No. :			

This is a computer generated official receipt, no signature is required.

LETTER OF AUTHORISATION

TO : M/S SIN MING AUTOCARE BFG PTE LTD
NO. 176, SIN MING DRIVE, #02-05
SIN MING AUTOCARE, SINGAPORE 575721

We/ I, Tai Pei Ren below mentioned person/company, being the registered owner of Motor Vehicle Registration no. SNA 1790R involved in an accident on SNA 7301G involving Motor Vehicle irrevocably authorise you to:-

- 1) undertake and proceed with all repairs to the said vehicle ;
- 2) thereafter negotiate, claim and/or recover from the adjuster/insurance company/owner sustained by me/ us
- 3) settle and claim, collect and/or received monies pertaining to the claim and to give a valid receipt thereof as well as to sign discharge vouchers on my/ our behalf
- 4) for the purposes above, appoint any solicitors as you deemed fit to act on my/ our behalf;
- 5) and
- 6) apply all such monies collected or received into account or payment of our repair bills as well as legal costs and disbursements incurred.

I/ We warrant that all facts and documents furnished to you in support of the claim are true and if need be will attend Courts to give evidence in respect thereof. And should any statement of facts furnished to you be found to be false and you are unable to succeed in the claim, I/We will be fully responsible for the repair and legal costs incurred.

Name of Vehicle Owner : Tai Pei Ren

Motor Vehicle Reg No. : SNA 1790R

NRIC No. :

Address :

Signed : 

Company Stamp :
(With Company's stamp, if applicable)

**PLEASE NOTE THAT IT IS A CONDITION OF ANY SETTLEMENT REACHED THAT IT SHALL BE WITHOUT PREJUDICE TO ANY PERSONAL INJURY CLAIM (IF ANY) OF THE OWNER/ CLAIMANT.*

LETTER OF AUTHORITY

Your Ref: SJQ7301C (India International Ins.)

Our Ref: SNQ1790R

Date. 24/10/2024

To: India International Insurance P.L.

Attn : Motor Claims Dept

Dear Sirs/ Mdm

ACC INVLG - SNQ1790R AND SJQ7301C on 24/10/2024

I/We, M/s Tai Pei Ren the owner of Motor Vehicle No. SNQ1790R authorise M/s Sin Ming AutoCare BFG Pte Ltd as my authorised representative to write, negotiate and settle claim on my behalf in my claim against the party/ parties involved in the above-mentioned accident.

I also hereby authorised you to pay your cheque drawn in favour of M/s Sin Ming AutoCare BFG Pte Ltd

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Signature of owner

(With Company's stamp, if applicable)

**PLEASE NOTE THAT IT IS A CONDITION OF ANY SETTLEMENT REACHED THAT IT SHALL BE WITHOUT PREJUDICE TO ANY PERSONAL INJURY CLAIM (IF ANY) OF THE OWNER/ CLAIMANT.*