

Our Ref : SMK7972L
Your Ref : SLP185Z

Date: 18-Mar-2025

India International Insurance Singapore
64 Cecil Street; #05
IOB Building , Singapore 049711
ATTN: Motor Claim Department

Accident involving SMK7972L/SLP185Z (III Insured) on 31/10/2024

We act for Ho Wai Loon, Kelvin, the owner of vehicle no. SMK7972L 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. SLP185Z

We quantify our client claim's as follows:

1	Cost of Repair inclusive of GST	S\$ 5680.00
2	Loss of Use S\$100.00 x 4 days	S\$ 400.00
3	LTA/GIA SEARCH FEE	S\$ 31.00
4	MEDICAL FEE - Ho Wai Loon, Kelvin	S\$ 72.16
	- HING CHEW LUAN	S\$ 97.56
	Total Claim Amount	S\$ 6,280.72

Pre-repair inspection of our client's vehicle was carried out by your appointed Surveyor Marcus from LKK Auto Consultants Pte Ltd and we have finalized \$\$ 5,200.00 before GST on 17-Mar-2025.

We enclose herewith the necessary invoices for your immediate action

Please let us know whether you accept the liability and willing to do the settlement with us within 7 days upon receiving this letter. If there are no discrepancies, please assist in forwarding the DV to us within 7 days.

Best Regards,

Yvonne Ang
Joo Hak Kee Auto Pte Ltd



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. SMK7972L and SLP 1852
at Paya Lebar
On 20/10/2024

1. I/We, the owner of vehicle no. SMK 7972L 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 07 month of NOV year 2024



HO WAI LOON, KELVIN

Sign/Name/Company Chop
NRIC: SXXXX402J
Address:

Name of Insurers: Income Insurance Limited
Policy No: 5126292890-02
Contact No: -

BLK 46 CEYLON ROAD 05-06 SINGAPORE 429634

INVOICE

Bill To: India International Insurance Pte Ltd
Singapore
Attn: Accounts Department
Tel:
Email:

Invoice No.: INV2503042
Invoice Date: 17 Mar 2025
Due Date: 24 Mar 2025

Reference: SMK7972L

Description	Quantity	Discount	Unit Price	Tax	Amount SGD
TOTAL LUMP SUM REPAIR COST	1.00	%	5,200.00	9%	5,200.00
Subtotal (Includes discount of \$)					5,200.00
Total Local supply of goods and services 9%					468.00
Total Amount Due SGD					5,668.00

** 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.



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: 06/11/2024

Your Ref No: SMK7972L

Dear Sir/Madam,

Date of Accident: 31/10/2024 16:00 (SGT)

Vehicle No: SMK7972L

Place of Accident: Paya Lebar Rd, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SLP185Z	Paya Lebar Rd, Singapore	(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.

TAX INVOICE

Provider : TIMOTHY TAN

Invoice No. MP213802
Invoice Date : 01-11-2024

HO WAI LOON KELVIN
46 CEYLON ROAD, #05-06, BELLEZZA @ KATONG, 429634

Item Name	Quantity	UOM	Total Price
Cogesic Max Cream 25g	1	TUBE	\$8.50
ACUGESIC Tramadol Capsule 50mg	10	CAPSULE	\$15.00
Anarex (Orphenadrine 35mg/Paracetamol 450mg)	20	TABLET	\$10.00
Probitor (Omeprazole) Cap 20mg	7	CAPSULE	\$7.70
Consultation	1	EA	\$25.00
Subtotal:			\$66.20
9% GST:			\$5.96
Total:			\$72.16
Amount Paid:			\$72.16

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-MP030775	01-11-2024	\$72.16	NETS		

All cheques should be crossed & made payable to

"MP MEDICAL PTE. LTD."

Paynow to UEN: 202219547C

For safety reasons, medications sold are non refundable and non exchangeable.

bund services are only
at Bedok, Eunos, Outram

MEDILINE WEI MIN CLINIC @ MARINE PARADE
81 Marine Parade Central, #01-634, Singapore 440081

1doc+
MMP

MEDILINE HEALTHPLUS PTE. LTD.
81, MARINE PARADE CENTRAL, #01-
634, MARINE PARADE PROMENADE,
Singapore 440081
UEN: 200917098E

GST Reg No. 200917098E

Tax Invoice

HING CHEW LUAN (XXXX0921F)
46 CEYLON ROAD 05-06
Singapore 429634
Date & Time: 31 October 2024, 16:48
Attended By: DR PETER GOH MIN YIH

Invoice No.: INV-P20241031000027
Order No.: M20241031000108
Receipt No.: PAY-20241031000218

Item(s)	Quantity	Description	Amount
1.(CP) VOREN Gel [Diclofenac Sodium] 10mg/g 20g	1.0 TUBE	VOREN GEL 20GM ANALGESIC ANTI-INFLAMMATORY (NSAIDS)	\$7.50
2.1. Fam Med Consultation		-	\$62.00
3.(CP) ALVOGEN ETORICOXIB 120 MG 10s	1.0 BLISTER PACK	ETORICOXIB 120 MG	\$20.00
Summary			Amount
Subtotal			\$89.50
9% GST			\$8.06
Total Payable (Inclusive GST)			\$97.56
Paid With NETS			\$97.56
Balance Due			\$0.00

Serviced by MEDILINE WEI MIN CLINIC @ MARINE PARADE, 81 Marine Parade Central, #01-634,
Singapore 440081

This is a computer generated invoice which does not require a signature

Radiographer Initial: _____