

V.Z AUTOMOTIVE PTE LTD

Email: vz.automotive90@gmail.com Contact: 9091 0000

29 November 2024

Your Ref: To Be Advised

Our Ref: V2411-010-SNF2020G

INDIA INTERNATIONAL INSURANCE

64 Cecil St
#04, #05 IOB Building
Singapore 049711

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: HEMA TRANS

PROPERTY DAMAGES CLAIMS AS A RESULT OF A ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SNF2020G AND GBH4050M ALONG MIDDLE ROAD ON 15.11.2024.

1. We act for **HEMA TRANS**, the owner of vehicle No. **SNF2020G** involved in the abovementioned road accident, in his claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **GBH4050M**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Invoice Cost of Repair
b.	Invoice Rental Agreement / Loss of Use
c.	Invoice LTA Search

4. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i.	Cost of Repair	S\$ 2,700.00
ii.	Pre-Inspection Days – 2 Days	S\$ 360.00
iii.	Invoice Rental Agreement / Loss of Use – 3 days	S\$ 540.00
iv.	LTA Search	S\$ 27.25
v.	Total	S\$ 3,627.25

In compliance with the protocol, we have engaged your panel of surveyor for the damages claim to the said amount. Do refer to attachment and we hope to have an amicable settlement reply soon.

5. You may acknowledge receipt of this letter by email to: vz.automotive90@gmail.com

Yours faithfully

V.Z AUTOMOTIVE PTE LTD

V.Z AUTOMOTIVE.PTE LTD
PREMIER@ 8 KAKI BUKIT AVE 4 #04-34/35
Singapore
+65 90910000
alexbeh.pc@gmail.com
Company Registration No. 201729968G

V.Z AUTOMOTIVE PTE. LTD.



BILL TO
INDIA INTERNATIONAL
INSURANCE PTE LTD
V2411-010-SNF2020G

INVOICE 1983

DATE 29/11/2024 TERMS Due on receipt

DUE DATE 29/11/2024

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	LUMP SUM FOR REPAIR		1	2,700.00	2,700.00

TOTAL DUE S\$2,700.00

Company Registration No. 201729968G
Bank Account Details: UOB 7693172806
PayNow: 201729968G
All payments are transacted in Singapore Dollars only.
All payments are non-refundable or exchangeable.
Thanks for your patronage.



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

Print Date/Time : 15 Nov 2024 / 17:42:51
Receipt Date/Time : 15 Nov 2024 / 17:42:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241115-003838
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 - GBH4050M As at 15 Nov 2024/10:00:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBH4050M Enquiry Fee 20241115174153579365	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
20241115174216274		Direct Debit: eNETS Debit (Internet Banking)		27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
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.

LETTER OF AUTHORISATION

To: V.Z AUTOMOTIVE PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS. GNF 2020 G & GBH 4050 m
ALONG Middle Road ON
15. 11. 2024.

I/We Hema Trans
NRIC / Passport No.: 53448329A the owner of vehicle no GNF 2020 G

hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my / our request: -

1. I/We hereby irrevocably authorise you to demand, claim, settle (in any manner you deem fit), receive whatever amount settled/payable by the insurance 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 and to appoint any solicitor to act for me/us in respect of the claim and all or any amount claimed, received and/or settled shall belong absolutely to you. 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 compensated directly 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.
2. If the third-party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim directly 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.

3. If the own insurers' claim is not applicable and/or the third-party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.
4. I undertake to pay you the cost of repair of my vehicle and all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf, in the event the contents of my accident report is untrue or inaccurate or not believed by the court.

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

Upon settlement of the third-party claim and in case the settlement monies is sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repair settled and related expenses, costs and disbursement incurred.

My/Our insurer is/are Income Insurance Limited

Policy No. 5134013198-01 Expiry Date: _____

Date: _____ Excess: _____



Owner's Signature/Co's Stamp (if applicable)

Witness Signature/Name

Date: _____

Attn: Motor Claims Department

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. QNF 2020 G & GBH 4050 M ALONG
Middle Road ON
15. 11. 2024.

I/We, the registered owner of vehicle registration no. QNF 2020 G which was
involved in the above accident with vehicle no. GBH 4050 M insured by
_____ hereby authorize that any payment due to me/us from the above
said claim be paid to **V.Z AUTOMOTIVE PRIVATE LIMITED**.

I/we hereby indemnify **V.Z AUTOMOTIVE PRIVATE LIMITED** against all claims and/or
damages which may arise from all actions taken for or on my/our behalf.

Yours faithfully



Owner Signature (company stamp if applicable)

Name in Full: Hema Trans

NRIC / FIN / UEN No: 53448329A

Address: _____

LETTER OF AUTHORITY

To:

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. 3NF 2020G & GBH 4050M ALONG
Middle Road. ON
15.11.2024.

I hereby authorize you to release the sum of \$ _____ being the settlement sum
for my property damage claim only to my (solicitors, workshop)
_____.

Yours faithfully,



Claimant's signature / company stamp (if applicable)