際汽車維修

Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978. (Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177 Email: ktmotorwerk@hotmail.com Reg. No.: 553734628

Telephone: 98287487

Email: ktmotorwerk@hotmail.com

27.01.25

Our Ref: SKU1350S

AIG ASIA PACIFIC INSURANCE PTE LTD

Motor Claims Department 78, Shenton Way, #07-16 S079120

Dear Sir/Mdm

ACCIDENT INVOLVING SKU1350S AND SMV1657D ALONG PUNGGOL FIELD SLIP ROAD > PUNGGOL WAY ON 15.11.2024

Please refer to the above mentioned accident.

We are writing in on the behalf of the registered owner of motor vehicle number HSIEH MIN HON

which was involved in the above accident. **SKU1350S**

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number SMV1657D As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

Cost of Repair (Agree with Surveyor) 1.

\$ 5,600.00

2. Loss of use 3x\$80

1,080.00 \$

3. Search Fee

\$ 27.25

TOTAL AMOUNT

6,707.25

We enclosed hereby the following documents for your consideration:

- (A) Letter of Authority
- (B) Satisfaction Voucher
- (C) Workshop Final repair bills
- (D) Search Fee
- (E) Rental

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

JOHN

Mobile: 98287487

Email: ktmotorwerk@hotmail.com

"My execution of thie Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

國際汽車維修 KT MOTORWERK

Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978. (Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177 Email: ktmotorwerk@hotmail.com Reg. No.: 53373462B

LETTER OF AUTHORITY AND INDEMNITY

| | DENT INVOLVING VEHICLE NO. | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| AT/ALONG Pungsol tield stip RD > Pungsol way | | | | | | | | |
| ON_ | DENT INVOLVING VEHICLE NO. St. 413505 AND SMV 1657D ONG Pungsol Field Stip RD > Pungsol way 15 DAY 11 MONTH 2 × YEAR | | | | | | | |
| | I/We, the owner of vehicle no hereby instruct and authorize you to commence repair to the said vehicles. | | | | | | | |
| b) | You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party. | | | | | | | |
| c) | You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf. | | | | | | | |
| d) | 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 relieve payment of the balance of the | | | | | | | |
| e) | settlement sum on my/our behalf directly into your account. In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in | | | | | | | |
| f) | connection to my/our claim, I/we shall render full co-operation. In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of | | | | | | | |
| | repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors. If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or | | | | | | | |
| g) | any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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. | | | | | | | |
| g) h) | any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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 | | | | | | | |
| 'h) | any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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. | | | | | | | |
| h) Dated | any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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. I/we have read and understand the above statement and agreed. | | | | | | | |
| h) Dated | any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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. I/we have read and understand the above statement and agreed. | | | | | | | |
| h) Dated Signat | any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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. I/we have read and understand the above statement and agreed. this | | | | | | | |
| h) Dated Signat Name NRIC | any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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. I/we have read and understand the above statement and agreed. this | | | | | | | |
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國際汽車維修 KT MOTORWERK

Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978. (Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177 Email: ktmotorwerk@hotmail.com Reg. No.: 53373462B

DISCHARGE VOUCHER

| ACCIDENT INVOLVING SKU1350S AND SMV1657P ON 15/11/24 ALONG Paysol Acid SMy RD > Paggol iney |
|---|
| hereby acknowledge having received from K MOTORWERK, my vehicle bearing registration number, which has bee repaired to my satisfaction and acceptance. And I agree that the payment of the account for such repairs to KT MOTORWERK shall be in full discharge of all claims under policy number in respect of the damage caused in the accident. |
| Signature : |
| NRIC/Co. Reg.: 023 7 |
| Date : 27-11-24 Company Stamp: (if applicable) |

(*Based on final settlement from insurance)

國際汽車維修

KT MOTORWERK
Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.
(Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177
Email: ktmotorwerk@hotmail.com
Reg. No.: 853734628

Telephone: 98287487

FINAL REPAIR BILL

Fax: 64485177

Date: 27.01.2025

Email: ktmotorwerk@hotmail.com

AIG ASIA PACIFIC INSURANCE PTE LTD

Motor Claims Department

78, Shenton Way, #07-16

S079120

Vehicle Number:

SKU1350S

Make/Model:

15.11.2024

HONDA VEZEL

Date of Accident:

Cost of Repair (Recommended By Suveryor)

\$5,600.00

GRAND TOTAL

\$ 5,600.00

ISSUED BY

Mr John < Mobile:98287487

Email: ktmotorwerk@hotmail.com

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

18 Nov 2024 / 10:15:25

Receipt Date/Time: 18 Nov 2024 / 10:15:25

Tax Invoice/Receipt

Receipt No.: ITNET-00000-241118-000953

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 - SMV1657D As at 15 Nov 2024/08:13:00 Insurance Co: AIG ASIA PACIFIC INSURAN | CE PTE. LTD. | 30000000 | 5 | |
| 1 Insurance Enquiry - SMV1657D Enquiry Fee 20241118101457654151 | | 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 | | | |
| | DICNV20241118101459959298 | SGQ | R(PayNow) | 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.

Hirer's Signature



55 SERANGOON NORTH AVENUE 4 S(555859)

| RECOVERY PLEASE | CONTACT | | | | | 22/12 | L. |
|---------------------|--|--|--|--|--------------------|--------------|--|
| JANELL 81450022 | XAVIER 81448833 | ANDY 81448811 | AMBER 814 | 148822 | Date | : 27/4/2 | 4 |
| Company Name | | | <u> </u> | ~ + ~ | | | |
| Company Address | | | | | | | |
| Hirer's Name + | sieh Min How | 23 403-230 | 7195 | 2023 | 9 | | |
| Hirer's Address 🗦 | 39 Tamphes St | 33 1100 530 | , , , , | | , | | |
| NRIC/Passport No. | 023Z | Country | Of Issue | SIN | DO | В : | |
| Driving License No. | 2001-00 | Issue By | 1 | TP | | | |
| Local Contact 9 | 388 448f | Email | : | | | | |
| PLEASE TAKE PHO | OTO OF CAR BEFORE DRIVING OF | AND SEND TO RESPECTIVE S | ALE PERSONNI | 1 | | ICLE DETAIL | |
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| | | | | | chargeable @ \$ | 20 nett. | |
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| Start Date | | Start Time | | | | | |
| Return Date | | Return Time | | COLTA II VIDERICO CONTANTO | | CAPTONIA | |
| | SALES IN | VOICE | SANAS CONTRACTOR CONTRACTO | | RATES | QTY | TOTAL |
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| Additional Driver | | | | | | | |
| MALAYSIA | | | | | | | |
| *CDW* | | | | | | | |
| Total Cost Of Rent | al | | | | \$ 1080 | | - |
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| | UEN: 2 | 02121748E | CASH | | | | |
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| A VANT | | | | | | | |