

Our Ref : SLB6349C

Your Ref : SJV5552G

Date: 08-May-2025

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

Accident involving vehicle SLB6349C AND SJV5552G (III Insured) on 31/10/2024

We act for SIOU KEE LIN, the owner of vehicle no. SLB6349C which was involved in the above accident.

Our client suffered loss and damages because of your Insured's negligence in the driving of motor vehicle no. SJV5552G

We quantify our client claims as follows:

1	Cost of Repair inclusive of GST	S 2,943.00
2	Loss of use S\$100.00x 8 days	S\$ 800.00
3	LTA Search Fee	S\$ 2.18
	Total Claim Amount	S\$ 3,745.18

Pre-repair inspection of our client's vehicle was carried out by Surveyor Adrian from Lkk Auto Consultants Pte Ltd and we have finalized \$\$ 2,700.00 before GST on 29-May-2025

We enclose herewith the necessary invoices for your immediate action

Please let us know whether you accept the liability and agree 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
T: 6743 1913 F: 6743 5234
E: yvonneang@jhk.com.sg



INVOICE

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

Invoice No.: INV2505005
Invoice Date: 06 May 2025
Due Date: 13 May 2025

Reference: SLB6349C

Description	Quantity	Discount	Unit Price	Tax	Amount SGD
TOTAL LUMP SUM REPAIR COST	1.00	%	2,700.00	9%	2,700.00
Subtotal (Includes discount of \$)					2,700.00
Total Local supply of goods and services 9%					243.00
Total Amount Due SGD					2,943.00

** 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.


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SJV5552G

Date of Accident

31/10/2024 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **08/01/2024 - 28/01/2025**

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

Requested Date **25/11/2024 09:46**

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**

LETTER OF AUTHORITY & INDEMNITY
函件的授权及弥偿

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

Accident involving vehicle no. SLB 6349c and SJV 5526
at Everitt Road
On 31/10/24

1. I/We, the owner of vehicle no. SLB 6349c 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: _____

