

# GALAXY AUTO CARE PTE LTD

Email: [claims8488galaxy@gmail.com](mailto:claims8488galaxy@gmail.com)

Date : 09 Jan 2025

Your Ref: To Be Advised

Our Ref: G2411-005-WSC4572

## INDIA INTERNATIONAL INSURANCE

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

### Attn: Motor Claims Department

Dear Sir/Madam,

### CLAIMANT: LEE CHONG HEAN (FIN G7663121U)

**PROPERTY DAMAGES CLAIMS AS A RESULT OF A ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. WSC4572, SLR8036H, SMT7754C AND SNE7464G ALONG PAN-ISLAND EXPRESSWAY ON 23.11.2024.**

1. We act for **LEE CHONG HEAN (FIN G7663121U)**, the owner of vehicle No. **WSC4572** 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. **SLR8036H**.
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
d.	Invoice Auto Pass

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\$ 4,500.00
ii.	Pre-Inspection Days – 2 Days	S\$ 300.00
iii.	Rental Agreement / Loss of Use – 10 Days	S\$ 1,500.00
iv.	LTA Search	S\$ 27.25
v.	Auto Pass	S\$ 647.20
vi.	Total	S\$ 6,974.45

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: [claims8488galaxy@gmail.com](mailto:claims8488galaxy@gmail.com)

Yours faithfully

**GALAXY AUTO CARE PTE LTD**

# GALAXY AUTO CARE PTE LTD

Company Reg No. : 201704618C

13 Kaki Bukit Road 4  
#01-23 Bartley Biz Centre  
Singapore 417807

## INVOICE For Insurance Claim



### Customer

Name: India International Insurance Pte Ltd  
Car Details: Toyota Avanza ( WSC4572)  
Contact:

Date:  
Invoice #:  
Valid Until:

08-Jan-25  
GAC000087

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Supply and install:- Full & Final Repair Cost	1	\$ 4,500.00	\$ 4,500.00
		Subtotal	\$ 4,500.00

### TERMS AND CONDITIONS

1. The above is an estimate on cost of repair, for reference purposes
2. Final cost may vary and is subjected to changes
3. Final cost shall be finalized and billed in an invoice

If you have any questions about this price estimate,  
please contact William Ang at 9010 8488.

***I HANK YOU FOR YOUR BUSINESS!***

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Nov 2024 / 13:58:04

Receipt Date/Time : 25 Nov 2024 / 13:58:04

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-241125-002534

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 - SLR8036H As at 23 Nov 2024/11:00:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLR8036H Enquiry Fee 20241125135709170267	25.00	2.25	27.25
<b>Sub-Total</b>		25.00	2.25	27.25
<b>Total Before Rounding</b>		25.00	2.25	27.25
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				27.25
Paid By				
20241125135728156		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.

NETS

NETSU00201020\* SSV4.0

LTA

TOLL1-WLDS CP

111826496000 82649601

012533 REF:0224572

NETS PURCHASE SAV

DBS BANK

18 DEC, 2024 12:37:48

012533 593868 00

TOTAL : \$647.20

APPROVED

NETS

NETS

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LTA

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DBS BANK

18 DEC, 2024 12:37:48

012533 593868 00

TOTAL : \$647.20

APPROVED

NETS

LAND TRANSPORT AUTHORITY

HOOGLANDS

PAYMENT RECEIPT

WSC4572 CAR

18 Dec 2024, 12:38 PM

Counter No: 1

Receipt No :DFW0222LFR524121800040

Duration of current trip:

Sat 23 Nov 2024,09:05AM

To Wed 18 Dec 2024,12:36PM

VEP Expiry Penalty	S\$ 10.00
Toll charges	S\$ 0.80
Road Charge	S\$ 6.40
VEP fee	S\$ 630.00

Total paid S\$ 647.20

Payment Details

EFTPOS-NETSATM S\$ 647.20

Remaining Card Balance

1111737130329510 (FP) S\$ 18.54

Year : 2024

Remaining Free VEP Days :0 Days

The no. of free VEP days allocated per calendar year is tied to the vehicle.  
For more details, please seek assistance at our VEP/Toll LTA office.



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# LETTER OF AUTHORISATION

To: GALAXY AUTO CARE PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS. WSC4572 & SLR8036H

ALONG Pan-Island Expressway ON  
23/11/2024.

I/We Lee Chong Hean NRIC / Passport No.: G7663121U

the owner of vehicle no WSC4572 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 Liberty General Insurance Berhad

Policy No. uw-pw-8009 Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Excess: \_\_\_\_\_

x 

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

\_\_\_\_\_  
Witness Signature/Name

Date: \_\_\_\_\_

Attn: Motor Claims Department

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. WSC 4572 & SLR 8036H ALONG  
Pan-Island Expressway ON  
23/11/2024.

I/We, the registered owner of vehicle registration no. WSC 4572 which was  
involved in the above accident with vehicle no. SLR 8036H insured by  
\_\_\_\_\_ hereby authorize that any payment due to me/us from the above  
said claim be paid to **GALAXY AUTO CARE PRIVATE LIMITED**.

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

Yours faithfully

X 

Owner Signature (company stamp if applicable)

Name in Full: Lee Chong Hean

NRIC / FIN / UEN No: A7663121U

Address: \_\_\_\_\_

## LETTER OF AUTHORITY

To:

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. WSC4572 & SLR8036H ALONG  
Pan - Island Expressway ON  
23/11/2024

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,

x 

Claimant's signature / company stamp (if applicable)