

Yr Ref : SFL207L

Our Ref : XE303R

**Without Prejudice**

11<sup>ST</sup> OCT 2024

Attn: Motor Claim Dept

**MSIG INSURANCE (SINGAPORE) PTE LTD**

**4 SHENTON WAY**

**#21-01 SGX CENTRE 2,**

**SINGAPORE 068807**

Dear Sir/Mdm,

**Accident involving XE303R & SFL207L on 16/07/2024 07:55hrs along Jurong Pier towards Jurong Island**

We refer to the above said accident.

We enclosed herewith relevant document as stated below:-

1. Accident Report
2. Final Repair Bill
3. Letter of authority
4. Certificate of insurance
5. Driver IC & DL
6. LTA search receipt

As instructed, we are claiming the following as stated below:-

1. Cost of Repair	S\$	6,104.00
2. Loss of Use (S\$ 480 x 4 days )	S\$	1,920.00
3. LTA search fee	S\$	27.25
<b>Total : S\$</b>		<b>8,051.25</b>

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to here from you soonest.

Thank you.

Best Regards,



*Susan Tan*

R & S AutoClaim Pte Ltd

Tel : 6264 7001 ext : 110 Fax : 6264 7002

Email: rnsautoclaim@rnseng.com.sg

## Tax Invoice

**MSIG INSURANCE (SINGAPORE) PTE LTD**  
4 SHENTON WAY  
#21-01 SGX CENTRE 2  
SINGAPORE 068807  
Tel: 62209644  
Fax: 62256371  
Attn: MOTOR CLAIM DEPARTMENT

INVOICE NO. : IV.24100006  
DATE : 11-10-2024  
TERMS : Progress Claim  
REF NO. :  
JOB NO. :

**VEHICLE NO.** : XE303R

**CHASSIS NO.** : WJMM1VTH4DC264298

**MODEL NO.** : IVECO STRALIS AT440S46T EURO V60T

**DATE OF ACCIDENT** : 16/07/2024

	DESCRIPTION	ITEM	UNIT PRICE	AMOUNT
1	LUMP SUM REPAIR	1	5,600.00	5,600.00

Amount	5,600.00
9% GST	504.00
Total SGD	6,104.00

Sum of Singapore Dollars Six Thousand One Hundred Four Only

Bank Details:-  
Bank Name :- UNITED OVERSEAS BANK  
Account Name:- R & S AUTOCLAIM PTE LTD  
Account Number :- 387-313-227-0  
Bank Address :- 1 FARRER PARK STATION ROAD  
#01-13 CONNEXION SINGAPORE 217562  
Bank Code :- 7375  
Branch Code :- 332  
Swift Code :- UOVBSGSG  
PayNow - UEN :- 202245519N

**R&S Autoclaim Pte. Ltd.**



Authorised Signature



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 17 Jul 2024 / 09:49:06

Receipt Date/Time : 17 Jul 2024 / 09:48:26

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-240717-000691

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 - SFL207L As at 16 Jul 2024/07:55:00 Insurance Co: <b>MSIG INSURANCE</b> (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SFL207L			
	Enquiry Fee	25.00	2.25	27.25
	20240717094641445616			
<b>XE303R</b>	<b>(DoA:16/07/2024)</b>			
	<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				
	526471XXXXXX6937	eNETS Credit Card		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

RE: ACCIDENT INVOLVING VEHICLE NO.: XE303R & SFL207L  
ALONG Jurong Pier to Jurong Island ON 16/07/2024 @ 0755 hrs.

I/We LTH Logistics (Singapore) Pte Ltd NRIC/Passport No.: 199702728R of 146  
Gul Circle, Singapore 629604 the owner of vehicle no. XE303R hereby  
authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our  
vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an 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 direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct 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 behalf.
- c) 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 underake to pay you for your expenses, costs and fees immediately,

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 was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are Liberty Insurance Pte Ltd

Policy No.: SD23V15336/VCH/RO9

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

Expiry Date: 29 Jan 2025

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

X



*[Signature]*

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



*[Signature]*

Witness Signature/Name

Attn: Motor Claims Dept

MSIG Insurance (Singapore) Pte Ltd  
4 Shenton Way  
#11-01 SGX Centre 2  
Singapore 068807

Dear Sir/Mdm,

ACCIDENT ON 16/07/2024 @ 07:55 hrs  
INVOLVING VEHICLE No.: XE303R & SPL 207L  
ALONG Jurong Pter Road to Jurong Island

I/We the registered owner/driver of vehicle No. XE303R which was involved in the above accident with motor vehicle No. SPL 207L insured by you.

I/We also hereby authorise that any payment due to me/us from the aforesaid claim be paid to **R&S Autoclaim Pte Ltd**.

I/We hereby indemnify **R&S Autoclaim Pte Ltd** against all claims and/or damages which may arise from all action taken for and on my/our behalf.

I/We hereby affirmed that above-mentioned statement to be true and correct.

Yours faithfully,

X  

Owner Signature  
(Company's stamp if applicable)

Name in Full : LTH logistics (Singapore) Pte Ltd

NRIC No. : 199702728R

Address : 146 Gul Circle Singapore 629609