FIRST AUTOWORKS

Letter of Demand

Re: Accident involving my vehicle no. SAV 2 SKN 3030 P on 23/7/2024 at 18.30 CTE TURNEL AFTER CAIRMHILL ROAD	HRS	and vehicle no PM/AM along
1) I/We, the owner of vehicle no	∠herby in the al	appoint you to
Vehicle Repair cost / Excess Vehicle Rental Fee for days @ \$per day Loss of use for3 days @ \$per day Police search fee/police report fee/LTA search fees Others	s	\$ 2065.55 \$ \$ 300.00 \$ 2.00
Total	:	\$ 2367.55
Signature of vehicle owner		ζ,
Name - ASIAH BINTE OMAN		
Address: BLK 739 PASIA RIS.	Witnesse	Aby:
DRIVE 10 #04-01 (5) 510 729	-	-

Tel: 9757 1264

FIRST AUTOWORKS

Authorization To Act

I, ASIAH BIFTE OMAR	("the third party claimant") of 10 +04-01 (address), owner ehicle no.) hereby authorize
BLK 739 PASIN RIS DRIVE	10 +04-01. (address), owner
of Smv 27802 (V	ehicle no.) hereby authorize
1ST AUTOWORKS PTE	_ עדי
("the workshop") to act for me v	with respect to my claim for repair
costs and/or rental and/or loss	of use ("claim") for my vehicle
no. Smy 2780 Z that was damage	ed pursuant to the accident which
occurred on 23/7/2024 (date)	along CTE TUNDEL AFTER.
CAIRMHILL ROAD.	along (TE TUNDEL AFTER. (location) involving
vehicle no/s SKN 3030	ρ
("the accident").	
	,
I further authorize the workshop to settle they deem fit and the workshop is further	my above mentioned claim in a manner that er authorized to receive payment further to
settlement of my claim with payment cheq	ue/s being made in favour of the workshop.
I further acknowledge that any settlement	the workshop may reach on my behalf is on
driver/owner/insurers of the other vehicle/	sission of liability basis insofar as the
Dated this day of	(month) 20(year)
1	
8	9
Chish	۷.
Signed by "the third party claimant"	Signed by "the workshop"

FIRST AUTOWORKS

Letter of Authorisation & Indeminity

Accider	at Involving Vehicle no. SMV 27802 and SK CTE TUNNEL AFTER CHINHILL	N 3030 P On 23/7/2024 At
1.	I/We, the owner of vehicle no. Sin V 2796Z here the said vehicle. Pending the outcome of my/our cl	eby instruct and authorize you to commence repairs to aim against the third party, I/we forthwith pay you the
	sum of \$ being refundable deposit of the	he repair to my/our said vehicle.
2.	Your are further authorized to appoint solicitors on if the appointment is made and instructions are give	my/our behalf and give the solicitors full instructions as in by me/us with respect to the conduct of my/our claim cluding if necessary, to commence legal proceedings in
3.	You have my/our full authority to instruct my/our and/or his insurers on such terms as you deem fit.	solicitors to negotiate a settlement with the third party
4.	Upon resolving my/our claim, you are authorized professional costs and disbursement for acting for settlement sum on my/our behalf directly into your	to agree with my/our solicitors on the amount of their me/us and to receive payment of the balance of the account. In the event that my/our claim or legal costs of disbursements of my/our solicitors notwithstanding that alf.
5.	I/we also hereby instruct and authorise you deduct	directly from the claim monies received from the third o you, namely the balance of repair costs and rental of
6.	In the event that I/we am/are required to attend at	my/our solicitors office or to attend court in connection
7.	proceeded with and/or if any Judgement or settlem authorise you to revert the claim against my/our o recoverable under my/our policy of insurance. In amount applicable under policy of insurance shall be	party and/or his insurers is not successful or cannot be tent is not honoured or satisfied by the third party, I/we we insurers for the cost of repairs and any other losses this respect, I/we understand and accept that the excess the borne by me/us.
8.	other losses recoverable under the policy of insurar by you, I/we agree and undertake to pay the full a	our claim for indemnity for the cost of repairs and/or any ace or make an offer to pay less than the amount claimed mount of your repair bill and survey fees and any other to pay you the difference in amount, as the case may be.
9.	I/we shall keep you informed of any correspondence agreeing to pay or receive any monies due to this cl	es and/or summons that I may receive due to this action
	Dated this	day of 20
Signati	ure of vehicle owner	۷.
Name	- ASIAH BINTE OMAR	Witnessed by:
	: 56813 794 B cany stamp, if applicable)	Nonnuć
Addres	ss: BLK 739 PASIA RIS.	
0	15 15 #51/ 01 /01/10 776	

Tel: 97571264



23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933 Tel: 68441985 Fax: 68445185

TAX INVOICE

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16, Singapore 079120

GST Ref. No:

20-0000274Z

Vehicle No: SMV 2780Z

Invoice No: G24SINVP002621

Chasis No: JTDZS3EUX0J060411

Engine No: 2ZR2H36024

Invoice Date:

12/11/2024

DESCRI	PTION			SGD
Parts				
No.	Qty	Part Description		Price (SGD)
1	1	FRT BUMPER		380.00
2	1	FRT BUMPER BUMPER BRACKET		60.00
3	1	RHF FENDER		480.00
4	1	RHF LED FOG LAMP		180.00
			Parts Total:	1,100.00
			Less25%:	275.00
			Total:	825.00

<u>Labour</u> <u>No.</u>	Labour Description	Price (SGD)
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate & align repair / replacement parts	400.00
2	Carry out spray painting on accident affected area. (Frt Bumper)	600.00
<u>3</u>	To disconnect wire harness of electrical component to facilitate repairs, reconnect and check electrical function after repair	30.00
	Labour Tota	al: 1030.00

Other No. 1	1	FRT BUMPER CLIP	Other Description	Price (SGD) 40.00	
				Other Total :	40.00

Total: 1895.00

GST (9%) 170.55 **Grand Total:** 2065.55

Yours Faithfully

Ronnie Tan Service Advisor

Tel: 68441985 Fax:68445185

E&OE

ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "1 ST AUTOWORKS PTE LTD". PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

INSURER ENQUIRY Find insurer Vehicle reg. no.

SKN3030P

Date of Accident

23/07/2024

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG Asia Pacific Insurance Pte
Period of Insurance	22/12/2023 - 27/10/2024
Requested By	Tan Guan Hin Ronnie (1ST AUT
Requested Date	24/07/2024 13:27

Payment details

Request Amount: \$\$2 GST Amount: \$\$0.18

Total Amount Due (GST Inclusive): \$\$2.18

General Insurance Association

Records Management Centre GST Registration No: M400017735