

Your Ref:  
Our Ref: AC17110006

03/01/2018

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711  
Attn: Motor Claims Department

Dear Sirs,

**ACCIDENT ON 03/11/2017 INVOLVING PA -3630-S & SHA-3672-R UPPER CHANGI ROAD EAST BEFORE XILIN AVE SINGAPORE**

We are authorised repair workshop for the owner of vehicle, PA -3630-S, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, SHA-3672-R, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repair	\$4,066.00
2. 0 days Car Rental x \$0.00	-
3. Loss of Use (3 x \$300.00)	\$900.00
4. Survey Fees	-
5. LTA Fees	\$5.35
6. TP/GIA Fees	-
7. Medical Fees	-
8. Others	-
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(E&OE)	<b>\$4,971.35</b>

We enclose the following documents to support the claims:-

<input checked="" type="checkbox"/> Repair/Excess Bill	<input type="checkbox"/> GIA/Police Report(s)	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Medical Bill
<input type="checkbox"/> Surveyor Report	<input checked="" type="checkbox"/> GIA/TP Search	<input type="checkbox"/> Car Rental Bill	<input type="checkbox"/> Witness Statement
<input type="checkbox"/> Coloured Photographs	<input type="checkbox"/> Insurance Certificate	<input type="checkbox"/> Others: _____	

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully,  
**ABWIN SERVICE PTE LTD**

LINDA LIAO

Claims Department

E-mail: lindaliao@abwin.com.sg

DID: 67139417

## PROFORMA INVOICE

To: BABA EXPRESS TRANSPORT SERVICES PTE. LTD.  
43 CAMBRIDGE ROAD  
#04-10  
SINGAPORE 210043

Invoice No.: PAC17110006  
Invoice Date: 03/01/2018  
Our Ref.: AC17110006  
Date of Accident: 03/11/2017  
Vehicle No.: PA -3630-S  
Make: TOYOTA  
Model: HIACE COMMUTER GL 3.0 A

S/N	DESCRIPTION	QTY	AMOUNT (\$\$)
1	BEING COST OF REPAIR TO ABOVEMENTIONED VEHICLE FOR ACCIDENT ON 03/11/2017 AT UPPER CHANGI ROAD EAST BEFORE XILIN AVE SINGAPORE	1	\$3,800.00
Remarks:			

SUB TOTAL	\$3,800.00
7% GST	\$266.00
TOTAL	\$4,066.00

Payment by cheque should be crossed and made payable to ABWIN SERVICE PTE LTD.

ABWIN SERVICE PTE LTD



Authorised Signature