

Your Ref:  
Our Ref: AC17110037

15/12/2017

ECICS LIMITED  
7 TEMASEK BOULEVARD  
#10-01 SUNTEC TOWER ONE  
SINGAPORE 038987  
Attn: Motor Claims Department

Dear Sirs,

**ACCIDENT ON 30/11/2017 INVOLVING SLN-6519-R & SJM-8666-P SLE**

We are authorised repair workshop for the owner of vehicle, SLN-6519-R, 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, SJM-8666-P, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repair	\$3,340.03
2. 0 days Car Rental x \$0.00	-
3. Loss of Use (7 x \$200.00)	\$1,400.00
4. Survey Fees	-
5. LTA Fees	\$2.00
6. TP/GIA Fees	-
7. Medical Fees	-
8. Others	-
<hr/>	
(E&OE)	<b>\$4,742.03</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

Date: 14/12/17  
From: Anman General Construction Pte Ltd (Name of Policyholder)  
My Vehicle No.: SLN 6519R Other Vehicles: SJM 8666 P  
Accident Date: 30/11/17 Location: SLE

**LETTER OF AUTHORISATION**

To: ECICS Limited (Third Party and/or Third Party Insurer)

I have authorised ABWIN SERVICE PTE LTD to proceed with the repairs to my accident damaged vehicle and to proceed with 3rd Party Insurance Claims against Third Party and / or its Insurer on my behalf for property damages, costs, and expenses, including loss of use, loss of rental, medical fees and legal costs.

To have absolute discretion to agree to any settlement of compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).

As ABWIN SERVICE PTE LTD will be handling the entire 3rd Party Claims, which includes signing / submission of all relevant documents and negotiation of my claims on my behalf, kindly forward and make payable all proceeds of my claims to **ABWIN SERVICE PTE LTD**.

I confirm that the payment of any negotiated settlement with and accepted by ABWIN SERVICE PTE LTD will serve as an effectual discharge of my claims against the Third Party and / or its Insurer for the damage caused.

Policyholder's Signature / Company's Stamp (if applicable)

Name: Wang cheng Tian

NRIC No./ROC No.: G11154840M

Designation: pm



Witness's Signature

Name: Linda

NRIC No.: S8188387D



**PROFORMA INVOICE**

**To:** ANMANI GENERAL CONSTRUCTION PTE LTD  
11 WOOLANDS CLOSE  
#04-44 WOODLANDS 11  
SINGAPORE 737853

**Invoice No.:** PAC17110037  
**Invoice Date:** 15/12/2017  
**Our Ref.:** AC17110037  
**Date of Accident:** 30/11/2017  
**Vehicle No.:** SLN-6519-R  
**Make:** HONDA  
**Model:** VEZEL 1.5X A

S/N	DESCRIPTION	QTY	AMOUNT (S\$)
1	BEING COST OF REPAIR TO ABOVEMENTIONED VEHICLE FOR ACCIDENT ON 30/11/2017 AT SLE	1	\$3,121.52
Remarks:			

**SUB TOTAL** \$3,121.52  
**7% GST** \$218.51  
**TOTAL** \$3,340.03

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

**ABWIN SERVICE PTE LTD**  
  
\_\_\_\_\_  
Authorised Signature

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-17-179445  
Date of Request: 30/11/2017

Your Ref No: Online Purchase

Abwin Service Pte Ltd  
No. 8 Kaki Bukit Avenue 4  
#07-48 Premier@Kaki Bukit Gate 2  
Singapore 415875

Dear Sir/Madam,

Enquiry Date 30/11/2017  
Enquiry By Linda Liao  
TP Vehicle No. SJM8666P  
Accident Date 30/11/2017

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJM8666P	ECICS Limited	06/02/2017-05/02/2018	63374779 /6303 0178

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-17-179445  
Date of Request: 30/11/2017

Your Ref No: Online Purchase

Abwin Service Pte Ltd  
No. 8 Kaki Bukit Avenue 4  
#07-48 Premier@Kaki Bukit Gate 2  
Singapore 415875

Dear Sir/Madam,

Enquiry Date 30/11/2017  
Enquiry By Linda Liao  
TP Vehicle No. SJM8666P  
Accident Date 30/11/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque