

LEE KUAN HWA MOTOR SERVICE

Mailing Add: 39, Westwood Ave Singapore 648719
Workshop: 24, Sungei Kadut Street 4 Singapore 729050
Tel: 6269 9192 Fax: 6269 2239 H/P: 9631 1712
Email: kuanhwa@singnet.com.sg
Business Reg. No: 36463500B

AXA Insurance Singapore Pte Ltd

8 SHENTON WAY #27-10
SINGAPORE 068811.

Date : 02.01.2018

Motor Claim Dept

Attn to:
Your Ref:

Third Party Direct Settlement

Re: Accident involving XD 6245 R & YN 7345 P along AYE o 05.08.2017 .

We refer to the above accident which is due to the fault of your insured YN 7345 P,
we are now claiming against you/your insured for our client's losses as follow:

1	Cost of Repair	\$	5,500.00
2	Loss of use 7 days @ \$ 150.00 per day	\$	1,050.00
3	GIA Search Fee	\$	2.00

Total:		\$	6,552.00

Enclosed are the Repair bill and supporting documents.
We look forward to your reply.

Thank you very much.

Yours faithfully,

李光華 摩哆燒焊

LEE KUAN HWA MOTOR SERVICE
39, Westwood Avenue, Singapore 648719
TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712

LETTER OF AUTHORITY

To:

Dear Sirs

ACCIDENT INVOLVING VEHICLE NO. XD 6245R AND YN 7345P
AT LOCATION: AYE
ON ACCIDENT DATE 05/08/17.

I / We had gave you instructions to repair my / our vehicle no. XD 6245R which was damaged in the in the above accident.

In consideration that you have agreed to permit me / us to take delivery of my / our vehicle without any payment of the repair cost, I / We hereby authorize you and/or your solicitors as my/our representative to write, negotiate and settle the accident claim on my/our behalf against any party involved in the above mentioned accident.

I / We hereby undertake to co-operate with you and render you all the assistance (including having my/our vehicle re-inspected and being a witness at trial) that may be necessary for you to recover the cost of repairs and the loss of use to my/our vehicle. I / We further undertake to keep you informed at all times of any communication received from any party involved in the above mentioned accident.

In the event of my claim against any party involved in the abovementioned accident being unsuccessful for any reason whatsoever, I / We shall bear the repair / excess cost payable to **Lee Kuan Hwa Motor Service** either by cash / cheque or claim against my/our insurance policy.

I / We hereby authorize the payment of my/our claim to be made payable to my/our representative **Lee Kuan Hwa Motor Service** accordingly.

Yours faithfully,



Signature: _____

Name : _____

NRIC No: _____

LEE KUAN HWA MOTOR SERVICE

Mailing Add: 39, Westwood Ave Singapore 648719
Workshop: 24, Sungei Kadut Street 4 Singapore 729050
Tel: 6269 9192 Fax: 6269 2239 H/P: 9631 1712
Business Reg. No: 36463500B

M/s: **READY TRNSPORT PTE LTD**
BLK 801 FRENCH RD
#01-49
SINGAPORE 200801.

Date : 02.01.2018

Vehicle number : **XD 6245 R**
Make/Model : **MAN TGS 35.360**
Date of accident : **05.08.2017**
Claim Type : **TP CLAIM**

Final repair bill

To contract lump sum repair cost \$ 5,500.00

李光華 摩哆燒焊

LEE KUAN HWA MOTOR SERVICE

39, Westwood Avenue, Singapore 648719

TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712

**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

TAX INVOICE

Our Ref No: GR-17-184607

Date of Request: 11/12/2017

Your Ref No: Online Purchase

Lee Kuan Hwa Motor Service
24 Sungei Kadut Street 4
Singapore 729050

Dear Sir/Madam,

Enquiry Date 11/12/2017
Enquiry By CHIN SHUE TING
TP Vehicle No. YN7345P
Accident Date 05/08/2017

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque