



AUTO INSURE PTE. LTD.
GST Reg: 201437380M
6 Marsiling Lane 5(739145)
e: reporting@autoinsure.com.sg
w: www.autoinsure.com.sg
t: (65) 3157 2626 f: (65) 6368 0081

DOCUMENTS RECEIVED ACKNOWLEDGEMENT LETTER

Dear Sir/Mdm,

Kindly acknowledge recipient of this documents soonest via email at claims01@autoinsure.com.sg or call Mr Sam at 3157 2628 directly.

If we failed to receive this acknowledgment within 2 weeks, we will proceed to courier future documents to you as required via courier and charges will be borne by your side.


Geraldine Lim
Case Handler
31572628/31572624
Auto Insure Pte. Ltd.

My execution of this Discharge Voucher is only for
my claim for property damage and not prejudicial
to any other claims arising from the same accident.

*Kindly note that w.e.f 21st Mar 2017, we will relocated to:
6 Marsiling Lane S739145
tel: (65) 3157 2626
Please mail all future correspondence to stated address.*



LONPAC INSURANCE BHD

CLAIM NO : 17/18/18/VP05/020672
DATE : 14 FEBRUARY 2019

DISCHARGE VOUCHER

I/We, **LCRF PTE LTD** confirmed acceptance from M/s **LONPAC INSURANCE BHD** and/or the owner of **SGT 8602Y** the sum of Singapore Dollars **Two Thousand Fifty Six and Cents Fifty Four Only (\$2,056.54)** in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my/our vehicle, **SLM 8928K** on **13 JUNE 2018** along **PIE**

I /We hereby agree to indemnify and keep indemnify (**KENNETH KONG JUN WEN/LONPAC INSURANCE BHD**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **M/S AUTO INSURE PTE. LTD.**

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

.....
Signature of vehicle owner/Date



LCRF PTE LTD
.....
Name of vehicle owner/Date



Auto Insure Pte. Ltd.

6 Marsiling Lane
Singapore (739145)
E: claims@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 3157 2626 F: 6368 0081
GST No.: 201437380M

Our Ref: SLM8928K
Your Ref: SGT8602Y
Accident Date: 13-Jun-18

WITHOUT PREJUDICE

25-Sep-18

ATTENTION: MOTOR CLAIMS DEPT

Email: mt_claim@lonpac.com

Lonpac Insurance BHD
300 Beach Road,
#17-04/07 The Concourse,
Singapore 199555

CLAIMANT: LCRF PTE LTD

ACCIDENT INVOLVING SLM8928K & SGT8602Y ALONG PIE TWDS TUAS BEFORE KPE EXIT ON 13/06/2018.

We are instructed by LCRF PTE LTD to claim damages against your insured in connection with a road accident ON involving our client's motor registration number and motor vehicle registration number driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows:

1) Cost of Repair (with GST) after surveyor final esti.	\$ 1,625.54
2) Loss of Rental (Includes loss of PRS and loss of Sun & PHs) (6 days x \$120)	\$ 720.00
3) LTA/GIA Search Fees	\$ 31.00
4) Other incidentals	\$ 200.00
5) Towing	\$ -
6) Loss of Income (6 days x \$200)	\$ 1,200.00
TOTAL:	<u>\$ 3,776.54</u>

A copy of each of the following supporting documents is enclosed:

- 1) GIA report of our Insured
- 2) Repairer's Invoice
- 3) Letter of Authorization
- 4) LTA/GIA Search Receipt
- 5) Hiring Agreement

Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within **14 days** of your receipt of this letter, failing which our client will have no alternative but to commence claims against you without further notice to you or your insurer.

Please note that if you have a counterclaim against our client arising out of accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within **8 weeks** of your receipt of this letter.

For any further enquiry, kindly contact us via email to claims01@autoinsure.com.sg or call Sam at 3157 2628 directly.

Yours Faithfully,

Jason Heng
Auto Insure Pte Ltd
Claims Director



Auto Insure Pte. Ltd.
8 Marsiling Lane
Singapore (739145)
E: claims@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 9157 2626 F: 6368 0081
GST No.: 201437380M

TAX INVOICE

Invoice No.: **AI-3288-2191**
Date: **24/09/2018**
Terms: **30 DAYS**
Ref: **C2961**

BILLING DETAILS	
NAME	LION CITY RENTALS PTE LTD
VEH REG. NO.	SLM8928K
ADDRESS	
ATTENTION TO	LONPAC INSURANCE BHD
TEL	
EMAIL	

S/N	DATE	CODE	DESCRIPTION	PRICE w/o GST	GST AMT	AMOUNT (\$)
1	13-Jun-18		Lump Sum Repair Cost: To supply and replace parts, labour charges for repair, panel beating, welding and respray painting.	\$1,519.20	\$ 106.34	\$1,625.54

Autoinsure

Cheque Payment should be crossed and issued in favour of
AUTO INSURE PTE. LTD.
No Receipt will be issued.
Thank you for your patronage.

SUBTOTAL	\$1,519.20
ADD GST 7.00 %	\$ 106.34
TOTAL AMOUNT (\$)	\$ 1,625.54

This is a computerized document. No signature is required.

LETTER OF AUTHORISATION

To: M/S AUTO INSURE PTE. LTD.

RE: ACCIDENT ON 13/06/2018 10:00 INVOLVING VEHICLE NOS:
SLM8928K & SGT8602Y ALONG PIE TWDS TUAS BEFORE
KPE EXIT

I/We, LCRF PTE. LTD., NRIC/Reg No: 201624597K, owner of vehicle No.

SLM8928K hereby authorise you to commence repair to the said vehicle forthwith.

1. I/We hereby irrevocably authorise you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence proceeding, if necessary, in my name for the costs of repair and loss of use, etc and to you appointing any Workshop to act for me in respect of the accident claims 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 claims to you and my/our Workshops (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 Workshop & Client basis. I/We undertake to co-operate fully with you and my/our Workshops to see the claims to as successful conclusion.
2. I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable authorise you to appoint such a firm of workshop on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
3. I/We undertake to inform you and/or the Workshops appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and 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.
4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
5. Upon settlement of the third-party claims and in case the settlement monies were sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Workshops the cost of repairs settled and related expenses and disbursement incurred.



Owner's Signature
 (Company's Stamp If applicable)



Witness Signature/Name