Letter of Demand

To: AIG Asia Pacitic Insulume PA CK

| Re: Accident involving my vehicle no. $\frac{SK4244}{SFN^{27/1/2}}$ on $\frac{17/7/2018}{Exity}$ at $\frac{0700}{Exity}$ HI | and vehicle no. RS PM/AM along | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| 1) I/We, the owner of vehicle no. Sley 2447 to act for me/us to recover damages sustained if from the third party driver and/or insurers. Claim | in the above accident | |
| Vehicle Repair cost / Excess | \$ 4547.50 | |
| Vehicle Rental Fee for days @ \$per day Loss of use/rental for days @ | \$ | |
| \$ per day Loss of income for days @ | \$ 400.00 | |
| \$per day Police search fee/police report fee/LTA search fees Others / Merimen fee/ch fees | \$ \$ \$ 2.00 | |
| Total: | \$ 4949.50 | |
| Signature of vehicle owner | | |
| | essed by : | |
| Address: 7 4 bi Clary Hypine Centre, Sipore 408604 | Schaim | |
| Tel: 65/13021 | | |

Authorization To Act

| I, Alpine Cu Rental Pte CH ("the third party claimant") of 7 Uhi (lose Alpine Contre Spare 407604 (address), owner of Sky 2447R (vehicle no.) hereby | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (address), owner of Sky 2447R (vehicle no.) hereby | | | | |
| authorize 1st Autowalls Pte Lt | | | | |
| ("the workshop") to act for me with respect to my claim for repair | | | | |
| costs and/or rental and/or loss of use ("claim") for my vehicle | | | | |
| no. Sky 2447/ that was damaged pursuant to the accident which | | | | |
| occurred on 17/7/2018 (date) along 15th Debrie Existing | | | | |
| occurred on $17/7/2018$ (date) along $17/8$ before $17/8$ (location) involving vehicle no/s $17/8$ ("the accident"). | | | | |
| vehicle no/s $\frac{\langle FN 27 \rangle / 2}{\langle N \rangle}$ | | | | |
| ("the accident"). | | | | |
| | | | | |
| | | | | |
| | | | | |
| I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop. | | | | |
| I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s is concerned. | | | | |
| Dated this day of (month) 20 (year) | | | | |
| | | | | |
| Suhaimi Ong | | | | |

Signed by "the workshop"

Signed by "the third party claimant"

Letter of Authorisation & Indeminity

| Accident Involving Vehic | cle no. 5/42447A | and SFN 27112 Or | 17/7/2018 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| At ICTE before | exiting In & | has | |
| 1. I/We, the or | exiting In But which of vehicle not have walky the enairs to the said vehicle | hereby | instruct and authorize |
| third party, I/we | forthwith pay you the s | i chang the outcome | ("the workshop") of my/our claim against the ng refundable deposit of the |
| instructions as if the conduct of | authorized to appoint so f the appointment is made my/our claim against the | e and instructions are give third party driver and | If and give the solicitors full yen by me/us with respect to /or his insurers including if |
| You have my/ou | nmence legal proceeding or full authority to instruct or his insurers on such terr | t my/our solicitors to ne | e against the third party. gotiate a settlement with the |
| Upon resolving amount of their payment of the b the event that m | my/our claim, you are professional costs and calance of the settlement y/our claim or legal cost ats of my/our solicitors no | authorized to agree wi disbursement for acting sum on my/our behalf d s of the third party as w | th my/our solicitors on the g for me/us and to receive directly into your account. In well as the professional costs our solicitors were appointed |
| I/we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of | | | |
| repair costs and rental of substitute vehicles. 6. In the event that I/we am/are required to attend at my/our solicitors office or to attend court in connection with my/our claim, I/we shall render full co-operation. | | | |
| 7. In the event that cannot be proceed by the third party cost of repairs a respect, I/we ur | t my/our claim against the eded with and/or if any J y, I/we authorise you to a and any other losses reco | e third party and/or his udgement or settlement revert the claim against overable under my/our | insurers is not successful or is not honoured or satisfied my/our own insurers for the policy of insurance. In this applicable under policy of |
| 8. If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf | | | |
| or to pay you the difference in amount, as the case may be. 9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim. | | | |
| Dated this | | | |
| Signature of vehicle owne | | | |
| Name | V . | Wit | nessed by: |
| IC No:(Company stamp, if applic | oohlo) | _ | Schaini. |
| Address: 7 4 i (/o. | | | |
| Contract Court Co. | 28604 | | |
| Centre 5 por 408604 Tel: 6511 3021 | | | |
| Tel: 03/1 302 | | | |

1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933

TAX INVOICE

AIG Asia Pacific Insurance Pte. Ltd 78 SHENTON WAY #07-16 SINGAPORE 079120

GST Ref. No:

20-0000274-Z

Vehicle No: SKU2447R

Invoice No:

CGI-ASC-19IR00048G

Chasis No: KL1JA6989EK626352 Engine No: A14NET143580021

Invoice Date:

4/1/2019

DESCRIPTION

No. Description

1 Carry out lump sum repair on accident vehicle corresponding to supply of spare \$ 4,250.00

Total: \$ 4,250.00 GST (7%) \$ 297.50 Grand Total: \$ 4,547.50

Yours Faithfully,

Suhaimi Ong Service Advisor

Tel: 68441985 Fax:68445185

E&OE

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "1ST Autoworks Pte Ltd".

- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

parts, labour and spray painting charges

Suhaimi Ong



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-18-111283

Date of Request:

20/07/2018

Your Ref No:

Online Purchase

1st Autoworks Pte Ltd 23 Kaki Bukit Ave 4 #04-01

Singapore 415933

Dear Sir/Madam,

Enquiry Date

20/07/2018

Enquiry By

Mohd Suhaimi Bin Mohd Suadi Ong

TP Vehicle No.

SFN2711Z

Accident Date

17/07/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SFN2711Z | AIG Asia Pacific Insurance Pte. Ltd. | 20/05/2018-19/05/2019 | 65-6419-3000 |

Thank You.

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1st Autoworks Pte Ltd 23 Kaki Bukit Ave 4 #04-01 Singapore 415933

Dear Sir/Madam,

Enquiry Date

20/07/2018

Enquiry By

Mohd Suhaimi Bin Mohd Suadi Ong

TP Vehicle No.

SFN2711Z

Accident Date

17/07/2018

| 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:

[X] GIRO [] Cash [] Cheque