PEOPLE'S VEHICLE RECOVERY SERVICE



Blk 3023A Ubi Road 1 #01-60 Singapore 408717 Tel: 6743 3246 | Fax: 6743 0013 GST Registration No.: M90001895E E-mail: peoplevehicle倒gmail.com

LETTER OF DEMAND

Date:

10/12/2018

INDIA INTERNATIONAL INSURANCE PTE LTD **64 CECIL STREET** #04 #05 IOB BUILDING SINGAPORE 049711

Attn: Motor Claims Department

Tel: 63476100 sundari@iii.com.sg

Your Reference:

SHC3133U

OIC : SUNDARI

Our Reference:

GBC5632T

Re: Accident involving

SHC3133U

& GBC5632T on 05/11/2018

We act on behalf of our Client, Vehicle No. GBC5632T on above claim.

COR as per your appointed surveyor's recommendation

9,095.00 (inclusive of GST)

Loss of use @ \$120.00 X 9 Days

: 5 1,080.00

LTA Search

. Ś 7.45

Total

10,182.45 : \$

Kindly revert back to us within 7 working days from date of above if you wish to settle with us under settlement.

Enclosed the following documents :-

- 1. Original Tax Invoice
- 2. GIA Report
- 3. LTA Search Receipt

Thank you.

Yours Sincerely, People's Vehicle Recovery Service

People's Vehicle Recovery Service This is a computer generated document, no signature is required.

LETTER OF AUTHORITY

Date: 08 11 /30 (8	
To:	
India International	
incurance Pte Ltd	
	2.2
Attn: Motor Claim Dept	
Your Ref: SHC 3133U	
Re: Accident involving vehicle No:	SHC3133U and the SE32T
INVA Dama Trading Pte Utol	put in place People's Vehicle Recovery Service
to act for me/us with respect to my/ou vehicle No: 566, 5632 T	ur above claim of repair costs , rental/loss of use for my/or
	e's Vehicle Recovery Service for above claim
Yours faithfully DAMA TRADING	

barra Trading Pte Hd

201325809 6



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1507037928 | GST. Reg. No. M2-0078000-X 64 | Cecil Street | #04 | #05 | #06-02 | 10ft Building | Singapore 04971.1

Office (65) 63476100 Email insure@ili.com.sg Fax (65) 62244174 Website www.ili.com.sg

("the workshop") hereby confirm that we/l have reached an agreement

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: TP / MCT18110122 Claimant Ref : GRESSIZT

We/I, PEOPLE'S VEHICLE RECOVERY SERVICE

with the appoir	nted Surveyor of I	ndia International Insurance Pte Ltd	LKK Auto Cor	nsultants Pte Ltd (name	e
	Name and Address of the Association of the Association of the	e amount claimed for S\$ 10,500.00			•
unariontal)G(- (coord)	vehicle no GRESSUT that v	vas damaged pursua	ant to the accident which occurred	ď
on 05/11/20		PIE TOWARDS CHANGI AIRPORT	- Prodesovněním	lving vehicle no. <u>SHC3133U</u> (insure	d
vehicle). This is	pursuant to the ins	pection conducted on15/11/2018	(date) at The workshop	p".	
We'll confirm t	hat we/I are/am :	authorized by the owner DAM	TRADING PTE LTD	("the third part	У
claimant") of v	ehicle nogessa	to make the claim as set out in the	he above paragraph	and we/I have full authority to settle	è
he matter on	his/her behalf in	a manner that we/l deem fit. We/l o	enclose herein the le	ofter of authority given by "the thin	d
party claimant"					
We/I further co	onfirm that we'll w	ill indemnify India International Insur	ance Pte Ltd for all	damages loss and/or expense that	
		red in the event that "the third part			
		for any loss and expenses suffered			
		o GRESESZT (vehicle no.) as a res			ñ
Well confirm	that the agreeme	nt reached above is in full and fini	al settlement of all (claims of "the third party element	
		at further this settlement is reached			
basis.		The state of the s	on a minour project	or and without burnesson or habin	7.
This agreemen	t is subject to the	application of Singapore law and th	e Singapore Courts I	navo avolusiva jurierliction over an	
	out of the same	approximation of an ignored line and an	e origapore dours i	are excusive jurisdiction over an	n.
CL-T-III. CO POPULATION					
Ne/I authoriz	e you to pay the to	otal amount of S\$ 10,000.00 to P	EOPLE'S VEHICLE RECOV	ERY SERVICE	
	octob	NOT.			
Dated this		20			
	Lank	(AU 3 VE)		((KK))	
CLAIMANT:	7	- (- () L	WITNESS:	((TVIV))	
Signature	/	1 1 1 1 1	Signature	LHP	
	Signed by "ti	he workshop (with chop)	Signature.	Signed by appointed Surveyo	or .
lame	PEOPLE'S V	EHICLE RECOVERY SERVICE	Name	LKK Auto Consultants Pte Ltd	
IRIC:	31800200X		NRIC:	199607198R	
Address:	BLK 3023A U	BI ROAD 1 #01-60	Address	51 Ubi Avenue 1	
	SINGAPORE	408717		#01-25 Paya Ubi Ind. Park S(40)	8933
lationality:	-		Nationality:		
Occupation:			Occupation		
CAMPINE DETTA			Occupation		

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717 Tel No.: 67433246/ 67438552 Fax No.: 67430013

E-Mail: peoplevehicle@gmail.com

Tax Reg. No.: M90001895E Buss. Reg. No.: 31800200X

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street #04/#05 IOB Building (S) 049711

Attention: Motor Claim Department

Contact: 63476100 Fax No.: 62244174

Tax Invoice: TT18046

Date: 06/12/2018 Vehicle Num.: GBE 5632 T Make/Model: ISUZU NNR85

Chassis/Eng#:

Accident Date: 05/11/2018 Claim No.: TP 329-18 Reference: SHC 3133 U Policy No.: NTUC 5096911719

Amount S\$

8,500.00

LUMPSUM REPAIR

SingDollars: Nine Thousand Ninety-Five Only

E. & O.E.

Total S\$:

8,500.00

GST 7% S\$:

595.00

Amount Due S\$:

9,095.00

for PEOPLE'S VEHICLE RECOVERY SERVICE Computer Generated Invoice. No Signature Required.

Back to OneMotoring

Authority Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

07 Nov 2018 / 15:04:17

Receipt Date/Time: 07 Nov 2018 / 15:04:17

Tax Invoice/Receipt

Receipt No.: ITNET-00000-181107-001460

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHC3133U As at 05 Nov 2018/17:00:00 Insurance Co: INDIA INT'L INS PTE LTD 1 insurance Enquiry - SHC3133U Enquiry Fee 20181107150023891364		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7,00	0.49	7.49
ta= 1843 Plas	Rounding Difference			0.04
	Total Amount Payable			7.45
50 n do. 1@	Paid By			
111 - com 29	20181107150041720	Direct Debit: eNETS Debit (Internet Banking)		7.45
	Total	10		7.45
	Cash Change			0.00
	Tendered Amount	100		7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

DIRECT CREDIT AUTHORISATION FORM

. Payment will be credited directly

This form is to be completed by the Supplier of India International Insurance

(Name of Paying Organisation) into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form, duly completed Part II and return the banker's certification in India International Insurance Pte ttd. (Name of Paying Organisation) Part I (To Be Completed By Supplier) (A) To: India International Insurance Pto Ltd (Name of Paying Organisation) Supplier's Particulars: : PEOPLE'S VEHICLE RECOVERY SERVICE Name Address BLK 3023A UBI ROAD 1 #01-60 SINGAPORE 408717 Telephone Number: 67433246 Fax Number: 67430013 Name of Branch: PAYA LEBAR QUARTER Name of Bank :: UOB Account Number To Be Credited: 9313418967 Pto Ltd I/We hereby authorise India International Induntation to credit payments due to me/us to the above account. (Name of Paying Organisation) This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you. In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change. (B) To: UOB - PLQ (Name of Supplier's Bank) I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document. 21/10/2019 Date Signatures and Company's stamp As In Bank Account Part II (To Be Completed By Supplier's Bank) To: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows: Bank Account Number Branch Name & Signature of Authorised Bank Officer Date