

AUTOMOTIVE REPAIR CENTRE PTE LTD

38 WOODLANDS INDUSTRIAL PARK E1 #05-18 SINGAPORE 757700 TEL: 64688834 / FAX: 64622278

E-MAIL: info@automotiverepaircentre.com.sq

<u>China Taiping Insurance (Singapore) Pte Ltd</u> Attn: Motor Claims Dept

Dear Sir/ Madam

LETTER OF DEMAND

ACCIDENT INVOLVING VEHICLE NO <u>SLE6349L & SJQ1496M</u> ALONG 204 MARSILING DRIVE SINGAPORE 730204 ON 20/10/2018.

We understand that you are the insurer of vehicle SJQ1496M.

I/We wish to inform you that my/our vehicle <u>SLE6349L</u> have been completed repairs to my/our satisfaction by <u>M/s AUTOMOTIVE REPAIR CENTRE PTE LTD.</u> I/We therefore propose to claim from your as follows:

1. Cost of Repair

S\$ 1,016.50 (w/GST 7%)

2. Loss of Use (S\$60.00 x 02 days)

S\$ 120.00

3. LTA Search Fee/GIA Reports

S\$ 7.45

TOTAL

S\$ 1,143.95

Please let us have your reply soonest possible.

Thank you.

Yours faithfully



AUTOMOTIVE REPAIR CENTRE PTE LTD

38 Woodlands Industrial Park E1 #05-18, Singapore 757700

Tel: 64688834 Fax: 64622278

e-mail: info@automotiverepaircentre.com.sg

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Company Reg. No: 201312913C GST Reg. No: 201312913C

Tax Invoice: INV00001365

Date ::

: 30/11/2018

PO/WO No.:

Reference : SLE6349L

Attention

Terms

Page No : 1

S/N Quantity

3 ANSON ROAD, #16-00

Particular

Contact: 6389 6116 Fax No.: 6224 7175 / 6224 747

SPRINGLEAF TOWER, SINGAPORE 079909

Unit Price

Amount S\$

1. 1

COST OF REPAIR (LUMP SUM)

950.00

950.00

Dollars: One Thousand Sixteen & Cents Fifty Only

Total S\$:

GST @ 7% S\$:

950.00 66.50 1,016.50

Amount Due S\$:

1,010.50

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Customer Signature & Co. Stamp

AUTOMOTIVE REPAIR CENTRE PTE LTD

LETTER OF AUTHORISATION

I/We, <u>HARON BIN MUWAS</u> ("claimant") of <u>BLK 682C WOODLANDS DRIVE 73 #01-251</u>

<u>SINGAPORE 733682</u> (address), owner of (Vehicle no.) <u>SLE6349L</u> hereby authorize

<u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u> ("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.

<u>SLE6349L</u> that was damaged pursuant to the accident which occurred on <u>20/10/2018</u> (date)
along <u>ALONG 204 MARSILING DRIVE.</u> (S)730204 (location) involving vehicle no/s

<u>SJQ1496M</u> ("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 insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this _____ (day) of _____ (month) $\frac{8}{9}$ (year)

Signed by "the claimant" (with chop if applicable)

Signed by "the workshop" (with chop)