

# MY CAR CONSULTANT PTE LTD

Address: 60 Jalan Lam Huat, Carros Centre #05-21 S(737869)

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

11<sup>th</sup> May 2023

Our reference: GBJ2112X Your reference: SJW5641C

**AIG Asia Pacific Insurance Pte Ltd** 

**BY HAND** 

78 Shenton Way #09-16 Singapore079120

**Attn: Motor Claims Department** 

Dear Sir/ Madam,

Claimant : KRONOS SERVICES

Address : 11 CHANGI NORTH STRET 1 #02-01 S498823

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on <u>07/02/2019</u> along involving our client's vehicle registration number <u>GBJ2112X</u> and vehicle registrations number <u>SJW5641C</u> driven by you/your insured's driver at the material time.

As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair : \$972.00

Loss of Use (\$150 X 03 DAYS) : \$450.00

GIA & LTA Search : \$7.49

Total : \$1429.49



# TAX INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD 78 Shenton Way, #09-16 AIG Building SINGAPORE 079120 Invoice Date 11 May 2023

Invoice Number MCC2023-1997

Reference GBJ2112X

**201605878Z** 201605878Z

My Car Consultant Pte. Ltd. 60 Jalan Lam Huat 05-21

Carros Center 737869 SINGAPORE

Description	Quantity	Unit Price	Тах	Amount SGD
Cost of repair	1.00	900.00	8%	900.00
			Subtotal	900.00
	TOTAL :	TOTAL 2023 STANDARD RATED SUPPLIES 8%		72.00
			TOTAL SGD	972.00

Due Date: 11 May 2023
GST REG NO. - 201605878Z
DBS CURRENT A/C - 018-904614-2
PAYNOW UEN - 201605878Z
CHEQUE PAYABLE TO - MY CAR CONSULTANT PTE LTD
INTEREST OF 1.5% PER MONTH WILL BE CHARGEABLE FOR OVERDUE PAYMENTS.

-X

# **PAYMENT ADVICE**

To: My Car Consultant Pte. Ltd. 60 Jalan Lam Huat 05-21 Carros Center 737869 SINGAPORE Customer
AIG ASIA PACIFIC INSURANCE PTE
LTD
Invoice Number
MCC2023-1997

Amount Due
972.00
Due Date
11 May 2023

Amount Enclosed

Enter the amount you are paying above

#### > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

11 Feb 2019 / 15:06:00

Receipt Date/Time: 11 Feb 2019 / 15:06:00

### Tax Invoice/Receipt

Receipt No.: ITNET-00000-190211-002070

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	ult of Insurance Enquiry - GBE2272T t 06 Feb 2019/20:00:00				
ınsuı	ance Co: CHINA TAIPING INSURANG	CE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - GBE2272T Enquiry Fee 20190211150329631745		7.00	0.49	7.49
		Sub-Total	7.00	0.49	7.49
	ult of Insurance Enquiry - SJW5641C t 07 Feb 2019/10:45:00				
	ance Co: AIG ASIA PACIFIC INSURA	NCE PTE. LTD.			
2	Insurance Enquiry - SJW5641C				
	Enquiry Fee		7.00	0.49	7.49
	20190211150329696879				
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	14.00	0.98	14.98
		Rounding Difference			0.03
		Total Amount Payable			14.95
		Paid By			
		xxxxxxxxxxx0407	Credit Card: Visa/MasterCard		14.95
		Total			14.95
		Cash Change			0.00
		Tendered Amount			14.95
		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.



NRIC/FIN/UEN No:

MY CAR CONSULTANT PTE LTD (Co Reg no: 201605878Z) 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park S408934

Tel: +65 9888 8885 / +65 8330 0060

## **LETTER OF AUTHORIZATION**

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 53 Ubi Avenue 1, Paya Ubi Ind Park

#01-33 Singapore 408934		
I/We,		of NRIC/Passport number/ROC
number:, Own	er of vehicle no	hereby authorize you to
party or to commence legal proceedir use, etc. I/We agree to assign the who solicitors (to be appointed by you on a authorisation to pay the amount com	ngs, if necessary, in my/ople proceeds of my/our my/our behalf) shall acc pensate direct to you af	
behalf for all monies due to you, I und	lertake to pay you for th openses incurred by you	ny/our insurance company on my/our ne excess applicable under my policy and in pursuing the claim on my/our behalf in
I/We also irrevocably authorise you to papers in connection with the above o		hers/indemnity forms and all necessary
I/We irrevocably authorise you to app fit for the purpose of the third party/c		itors on my/our behalf as you shall deem
	municate with me/us dir or offer of settlement fro	I by you on my behalf in the event the rectly, orally or in writing and I/we further om the third party's insurers without first
In the event the third party's insurers sum claimed in relation to my propert		ement monies, I undertake to pay you the
Dated this(day) of	(month) <u>20</u> (year)	
felif (1020217X)		
Owner's signature/Company stamp (if	applicable)	
Name:		