



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM)

#04-04 Singapore 757047

Tel: 65 6493 1924 Fax: 65 6493 1928

Email: alex@carzauto.com.sg

18 March 2018

Our Ref: SKA 2187 X

Your Ref: SLH 7039 J

EQ INSURANCE COMPANY LTD

Motor Claims Department

5 Maxwell Road

Tower Block MND Complex #17-00

Singapore 069110

BY POST

Dear Sir/Mdm

**ACCIDENT INVOLVING SKA 2187 X / SLH 7039 J ALONG TAMPINES AVE 1 BEFORE SAFRA
ON 14 FEBRUARY 2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **MR LEE KENG MUN** the registered owner of motor vehicle number **SKA 2187 X** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SLH 7039 J** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

- | | |
|--|---------------------------------|
| 1. Cost of Repair (Agree with Surveyor) | \$ 1,444.50 (\$1350 with 7%GST) |
| 2. Loss of Rental (4 days not included Sunday) | \$ 400.00 (\$100 per day) |

TOTAL AMOUNT

\$ 1,844.50

We enclsloed hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) GIA Report Lodged by Our Client
- (C) Owner/ Driver Nric/ Driving Licence
- (D) Certificate of Insurance
- (E) LTA Search Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

Yours Faithfully,



Ms Jeslyn Chua

Account Assistant

Mobile: 65 8322 7418

Email: jeslyn@carzauto.com.sg



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Tel: 65 6493 1924

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FINAL REPAIR BILL

Date : 18/3/2019

Vehicle Number : SKA 2187 X
Make/Model : NISSAN TEANA
Date of Accident : 14/2/2019

EQ INSURANCE COMPANY LTD

Motor Claims Department

5 Maxwell Road

Tower Block MND Complex #17-00

Singapore 069110

REPAIR COST

\$ 1,350.00

7% GST \$ 94.50

GRAND TOTAL \$ 1,444.50

ISSUED BY



Ms Jeslyn Chua

Account Assistant

Mobile: 65 8322 7418

Email: jeslyn@carzauto.com.sg



LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SKA 2187X AND SLH 7039J
AT/ALONG Tampines Ave 1 before SAFRA
ON 14 DAY 02 MONTH 2019 YEAR

- a) I/We, the owner of vehicle no. SKA 2187X hereby instruct and authorize you to commence repair to the said vehicles.
- b) ~~You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.~~
- c) ~~You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party, and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.~~
- d) ~~Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.~~
- e) ~~In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.~~
- f) ~~In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.~~ the of vehicle SLH7039J
- g) If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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.
- h) I/we have read and understand the above statement and agreed.


Dated this 14 day 02 month 2019 year

Signature

Name

NRIC/ROC No.

Address


: Lee Keng Mun
: S7387639G
: 165 Poh Huat Rd West
: #01-11 S(546694).

Company Stamp