



Vermogen ACE Pte Ltd

1 Bukit Batok Crescent
#05-23 Wcega Plaza
Singapore 658064
Co. Reg No.:201606023C GST Reg No.:201606023C
Tel:6694 4919 Fax:6694 4929
Email:vermogenace@gmail.com

Yr Ref : YN2109M

Our Ref : SLE9204B

21 JUNE 2019

Without Prejudice

Attn: Motor Claim Dept

LONPAC INSURANCE BHD

100 Beach Road
#19-00 Shaw Tower
Singapore 189702

Dear Sir/Mdm,

Accident involving SLE9204B & Y2109M on 19/02/2019 10:05 hrs at along CECIL ST.

We refer to the above said accident.

As instructed, we are claiming the following as stated below:-

1. Cost of repair	\$	1,551.50
2. Loss of use (\$100 x 7 days)	\$	700.00
3. GIA search fee	\$	2.00
Total	\$	2,253.50

We enclosed herewith relevant document as stated below:-

1. Accident report
2. Final Repair Bill
3. Letter of authority
4. GIA search receipt

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thank you.

Best Regards,



Ezel Tejano (Claim dept)

Vermogen ACE PTE LTD

Tel : 6904 4596 Fax: 6694 4929

Email: ezel.t@vermogen-group.com



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23
WCEGA PLAZA S(658064)
TEL : 6694 4919 FAX : 6694 4929
CO. & GST REG NO : 201606023C

Tax Invoice: 21229

LONPAC INSURANCE BHD

100, Beach Road
#19-00 Shaw Tower
Singapore 189702
Tel:+65 6250 7388 Fax:+65 6296 3767

Bill Date: 21/06/2019
Vehicle No: SLE9204B
Vehicle Model: TOYOTA AXIO
Date of Accident: 19/02/2019
Claim No:

Attn: Motor Claims Dept

S/N	QTY	Descriptions	Unit Price	Amount S\$
1		Lumpsum repair		1450.00

E. & O.E.

Total	S\$	1450.00
GST 7%	S\$	101.50
Amount Due	S\$	1551.50



for Vermogen ACE Pte Ltd

**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

TAX INVOICE

Our Ref No: GR-19-026569
Date of Request: 19/02/2019

Your Ref No: Online Purchase

ermogen Ace Pte Ltd
1k B, 44 Benoi Rd
Singapore 629904

Dear Sir/Madam,

Enquiry Date 19/02/2019
Enquiry By Nur Asyira Binte AB Rahman
TP Vehicle No. YN2109M
Accident Date 19/02/2019

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:

☒ GIRO ☐ Cash ☐ Cheque



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA 5(658064)
TEL : 6694 4919 FAX : 6694 4929
Email : vermogenace@gmail.com
REG No : 201606023C

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLE9204B & YN2109M
ALONG CECIL ST ON 19TH FEB 2019
AT 1005HRS .

I/We LCRF PTE LTD UEN/NRIC NO. 201624597K owner of Vehicle No. SLE9204B
, hereby authorise M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to
forward the claim for damages sustained in the above accident to the third party driver and
/or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in
consideration of you giving up your repairer's lien. I/We agree
to assign the whole proceeds of my/our third party claim to you and if applicable, our
solicitors (to be appointed by you on my /our behalf) shall accept this as my /our irrevocable
authority to pay the amount compensated direct to you after deduction of their costs on a
solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see ,
the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject
liability, i/We will fully be responsible for the repair costs and other incidentals.

I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary
paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit
for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the
event of the third party's insurance company communicate with me/us directly by telephone
or in writing and I/We further undertake not to accept any monies or offer of settlement from
the third party's insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat
and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall
pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.

Owner Signature

(Company Stamp if applicable)

TO:

Dear Sirs,

CLAIMANT:

ACCIDENT INVOLVING SLE9204B and YN2109M on 19TH FEB 2019 At 1005HRS.

I/WE LCRF PTE LTD, am/are the registered Owner of Vehicle No. SLE9204B.

Please note that I have assigned all compensation monies due -to me/us in the above said accident to **Vermogen ACE Pte Ltd**.

I/We, hereby authorize you to release **all** compensation monies pertaining to the above said accident to **Vermogen ACE Pte Ltd** and forward your settlement cheque to **Vermogen ACE Pte Ltd** whom I/we had authorized to collect the said compensation monies ..

Thankyou .



Signature of Claimant
(company Stamp, if applicable)

Name : _____

NRIC No. : _____

Date : _____