

LEE KUAN HWA MOTOR SERVICE

Mailing Add: 39, Westwood Ave Singapore 648719

Workshop: 24, Sungei Kadut Street 4 Singapore 729050

Tel: 6269 9192, 6764 5002 Fax: 6269 2239 H/P: 9631 1712

Business Reg. No: 36463500B

Lonpac Insurance Bhd

100, Beach Road

#19-00 Shaw Tower

Singapore 189702

Date : 09.07.2019

Motor Claim Dept

Attn To : Ms Asher Sng (LKK)

Your Ref: GBA 440 J

Third Party Direct Settlement

Re: Accident involving YM 7683 T & GBA 440 J along Boon Lay Way on 14.02.2019.

We refer to the above accident which is due to the fault of your insured GBA 440 J,
we are now claiming against you/your insured for our client's losses as follow:

1	Cost of Repair	\$	5,250.00
2	Loss of Use for 6 Days @ \$150.00 per day (Based on benchmark)	\$	900.00
3	GIA Search fees	\$	2.00

Total		\$	6,152.00

Enclosed are the Repair bill and supporting documents.

We look forward to your reply.

Thank you very much.

Yours faithfully,

李光華 摩嘜燒焊

LEE KUAN HWA MOTOR SERVICE

39, Westwood Avenue, Singapore 648719

TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712

LETTER OF AUTHORITY

To:

Dear Sirs

ACCIDENT INVOLVING VEHICLE NO. YM 7683T AND GBA 440J
AT LOCATION: along Boon Lay way
ON ACCIDENT DATE 14/02/2019.

I / We had gave you instructions to repair my / our vehicle no. YM 7683T which was damaged in the in the above accident.


In consideration that you have agreed to permit me / us to take delivery of my / our vehicle without any payment of the repair cost, I / We hereby authorize you and/or your solicitors as my/our representative to write, negotiate and settle the accident claim on my/our behalf against any party involved in the above mentioned accident.

I / We hereby undertake to co-operate with you and render you all the assistance (including having my/our vehicle re-inspected and being a witness at trial) that may be necessary for you to recover the cost of repairs and the loss of use to my/our vehicle. I / We further undertake to keep you informed at all times of any communication received from any party involved in the above mentioned accident.

In the event of my claim against any party involved in the abovementioned accident being unsuccessful for any reason whatsoever, I / We shall bear the repair / excess cost payable to **Lee Kuan Hwa Motor Service** either by cash / cheque or claim against my/our insurance policy.

I / We hereby authorize the payment of my/our claim to be made payable to my/our representative **Lee Kuan Hwa Motor Service** accordingly.

Yours faithfully,

Signature: 

Name : Li Chengjiao

NRIC No: G2987147M



LEE KUAN HWA MOTOR SERVICE

Mailing Add: 39, Westwood Ave Singapore 648719
Workshop: 24, Sungei Kadut Street 4 Singapore 729050
Tel: 6269 9192 Fax: 6269 2239 H/P: 9631 1712
Business Reg. No: 36463500B

M/s: **MATSUSHITA GREATWALL CO PTE LTD**
4 SHENTON WAY
#17-01 SGX CENTE 11
SINGAPORE 068807

Date : 09.07.2019

Vehicle number : **YM 7683 T**
Make/Model : **Mitsubishi FE83BE0SRDEA**
Date of accident : **14.02.2019**
Claim Type : **TP CLAIM**

Final repair bill

To contract lump sum repair cost \$ 5,250.00

李光華 摩嘜燒焊

LEE KUAN HWA MOTOR SERVICE

39, Westwood Avenue, Singapore 648719

TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712



**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-19-024438

Date of Request: 15/02/2019

Your Ref No: Online Purchase

Lee Kuan Hwa Motor Service
24 Sungei Kadut Street 4
Singapore 729050

Dear Sir/Madam,

Enquiry Date 15/02/2019
Enquiry By ADELIN LEE SU FANG
TP Vehicle No. GBA440J
Accident Date 14/02/2019

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque