

AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: claims.autoworxhouse@gmail.com

•TEL: 6452 8211 •FAX: 6451 7420

Direct Settlement THIRD PARTY CLAIM

Your ref: D19002115MFSH

Our ref: SGX 6848 Y

INDIA INTERNATIONAL INSURNACE PTE LTD

Attn: Officer In Charge

(Motor Claim Department)

06/11/2019

Dear Sir,

RE : ACCIDENT INVOLVING SGX 6848 Y & SHA 7678 Z ON 27/03/2019.

We have been authorized by UNIQUE TOURIST SERVICE PTE LTD, the registered owner of vehicle number SGX 6848 Y, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number SHA 7678 Z.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	2,400.00
Loss of Use (9days x \$100.00) 1 Sunday involved, 2 days PRI.	S\$	900.00
Search Fee	S\$	7.45
Total	S\$	3,307.45

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,



Autoworx House

To: Autoworx House
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SGX 6848Y and SHA 7678Z
ALONG/AT Parking lot at Sin Ming Vicom Car Park
ON 27/03/2019.

1. I/We, Unique Tourist Service Pte Ltd (NRIC No. 1974 01067R), owner/driver of motor vehicle no. SGX 6848Y, & residing at _____, respectively in consideration of your workshop Autoworx House repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the said service of a solicitor to proceed with negotiation with the defaulting party's insurance company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our assistance as per second paragraph stated herein below.
2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever reasonable assistance to you including signing all relevant Court's document and attendance in Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite request from you, you shall be entitled to claim from me/us the repair costs together with legal costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain payment from defaulting party.
3. 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/our claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our full authority to collect all compensation monies pertaining to the above-mentioned accident from insurance company or any other party, directly to your workshop M/s Autoworx House.
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after deducing all costs and disbursements incurred should be drawn in your name or my/our name/s (at your discretion) and will be forwarded to you.
5. This letter of Authorisation is irrevocable.

Signature: _____

Name: _____

NRIC NO: _____

Date this 06 day of November 20 19.


AUTOWORX HOUSE

C/O. 176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 64528211 FAX: 64517420
Registration No. 5296929B

INVOICE 5376

INDIA INTERNATIONAL INSURANCE PTE LTD

6/11/2019

QUANTITY	PARTICULARS	AMOUNT (\$)
	<u>RE : SGX 6848 Y / TOYOTA ALTIS</u>	
	Lump sum repair for the above mentioned vehicle.	2,400.00
		
	Total	2,400.00

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 27 Mar 2019 / 15:47:08

Receipt Date/Time : 27 Mar 2019 / 15:47:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190327-003180

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHA7678Z				
As at 27 Mar 2019/13:45:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHA7678Z Enquiry Fee 20190327153839299038	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20190327154543961	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.

Print Receipt

OK

Save as PDF