Registration number: 53228991M 23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933

INVOICE

To: AXA Insurance singapore Pte Ltd Cecil Street #01-01 GB Building Singapore 069542

Vehicle No: SLT5810Z

Invoice No: ACC-19005

Engine No: A3163105GU7X0819

Chasis No: W0LJD7EC5HB124364

Invoice Date: 18/06/2019

DESCRIPTION

AMOUNT SGD

Description Price (SGD) No.

1

Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges

4,250.00

Grand Total: \$

4,250.00

Yours Faithfully,

Suhaimi

Service Executive

Tel: 9189 2617 Fax:6844 5185

Email: aceautosolution@gmail.com

E&OE

ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "ACE AUTO SOLUTION".

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

23 Apr 2019 / 10:56:47

Receipt Date/Time: 23 Apr 2019 / 10:56:47

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190423-000962

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 - SDD3142K As at 19 Apr 2019/19:30:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SDD3142K		7.00	0.49	7.49
Enquiry Fee 20190423105547294218		7.00	0.49	7.43
20.00.20.000.	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			
	20190423105559850	Direct Debit: eNE (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.

Authorization To Act

I, Alpine	Ca1	Rental	Phe LX	("the thin	rd party	claimant") of
7 Uhi	(lose,	Alpine	Centre, S	pure	40860	¢	1000
(address)	, owne	er of _	SCT \$P10.	2		(vehicle	no.) hereby
authorize	Ace	Auto	Solution				
("the wor	rkshop	") to ac	et for me v	vith r	espect to	my cla	im for repair
costs and	d/or re	ntal ar	nd/or loss	of us	se ("clai	im") for	my vehicle
							cident which
occurred	on_	19/9/201	(date)	alo	ng CTE	betwe	Fxit to
Yishm					(1	ocation)	involving
vehicle	no/s		500 31	4211		972	
("the acci	dent")						

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this ______ day of ______ (month) 20 _____ (9ear)

 $\qquad \qquad \Box \gt$

Signed by "the third party claimant"

Signed by "the workshop"

Letter of Authorisation & Indeminity

	Letter of Authorisation & machinin	ity
	Involving Vehicle no. SLTS810 Z and SDD3141k On	19/4/2019
At CTI	E Bedine Exit to Yishya	
	I/We, the owner of vehicle no. 5 CT 58/02 hereby Acc Aub Solution	("the workshop")
tl re	to commence repairs to the said vehicle. Pending the outcome third party, I/we forthwith pay you the sum of \$ beirepair to my/our said vehicle.	ng refundable deposit of the
ir tl	Your are further authorized to appoint solicitors on my/our beha instructions as if the appointment is made and instructions are girthe conduct of my/our claim against the third party driver and necessary, to commence legal proceedings in court in my/our name	ven by me/us with respect to /or his insurers including if
3. Y	You have my/our full authority to instruct my/our solicitors to ne third party and/or his insurers on such terms as you deem fit.	egotiate a settlement with the
a p tl a	Upon resolving my/our claim, you are authorized to agree with amount of their professional costs and disbursement for actin payment of the balance of the settlement sum on my/our behalf of the event that my/our claim or legal costs of the third party as wand disbursements of my/our solicitors notwithstanding that my/oby you on our behalf.	g for me/us and to receive lirectly into your account. In well as the professional costs
5. I/ fr	I/we also hereby instruct and authorise you deduct directly from the third party all outstanding balances that are still owing to repair costs and rental of substitute vehicles.	n the claim monies received by you, namely the balance of
6. It	In the event that I/we am/are required to attend at my/our solicito connection with my/our claim, I/we shall render full co-operation.	
7. I	In the event that my/our claim against the third party and/or his cannot be proceeded with and/or if any Judgement or settlement by the third party, I/we authorise you to revert the claim against cost of repairs and any other losses recoverable under my/our respect, I/we understand and accept that the excess amount insurance shall be borne by me/us.	insurers is not successful or is not honoured or satisfied my/our own insurers for the policy of insurance. In this applicable under policy of
9. I/	If for whatever reasons, my/our insurers reject my/our claim for repairs and/or any other losses recoverable under the policy of it pay less than the amount claimed by you, I/we agree and undertaryour repair bill and survey fees and any other expenses reasonable or to pay you the difference in amount, as the case may be. I/we shall keep you informed of any correspondences and/or sum to this action agreeing to pay or receive any monies due to this cla	surance or make an offer to ke to pay the full amount of ly incurred on my/our behalf mons that I may receive due
· ·		
Signature	Dated this	Sukerini
		tnessed by :
IC No :		
	y stamp, if applicable)	
Address:	7 4/2 Close, Alpine Certify 12 40,8604	
Tel: 6	5113021	

Ace Auto Solution

Letter of Demand

To: AXA Insurance Pte CH	
Re: Accident involving my vehicle no. $\frac{SLTSD/02}{SDD3142K}$ on $\frac{19/412019}{E_{JKI}}$ at $\frac{1930}{SDM}$ HRS	and vehicle no PM/AM along
1) I/We, the owner of vehicle no. SCTSP/02 Ace Auto Solution (' to act for me/us to recover damages sustained in the from the third party driver and/or insurers. Claims	hereby appoin the workshop" ne above acciden are as follows:
Vehicle Repair cost / Excess Vehicle Rental Fee for days @ \$per day Loss of use/rental for days @ \$per day Loss of income for days @ \$per day Police search fee/police report fee/LTA search fees Others Total:	\$ 4250.00 \$ \$ 360.00 \$ 7.45 \$ \$ 4617.45
Signature of vehicle owner Name - Witness Address: July (low Alpm Certa Sport 408604 Tel: 65//302/	sed by: