

First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

14/11/2018

Attn: Wong Thiam
Motor Claims Dept

LETTER OF DEMAND

Our Ref : XD8864R Your Ref : D18006758MFCV

Dear Sir,

VEHICLE # : XD8864R

ACCIDENT INVOLVING : XD8864R & XD5022Z ALONG LIM CHU KANG RD OPPOSITE BUS STOP
NO: B16 ON 11 SEPTEMBER 2018

LUMP SUM REPAIR : S\$87,000.00

LOSS OF USE : S\$12,950.00

{2 DAYS PRS + 25 WORKING DAYS + 10 DAYS WEEKEND (15, 16,
22, 23, 29 & 30 SEP, 6, 7, 13 & 14 OCT)} X S\$350

LTA & GIA SEARCH : \$31

TOTAL : S\$99,981.00

DOLLARS: NINETY-NINE THOUSAND NINE HUNDRED AND EIGHTY-
ONE ONLY.

Please arrange for DV to be signed by us (workshop) because we are authorised by client to sign on behalf. Please see attached Letter Of Authorisation.

For your prompt payment.

Thank you.

Yours faithfully,

Ryder Auto Pte Ltd



Chan San Choon

Director

DipCE, AAE MIMI, MSAE(Aust)

First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

14/11/2018

Attn: Wong Thiam
Motor Claims Dept

INVOICE

Our Ref : XD8864R Your Ref : D18006758MFCV

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2 Kaki Bukit Ave 2, #02-19 AutoHub @ Kaki Bukit, Singapore 417921
Email: ryderautoworkshop@gmail.com
Fax: 64815390

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#16-01 City House
Singapore 068877

14/11/2018

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Motor Claims Dept

INVOICE

Our Ref : XD8864R Your Ref : D18006758MFCV

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ACCIDENT INVOLVING : XD8864R & XD5022Z ALONG LIM CHU KANG RD OPPOSITE BUS STOP
NO: B16 ON 11 SEPTEMBER 2018

LUMP SUM REPAIR : S\$87,000.00
DOLLARS: EIGHTY SEVEN THOUSAND ONLY.

Please arrange for DV to be signed by us (workshop) because we are authorised by client to sign on behalf. Please see attached Letter Of Authorisation.

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Ryder Auto Pte Ltd

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Director
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Singapore 068877

14/11/2018

Attn: Wong Thiam
Motor Claims Dept

LETTER OF DEMAND

Our Ref : TR4081H (XD8864R) Your Ref : D18006758MFCV

Dear Sir,

VEHICLE # : TR4081H (XD8864R)

ACCIDENT INVOLVING : TR4081H (XD8864R) & XD5022Z ALONG LIM CHU KANG RD
OPPOSITE BUS STOP NO: B16 ON 11 SEPTEMBER 2018

LUMP SUM REPAIR : S\$92,000.00

LOSS OF USE : S\$8,800.00

{2 DAYS PRS + 14 WORKING DAYS + 6 DAYS WEEKEND (15, 16,
22, 23, 29 & 30 SEP)} X S\$400

TOTAL : S\$100,800.00

DOLLARS: ONE HUNDRED THOUSAND EIGHT HUNDRED ONLY.

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Thank you.

Yours faithfully,

Ryder Auto Pte Ltd



Chan San Choon

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First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

14/11/2018

Attn: Wong Thiam
Motor Claims Dept

INVOICE

Our Ref : TR4081H (XD8864R) Your Ref : D18006758MFCV

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VEHICLE # : TR4081H (XD8864R)

ACCIDENT INVOLVING : TR4081H (XD8864R) & XD5022Z ALONG LIM CHU KANG RD
OPPOSITE BUS STOP NO: B16 ON 11 SEPTEMBER 2018

LUMP SUM REPAIR : S\$92,000.00

LOSS OF USE : S\$8,800.00

{2 DAYS PRS + 14 WORKING DAYS + 6 DAYS WEEKEND (15, 16,
22, 23, 29 & 30 SEP)} X S\$400

TOTAL : S\$100,800.00

DOLLARS: ONE HUNDRED THOUSAND EIGHT HUNDRED ONLY.

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Motor Claims Dept

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Dear Sir,

VEHICLE # : TR4081H (XD8864R)

ACCIDENT INVOLVING : TR4081H (XD8864R) & XD5022Z ALONG LIM CHU KANG RD
OPPOSITE BUS STOP NO: B16 ON 11 SEPTEMBER 2018

LUMP SUM REPAIR : S\$92,000.00
DOLLARS: NINETY TWO THOUSAND ONLY.

Please arrange for DV to be signed by us (workshop) because we are authorised by client to sign on behalf. Please see attached Letter Of Authorisation.

For your prompt payment.

Thank you.

Yours faithfully,

Ryder Auto Pte Ltd



Chan San Choon
Director
DipCE, AAE MIMI, MSAE(Aust)

**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-18-141714
Date of Request: 13/09/2018

Your Ref No: Online Purchase

Ryder Auto Pte Ltd
1 Kaki Bukit Ave 6
#01-56 Autobay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 11/09/2018
Place of Accident: LIM CHU KANG RD OPPOSITE BUS S
Client Vehicle No: XD8864R

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**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-18-141718

Date of Request: 13/09/2018

Your Ref No:

Online Purchase

Ryder Auto Pte Ltd
1 Kaki Bukit Ave 6
#01-56 Autobay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Date of Accident: 11/09/2018

Vehicle No: XD8864R

Place of Accident: LIM CHU KANG RD OPPOSITE BUS TOP NO:B16

Involving Vehicle No: XD5022Z

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
XD5022Z	LIM CHU KANG RD OPPOSITE BUS TOP NO:B16	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

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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-18-140624

Date of Request: 11/09/2018

Your Ref No: Online Purchase

Ryder Auto Pte Ltd
1 Kaki Bukit Ave 6
#01-56 Autobay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 11/09/2018
Enquiry By Chia Siew Fah
TP Vehicle No. XD5022Z
Accident Date 11/09/2018

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

LETTER OF AUTHORISATION

To: Ryder Auto Pte Ltd

Re: ACCIDENT ON 11/9/2018 INVOLVING XD8864R (TR4081H) XD5022Z

ALONG / AT

LIM CHU KANG RD OPPOSITE BUS STOP NO: B16

I/We HUP LECK HEAVY EQUIPMENT SERVICES PTE LTD (NRIC No. 198800360G)

of 194 PANDAN LOOP #04-08 PANTECH BUSINESS HUB S(128383)

1. The owner of motor vehicle no. XD8864R (TR4081H) hereby authorise **Ryder Auto Pte Ltd** to commence repairs of the said vehicle forthwith. I/We agree to assign the whole proceeds of my/our third party claim to **Ryder Auto Pte Ltd** including any claim for Loss of Use if a vehicle had been provided by **Ryder Auto Pte Ltd** during the period of repairs to my/our vehicle if applicable. My/our solicitors (to be appointed by **Ryder Auto Pte Ltd** on my/our behalf) shall accept this as my/our irrevocable authority to pay the amount compensated direct to **Ryder Auto Pte Ltd** after deduction of their cost on a solicitor & client basis. **I/We undertake to co-operate fully with Ryder Auto Pte Ltd and/or my/our solicitors and also with a true Motor Accident Report/Police Report until the claim to a successful conclusion including court proceedings, failing which, I/We undertake to bear repair costs, rental, legal costs and any other incidentals incurred.**

~~2. If the 3rd party claim is unsuccessful or partly successful as the case may be, I/we hereby instruct and authorise **Ryder Auto Pte Ltd** to claim direct from my/our insurance company on my/our vehicle immediately without any delay.~~

~~3. If for any reason my/our insurer's are not willing to settle the repair costs either in part or in whole then I/we undertake to pay **Ryder Auto Pte Ltd** the repair cost.~~

~~4. In alternative to serial number 2 and 3 above if the 3rd party claim fails or is only partly successful then I/we undertake to pay **Ryder Auto Pte Ltd** the difference in amount of the repair cost.~~

5. I/We authorise **Ryder Auto Pte Ltd** to sign all discharge voucher/indemnity forms and all necessary papers on my/our behalf in connection with the above claim.

6. I/We also authorise **Ryder Auto Pte Ltd** to appoint such a firm of solicitors on my/our behalf as **Ryder Auto Pte Ltd** deem fit for the purpose of third party/own insurance claims.

7. I/We undertake to inform **Ryder Auto Pte Ltd** and/or the solicitors appointed by **Ryder Auto Pte Ltd** on my/our behalf in the event 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 other or settlement from the third party's insurers without first communicating with you.

8. In the event that third party insurer issued the **Agreed Settlement Cheque** to me/us, I/We undertake to either give the said cheque to **Ryder Auto Pte Ltd**, or bank into my/our account and re-issue the cheque amount to **Ryder Auto Pte Ltd**.

DATED THIS _____ DAY OF 11/9/2018 20____

Signature of owner

(Company's stamp if any)



Signature of Witness

Name of Witness

