

Our Ref: SJR 8043K

Your Ref: SHC 5503Y - S9M010MXMC/SAW

REVISED: 13th January 2021

ATTN:

LKK Auto Consultants Pte Ltd

INSURER:

AXA Insurance Pte Ltd

Dear Jasper,

Accident Involving:

SJR 8043K and SHC 5503Y

Date of Accident:

26 May 2019

Location of Accident: Serangoon Central towards Boundary Rd Slip Rd

We refer to the aforementioned accident and hereby submit our claim as below:

GRAND TOTAL	\$ 4,794.95	是一个是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
Add LTA Search Fee	\$ 7.45	
Add 3rd Party Report Fee	\$ 29.00	
Total	\$ 4,758.50	
		** LOU/R timeline: Pls refer to LOD dated 14-09-2020
Add Loss of Use	\$ 240.00	3 Days
Add Loss of Rental	\$ 720.00	6 Days - Inv#L190620
Cost of Repair as agreed	\$ 3,798.50	\$3,550.00 COR + \$248.50 GST 7%

Kindly pay the Grand Total Amount of \$4,794.95 to:

Team AutoPro Pte Ltd 160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you.

Thank you.

Regards,
Adel (Ms)

To

Team AutoPro Pte Ltd

CRN

201811621K

located at

385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718

Letter of Authorization & Undertaking

Serangoon Central twds Boundary Road Slip Road 26/5/2019 1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever ar settled/payable by the third party and/or its insurer in my/our name, for the costs of repair of use/rental and all other necessary costs related to my/our vehicle that was damaged pur	Respec	t of Accident Involving my/our SHC 5503 Y	Vehicle and	No.:	SJR 8043 K
26/5/2019 1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever ar settled/payable by the third party and/or its insurer in my/our name, for the costs of repair			and		
1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever ar settled/payable by the third party and/or its insurer in my/our name, for the costs of repair	Serang	goon Central twds Boundary Roa	d Slip Ro	ad	
settled/payable by the third party and/or its insurer in my/our name, for the costs of repair					
to the aforesaid accident.	26/5	5/2019			

- "Without Prejudice" and "Without Admission Of Liability" basis.
- 3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you - in the form of payment cheque made in favor to Team AutoPro Pte Ltd.

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

- 4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
- 5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
- 6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Date:				

TEAMPRO PROFORMA INVOICE AUTO

NTION:	
Asset Limo	
7 GOOCE ENTITO	

PI Number	P2009-1040
PI Date	14-Sep-2020
Vehicle No.	SJR 8043K
Accident Date	26-May-2019

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SJR 8043K	COR Lum	p Sum	\$ 3,550.00

Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 3,550.00



ASSET LIMO

UEN:53309913K

INVOICE

DATE: INVOICE #

20/6/19 L190620

18 Sin Ming Lane #06-31 Midview City Singapore 573960

BILL TO:

Team AutoPro Pte Ltd 385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718

Vehicle No.	DESCRIPTION	Duration	Cost/Day	TOTAL
SJM2959J	Replacement Vehicle For SJR8043K	6DAY	120.00	720.00
		-		
				-
				-
				-
		j		
				- 141
		-		

PAID BY

TOTAL \$ 720.00

RECEIVED BY
ASSET LIMO

Thank You For Your Business!

ASSET LIMO RENTAL AGREEMENT ALRA/2019 66/11

		The state of the			CONTRACTOR OF THE PARTY OF THE	THE REAL PROPERTY.	
HIRER'S PARTICULAR		Vehic	le No / N	lode		Rental Vehi	icle No / Model
Name: Koh Yuet Yau		SJR	2 8043	k	Hyundai Avante	SJm 295	59J
NRIC/Passport No: S 18 21 03 7A		Date ,	/ Time Ou	ut:		Date / Time	In:
Driving Licence No: Exp:		11/6	119			17/6/19	
Address: BIK 172B Edgedole Plains	#13-480				Fuel Ta	nk Level	
5(822(72)			(TUC		1	IN
Tel: 81804575			X :	1/2	1		1/2
ADDITONAL DRIVER'S PARTICULAR (AUTHORIZED DRI	VER)	E			F	E	F
Name:		RENT	AL CHA	RGE	S		TOTAL S\$
NRIC/Passport No:			Hour	@		per hour	
Driving Licence No: Exp:	***************************************	6	Days	@	\$120	per days	\$ 720
Address:			Weeks	@	4	per week	
Audiess.			15 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10				
			Months	@	10 (17260)	per month	
Tel:						onal Payable:	4222
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHE	ES				SUBTO	TAL Payable:	\$720
		DEPOS	IT AMOU	NT PA	AID	DEPOSIT AMOUN	T REFUNDED / Date
		Mode of Payment					
		ADDIT	IONAL RE	MARI	cs		
Physical Damage Excess Ackr	nowledgement	HIRER'S	DECLARA	TION:	I/WE agree to	the terms and	conditions above
Singapore - Own Damage -	٨					and the second second second second second	ven on this form
Singapore - 3rd Party Damage \$2,500 Malaysia (If applicable))/\					licence(s) is/ar charge all amo	
For Driver aged < 23 or above 65	In		ital to my/o		18	charge an amo	and due on
or less than 2 years driving							
experience regardless of age					A		
IMPORTANT NOTE:	Acceptance Assessed that and	ĺ					
 The person(s) signing this rental Agreement assumes full personal resp severally with the firm, person or organization, the driver or all authorized name he/they might sign. 					A		
Only persons above 23 years of age with more than 2 years driving expelicensed and signing this agreement may drive the vehicle.	erience,authorised,				HIRER Signa	ature / Date	
 Vehicle is strictly for use in Singapore only and may not be driven or tak without the pior written consent of Asset Limo. 	ken out of Singapore						
 Use of vehicle for illegal purposes (e.g. in connection with theft, drug p trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / ca strictly prohibited. 					* O W		
5. In case of accident, the hirer shall report to Asset Limo immediately. If	there are bodily		Autho	rized	Signatory C	on Behalf of A	Asset Limo

5. In case of accident, the hirer shall report to Asset Limo immediately. If there are bodily

injuries, a police report must be made within 24 hours



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-19-086115

Date of Request:

30/05/2019

Your Ref No:

WALK IN KO

TEAM AUTOPRO PTE LTD

385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE

SINGAPORE 575718

Dear-Sir/Madam.

Your Vehicle No:

SJR8043K

Date of Accident:

26/05/2019

Place of Accident:

SERANGOON CENTRAL

Involving Vehicle No: SHC5503Y

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 [X] 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-19-086116

Date of Request:

30/05/2019

Your Ref No:

WALK IN KO

TEAM AUTOPRO PTE LTD

385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE

SINGAPORE 575718

Dear Sir/Madam,

Date of Accident:

26/05/2019

Vehicle No:

SJR8043K

Place of Accident:

SERANGOON CENTRAL TOWARDS BOUNDARY RD SLIP RD

Involving Vehicle No: SHC5503Y

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\$)
SHC5503Y	SERANGOON CENTRAL TOWARDS BOUNDARY RD SLIP RD	14.00	1	13.08
GST Amount				0.92
Total Amount D	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 [X] Cash [] Cheque

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

27 May 2019 / 12:46:07

Receipt Date/Time: 27 May 2019 / 12:46:07

SJR 8043K (m

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190527-001349

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Resu	It of Insurance Enquiry - SHC5503Y				
As at	26 May 2019/13:40:00				
Insur	ance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC5503Y Enquiry Fee 20190527124527383374		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			
		xxxxxxxxxxxx5916	Credit Card: Visa/MasterCard		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