

1-Stop Solution For All Automotive Needs

Bill To:
INDIA INTERNATIONAL INSURANCE PTE LTD
Attn:

DATE: 03-Oct-19
INVOICE # MCC2019-0191
FOR: SMJ4126M CIVIC
TYPE R

DESCRIPTION		AMOUNT
COST OF REPAIRS		\$ 980.00
	TOTAL	\$980.00

Payment terms: Due upon receipt

THANK YOU FOR YOUR BUSINESS!



Address: 53 Ubi Avenue 1, Paya Ubi Industrial Park
#01-33 S(408934)
Email: Admin@mycar.sg
(Company Registration No: 201605878Z)

14th June 2019

Our reference: SMJ4126M
Your reference: SHD4314C

India International Insurance Singapore
64 Cecil St
Singapore 049711
Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : WONG XIN YAO BENEDICT
Address : 53 Lengkong Empat #09-01

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **20/05/2019** along involving our client's vehicle registration number **SMJ4126M** and vehicle registrations number **SHD4314C** driven by you/your insured's driver at the material time.

As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$1,450.00
Loss of Use	:	\$900.00
LTA Search	:	\$7.45
Total	:	\$4557.45

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Rental Agreement & Official Receipt;
- f) LTA Search Results & Official Receipt;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Yours faithfully,



.....
My Car Consultant

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India International Insurance Pte Ltd. Payment will be credited directly
(Name of Paying Organisation)
into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form,
obtain his banker's certification in Part II and return the duly completed form to
India International Insurance Pte Ltd.
(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: India International Insurance Pte Ltd
(Name of Paying Organisation)

Supplier's Particulars:

Name : My car consultant Pte Ltd
Address : 53 Ubi Ave 1, Paya Ubi Industrial Park #01-33 8408934
Telephone Number: 83300060 Fax Number: ~~89525219~~ 6925 5219
Name of Bank : DBS Name of Branch: *[Signature]*
Account Number To Be Credited : 018-904614-2

I/We hereby authorise India International Insurance Pte Ltd to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: DBS
(Name of Supplier's Bank)

I/We consent to DBS Bank's disclosure of customer information relating to me/us as requested in this document.
[Signature]

AUTHORISED SIGNATORIES
Signatures and Company's stamp As In Bank Account

-2 OCT 2019

Date

Part II (To Be Completed By Supplier's Bank)

To: India International Insurance Pte Ltd
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank Branch *[Signature]* Account Number
7171 018 018-904614-2

Without responsibility on the part of the bank or the signing officer, we confirm that the signature/other particulars agree with that contained in our files.

[Signature] Woraini Jumaat
Specimen Signature No. 9857

-2 OCT 2019

Name & Signature of Authorised Bank Officer

For DBS BANK
Date

Occupation:



MY CAR CONSULTANT PTE LTD (Co Reg no: 201605878Z)
53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park S408934
Tel: +65 9888 8885 / +65 8330 0060

LETTER OF AUTHORIZATION

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 53 Ubi Avenue 1, Paya Ubi Ind Park
#01-33 Singapore 408934

I/We, Wong Xin Hao Benedict of NRIC/Passport number/ROC
number: _____, Owner of vehicle no. SMJ4126 M hereby authorize you to
commence claim, settle and receive whatever amount payable by the insurance company and/or third
party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of
use, etc. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our
solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable
authorisation to pay the amount compensate direct to you after deduction of their costs on a solicitor
and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a
successful conclusion.

I/We hereby instruct and authorize you to claim direct from my/our insurance company on my/our
behalf for all monies due to you, I undertake to pay you for the excess applicable under my policy and
to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf in
the event that my/our claim is unsuccessful.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary
papers in connection with the above claim in my/our absence.

I/We irrevocably authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem
fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the
third party's insurance company communicate with me/us directly, orally or in writing and I/we further
undertake not to accept any monies or offer of settlement from the third party's insurers without first
communicating with you and obtaining your consent.

In the event the third party's insurers forward me/us the settlement monies, I undertake to pay you the
sum claimed in relation to my property damage claim.

Dated this _____ (day) of _____ (month) 20____ (year)


Owner's signature/Company stamp (if applicable)

Name:

NRIC/FIN/UEN No:

> Back to OneMotoring



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

Print Date/Time : 22 May 2019 / 16:32:30

Receipt Date/Time : 22 May 2019 / 16:32:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190522-002850

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHD4314C

As at 20 May 2019/14:30:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHD4314C
Enquiry Fee
20190522163151679580

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

xxxxxxxxxxxx9904

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.