MY CAR CONSULTANT PTE LTD

INVOICE

1-Stop Solution For All Automotive Needs

53 Ubi Avenue 1, Paya Ubi Industrial Park #01-33/02-33 S(408934)

Tel: 9888 8885 / 8866 8832 | Fax: 6952 5219

Bill To:

INDIA INTERNATIONAL INSURANCE PTE LTD

Attn:

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

REMARKS:

DESCRIPTION	AMOUNT		
COST OF REPAIRS	9	980.00	
	TOTAL	\$980.00	

Make all cheques payable to MY CAR CONSULTANT PTE LTD

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)

BY HAND

14th June 2019

Our reference: SMJ4126M Your reference: SHD4314C

India International Insurance Singapore

64 Cecil St

Singapore049711

Attn: Motor Claims Department

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 INA	a intenational insurance He	Payment will be credited directly
into the Supplier's bank account stated below through obtain his banker's certification, in Panala International Insurance ptc 140. (Name of Paying Organisation)	Iame of Paying Organisation) Interbank Giro. The Supplier	
Part I (T	o Be Completed By Supplier)
(A) To: INATA INTERNATIONAL INSURANCE PT (Name of Paying Organisation)	e Ltd	
Supplier's Particulars:		
Name : My car consultar	of Pte Ltd	*
	laya ubi Industrial Part	#01-33 8408934
Telephone Number: \$3300060	Fax Number:	89525219 6925 5219
Name of Bank :: DBS	Name of Branch:	Soft
Account Number To Be Credited : 018		
I/We hereby authorise Md10 Internality Md (Name of Paying Organ	nsurance pte Ha	due to me/us to the above account.
This authorisation shall continue to be in delivered to you. You may in your absolut my/our address last known to you.		
In the event of a change of bank account change.	t, I/we shall inform you in w	vriting 2 weeks in advance before the
(B) To: DBS (Name of Supplier's Bank)		
I/We consent to DBS Bank's discloss I/We hereby consent to the Bank's discloss of customer information relating to me/ as requested in this document.	life of customer information reus	elating to me/us as requested for in this
g/d		
Signatures and Company's stamp As In Bank A	ccount	-2 OCT 2019 Date
Part II (To B	e Completed By Supplier's B	ank)
To: India International Insurance Pte Via		
Without responsibility on the part of the particulars agree with that in our files. The follows: Bank Branch 7/7/7/	e account number to be present with the count Number to be present that	nted in the Interbank Giro format is as hout responsibility on the part of the k or the signing officer, we confirm the signature/other particulars agree in that contained in our files.
S BANA S ANG MO KIO	-2 OCT 2019	For DBS BANK Date
Name & Signature of Authorised Bank Of	iger	Date



INDIA INTERNATIONAL INSURANCE PTE LTD

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19050570 Claimant Ref: SMJ 4126M All Settlement Amount Are Without Prejudice to our driver's Injury Claim

We/I, MY C/	AR CONSULTANT PTE LTD ("the workshop")	hereby confirm tha	t we/l have reached an agreement
with the appoin	ted Surveyor of India International Insurance Pte Ltd _		nsultants Pte Ltd (name
of Surveyor) wit	th respect to the amount claimed for S\$ 980.00	(Global Sum)	
	(course fee), vehicle no SMJ 4126M that w	as damaged pursu	ant to the accident which occurred
on 20/05/201	9 (date) at JALAN EUNOS TURNING INTO JALAN IS	SMAIL (location) invo	lving vehicle no. SHD 4314C (insured
vehicle). This is	pursuant to the inspection conducted on10/06/2019(date) at "the worksho	p*.
claimant") of ve	nat we/l are/am authorized by the ownerWON ahicle no. SMJ 4126M to make the claim as set out in the his/her behalf in a manner that we/l deem fit. We/l e	e above paragraph	and we/I have full authority to settle
We/I further co	nfirm that we/l will indemnify India International Insura	ince Pte Ltd for all	damages, loss and/or expense that
they will or ha	ive already incurred in the event that "the third party	claimant" after th	e above said agreement lodges a
further claim a	gainst the former for any loss and expenses suffered	pertaining to cost	of repairs and/or rental and/or loss
of use pursuant	t to the damage to SMJ 4126M (vehicle no.) as a resu	It of the accident.	
	hat the agreement reached above is in full and final accident and that further this settlement is reached or	A Personal Control of the Control of	AND THE RELEASE TO THE PROPERTY OF THE PROPERTY OF
This agreement	is subject to the application of Singapore law and the	Singapore Courts	have exclusive jurisdiction over any
dispute arising o	out of the same.		
We/I authorize	you to pay the total amount of S\$_980.00to_M	Y CAR CONSUL	TANT PTE LTD
Dated this26	day of August 20 19		
CLAIMANT:	The second of th	WITNESS:	
Signature:	HAD KIN	Signature:	
	Signed by "the workshop" (with chop)		Signed by appointed Surveyor
Name:	my car consultant pte Utd	Name:	LKK Auto Consultants Pte Ltd
NRIC:	Z84820910c	NRIC:	199607198R
Address:	53 ubi Avenue I, Paya ubi	Address:	51 Ubi Avenue 1
	Industrial Park #01-33 5408934		#01-25 Paya Ubi Ind. Park S(408933)
Nationality:		Nationality:	
Occupation:		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 kin has Benedict of NRIC/Passport number/ROC Owner of vehicle no. SWJ4126 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 imonies 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 monles, 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:

5/22/2019 Receipt

> 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\$)
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
	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			
	xxxxxxxxxxxxxx9904	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.