Kaki Bukit Autohub, 2 Kaki Bukit Ave 2

#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27

Singapore 417921

Tel No.: +65 6842 0051 / 6744 0510 Fax No.: +65 6741 0510

Company Reg. No.: 200616038C GST Registration No.: 200616038C

16 December 2019

Our Ref :

CLM15288 / XD3612J / JUN-11/2019

### INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

### Re: Accident involving XD3612J & SH7794D on 20/04/2019 Along CTE (AYE) at Jalan Bukit Merah Exit

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: SH7794D whose vehicle was insured with you at the material date of the accident.

We are prosposing for a direct settlement on the claims as following EXCLUDE personal injuly in respect of claim arising out of the above mentioned accident.

Cost of repairs
Loss of rental/use
Additional 2 days loss of use for pre repair
LTA search fee

\$ 6,420.00 (Include 7% GST) \$ 2,700.00 (\$300 X 9 Days) \$ 600.00 (\$300 X 2 Days) \$ 7.45 \$ 9,727.45

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15288
- 2) LTA search fee
- 3) Letter of Authorisation
- 4) GIA report of XD3612J

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO Director







P.I.C - Melody Chin Reply to :huixin@n51.com.sg

# LETTER OF AUTHORISATION

To: M/s N-51 Automotive Pte Ltd Singapore

	Singapore							
	ACCIDENT INVOLVING VEHICLE NOS: XD 3612 ] & SH 7794 D  ONG CTE (AYE) AT JALAN BUELT MERAH EXIT ON 20/04/2019 @ 10:00 UK							
	BY CHOON CONSTRUCTIONS AND BYGINGENIC PIL NRIC/Passport No: 1990/04/41 H  3 SUNATE FARIT DRIVE KRANTI INDUSTRIAL ESTATE S ( 7/1556)  owner of vehicle no. XD 3612 3 hereby authorise you to commence repair to the said icle forthwith. In consideration of you repairing my/our vehicle at my/our request.							
a)	I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. 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 compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.							
b)	If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise 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 behalf.							
c)	If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is indequate, I/we underake to pay you for your expenses, costs and fees immediately.							
in c	e also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers onnection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm folicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.							
par	e undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third ty's insurance company communicate with me/us directly, orally or in writing and I/we further fertake not to accept any monies or offer of settlement from the third party's insurers without first nmunicating with you and obtaining your consent.							
thi	on settlement of the third party claim and in case the settlement monles was sent to me/us by the ord party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and ated expenses and disbursement incurred.							
	Our insurer is/are Expiry Date:							
Da	e: Excess:   (IV)							
Ow	ner's Signature/Cd's stamp (if applicable) Witness Signature/Name							

In charge. ALOX 87774817 Davier. 92479045

## LETTER OF AUTHORISATION

To: M/s N-51 Automotive Pte Ltd Singapore RE: ACCIDENT INVOLVING VEHICLE NOS: ALONG CTE (AYE) AT JALAN BUKM MERAH LEY CHOON CONSTRUCTIONS AND BUGINGAING PILNRIC/Passport No: 199004441 H I/We 3 SUNGET FARM DRIVE FRANTI INDUSTRIAL ESTATE of. XD 36121 hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request. a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. 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 compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion. b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise 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 behalf. If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is indequate, I/we underake to pay you for your expenses, costs and fees immediately. 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 irrevocable 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. Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred. My/Our insurer is/are Expiry Date: Policy No. Excess:

Witness Signature/Name

In charge: ALOX 877741817 DVW: 92479045

Owner's Signature/Cd's stamp (if applicable)



### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0670806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email Insure@itt.com.ag Fax. (65) 62244174 Website www.ii.com.sg

## EXPRESS SETTLEMENT

# DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19040554 Claimant Ref: XD 3612J Provide always that this discharge of my claim for do any servicing to the demand to my vehicle that not prejudite on a fact of preclude my from catalog a further daim for general and special dismugat for my personal opures sustained in the same accident.

We/I, N-	51 AUTOMOTIVE PTE LTD	("the workshop") he	reby confirm that	we/I have reached an ag	reement
with the appoi	nted Surveyor of India International In	surance Pte Ltd	LKK Auto Con	sultants Pte Ltd	(name
of Surveyor) v	with respect to the amount claimed	for S\$ 7,300.00 (C	Global Sum)	- 20	
		The same of the sa		nt to the accident which	occurred
on 20/04/20	019 (date) atALONG CTE (AYE) AT JAL	AN BURIT MERAH EXIT	(location) involv	ving vehicle no. SH 7794D	(insured
vehicle), This i	s pursuant to the inspection conducted or	11/06/2019 (dat	e) at 'the workshop	r,	
We/I confirm	that we/l are/am authorized by the o	owner LEY CHOON CON	STRUCTIONS AND EN	GINEERING PTE LTD ("the th	aird party
claimant") of	vehicle no. XD 3612J to make the cla	im as set out in the a	above paragraph a	and we/I have full authority	to settle
the matter on	his/her behalf in a manner that we/	deem fit. We/I encl	lose herein the le	tter of authority given by	"the third
party claimant					
We/I further o	confirm that we/I will indemnify India I	International Insurance	e Pte Ltd for all o	damages, loss and/or expe	ense that
they will or h	have already incurred in the event the	nat "the third party o	laimant" after the	above said agreement	lodges a
further claim	against the former for any loss and	expenses suffered pe	ertaining to cost of	of repairs and/or rental an	d/or loss
of use pursua	nt to the damage to XD 3612J (veh	icle no.) as a result o	of the accident.		
We/I confirm	that the agreement reached above	is in full and final s	ettlement of all o	claims of "the third party	claimant"
pursuant to th	ne accident and that further this settle	ment is reached on	a without prejudic	e and without admission	of liability
basis.					
This agreeme	nt is subject to the application of Sing	apore law and the S	ingapore Courts h	nave exclusive jurisdiction	over any
dispute arising	out of the same.				
We/lauthoria	ze you to pay the total amount of S\$	7,300.00 to N	-51 AUTOMOTIVE	PTELTD	
Dated this	A day of FCB 2	07.0			
CLAIMANT:	(A)		WITNESS:	((×))	MAR
Signature:	(F(V, )>)		Signature:	1	1001
And territories	Signed by "the workshop" (with	chop)	Signature	Signed by appointed	Surveyor
Name:	N-SI PLYTONIQUE FIE LT	0	Name:	LKK Auto Consultants F	Pte Ltd
NRIC:	2006/60386		NRIC:	199607198R	
Address:	) FAKI BURT AVE 2 #01-		Address:	51 Ubi Avenue 1	
	KARI BURY PRYTOHUS 54	H-7941		#01-25 Paya Ubi Ind. Pa	ark S(408933
Nationality:			Nationality:		
Occupation:			Occupation:		



Kaki Bukit AutoHub 2 Kaki Bukit Ave 2

#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27

Singapore 417921

Tel No.: +65 6842 0051 Fax No.: +65 6741 0510

E-Mail: sales@n51.com.sg Company Reg. No.: 200616038C GST Registration No.: 200616038C

INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

LEY CHOON CONSTRUCTIONS AND ENGINEERING PTE LTD

3 SUNGEI KADUT DRIVE KRANJI INDUSTRIAL ESTATE SINGAPORE 729556

Contact: 92479045

TAX INVOICE

Date : 11/11/2019 Date in : 10/06/2019 Vehicle Num. : XD3612J

Make/Model: MITSUBISHI FV51JJD4RDEA-2008 Chassis/Eng#: FV51JJA00525/6M70429876

Accident Date : 20/04/2019 Claim No : CLM15288 Reference : JUN-11/2019

Policy No.: 5075626144-03 (31/12/2019)

LUMPSUM REPAIR BILL

REF: CLM15288-N51 DATED 11/06/2019

BY DIRECT

Amount S\$ 6,000.00



E. & O.E. Sub S\$: 6,000.00 Add GST ( 7% ) S\$: 420.00 Total Amount S\$: 6,420.00

for N-51 AUTOMOTIVE PTE LTD







## > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

23 Apr 2019 / 11:17:30

Receipt Date/Time: 23 Apr 2019 / 11:17:30

## Tax Invoice/Receipt

Receipt No.: ITNET-00000-190423-001097

Previous Receipt No.

S/N	Item Description/		Amount	GST	Amount
	<b>Business Transaction Reference</b>		Before	Amount	After GST
	No.		GST (S\$)	(S\$)	(S\$)
As at	It of Insurance Enquiry - SH7794D 20 Apr 2019/10:00:00 ance Co: INDIA INT'L INS PTE LTD				
4	Insurance Enquiry - SH7794D Enquiry Fee 20190423111643919089		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			
		000000000000000000000000000000000000000	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