

Letter of Demand

Re: A	ccident involving my vehicle no.	SKU	3272× and vehicle no	o. SHA 2204	R
on	>> 07/19	at	0900	HRS	along
	Gixth Ave				

We refer to the above matter.

Attach copies of the following for your kind perusal:

Vehicle Repair cost / Exces	S	\$_	3900.00
Vehicle Rental Fee for	days @ \$	per day \$ _	
Loss of use for3	days @ \$p	er day \$_	540.00
Police search fee / Police R	e \$_	7.45	
Others		\$_	29.00
Total:		\$	4476.45

Your faithfully, Alvin Ong Hp: 9068 7204

Premier @ Kaki Bukit 8 Kaki Bukit Avenue 4 #03-01 Singapore 415875 Email: autoboltbp@gmail.com



Invoice 20190933

Company Reg no: 201907855E

Email: autoboltbp@gmail.com

Like us on our Facebook Page @ Auto Bolt Body & Paint Pte Ltd

Customer Name:

India International Insurance

Vehicle Model

Land Rover Discovery

12/9/2019

Contact Number:

Singapore

Vehicle Number

SKU 3272 X

Payment:

6347 6100 Ext - 248 (Gabriel Wee) 64 Cecil Street #05 - IOB Building Singapore 049711

In Charge :

S/No	Code	Description	Quantity	F	er unit	Amount
1	P/L	Carry out lump repair on corresponding to supply on parts, labour and spray painting charges	1.00	\$	3,900.00	\$ 3,900.00
			Grand Tota	al		\$ 3,900.

Terms & Conditions

- All cheques to be crossed and made payable to 'AUTO BOLT BODY & PAINT PTE LTD'.
 Please indicate invoice number on the back of the cheque.
 TT: Pay to OVERSEA-CHINESE BANKING CORPORATION Singapore (SWIFT: OCBCSGSG)
 For Account of: AUTO BOLT BODY & PAINT PTE LTD (588-152-140-001) BANK CODE: 7339 BRANCH CODE: 588
 Do inform us immediately if there is any discrepencies in the invoice.

- 5. 50% of cancellation charges on total quotation amount applies to order being revoked upon endorsement of quotation.
 6. Full payment are to be settled upon delivery of product & Services unless otherwise credit terms are stated in quotation or invoice
- 7. Disclamer: All items quoted and delivered are to remain under the property of AUTO BOLT BODY & PAINT PTE LTD until all payment has been made in full.
- 8. Goods delivered are not refundable.

Signature / Company Stamp



Warrant to Act

I / We hereby appoint you to act for me / us in the following matter:-

Accident on:	>> 07 >019 involving
Vehicles:	SKU 3272 × and SHA 2204 R
At / Along:	0900 Hrs Hong Clixth Ave
I / We also a	authorize you to institute legal proceedings in my / our name (s) to receive
instructions fi	rom Auto BOLT BODY & PAINT PTE ITD as agents in respect of my / our claim.
1 / We further	r authorize you to deduct your legal costs from the proceeds of my / our claim
and to release	e to Auto Bolt Body & PAINT PTE LTD the balance of such proceeds.
	Carl
Signature	· Mund
Name	: CHAY YIOWMIN
NRIC no	:
Address	: 9 MOMEON WALK
	SINGAPORE 574457

98635292

Contact



Letter of Authorisation & Indeminity

1. I/We the owner of vehicle no SEU 3372 x hereby instruct and authorize Au10 Bc17 Bc17 Deing refundable deposit of the repair to my/ore said vehicle. 2. You are further authorized to appoint solicitors on my / our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third-party driver and / or his insurers including if necessary, to commence legal proceedings in court in my / our name against the third party. 3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. 4. Upon resolving my/our claim, you are authorized to agree with my / our solicitors on the amount of their profession costs and disbursement for acting for me / us and receive payment of the balance of the settlement sum on my / obehalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursement of my/our solicitors notwithstanding that my/our solicitors were appointed by on our behalf. 5. I / we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicle. 6. In the event that I / we am / are required to attend at my / our solicitor's office or to attend court in connection with / our claim, I / we shall render full co-operation. 7. In the event that my / our claim against the third party and/or his insurers is not successful or cannot be proceeded with and / or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my / our own insurers for the cost of repairs and any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/w agree and undertak		Involving Vehicle noandandono
being refundable deposit of the repair to my/ore said vehicle. You are further authorized to appoint solicitors on my / our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third-party driver and / or his insurers including if necessary, to commence legal proceedings in court in my / our name against the third party. 3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. 4. Upon resolving my/our claim, you are authorized to agree with my / our solicitors on the amount of their profession costs and disbursement for acting for me / us and receive payment of the balance of the settlement sum on my / o behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursement of my/our solicitors notwithstanding that my/our solicitors were appointed by: on our behalf. 5. I / we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicle in the event that 1 / we am / are required to attend at my / our solicitor's office or to attend court in connection with / our claim, I / we shall render full co-operation. 7. In the event that my / our claim against the third party and/or his insurers is not successful or cannot be proceeded with and / or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my / our our insurers for the cost of repairs and any other losses recoverable under my / our pay our the difference in amount, as the case may be. 8. If for whatever reasons, my / our insurers reject my / our claim for indemnity for the cost of repairs and/or any other losses recover		I/We the owner of vehicle no Sku 372 x hereby instruct and authorize Au70 Bol7 Bol7
2. You are further authorized to appoint solicitors on my / our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third-party driver and / or his insurers including if necessary, to commence legal proceedings in court in my / our name against the third party. 3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. 4. Upon resolving my/our claim, you are authorized to agree with my / our solicitors on the amount of their profession costs and disbursement for acting for me / us and receive payment of the balance of the settlement sum on my / o behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursement of my/our solicitors notifishanding that my/our solicitors were appointed by on our behalf. 5. I / we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicle of in the event that 1 / we am / are required to attend at my / our solicitor's office or to attend court in connection with / our claim, I we shall render full co-operation. 7. In the event that my / our claim against the third party and/or his insurers is not successful or cannot be proceeded with and / or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my / our own insurers for the cost of repairs and any other losses recoverable under my / policy of insurance. In this respect, I / we understand and accept that the excess amount applicable under policy of insurance. In this respect, I / we understand and accept that the excess amount applicable under policy or insurance. In this respect, I / ou		
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policy of insurance. In this respect, I / we understand and accept that the excess amount applicable under policy or insurance shall be borne by me / us. 8. If for whatever reasons, my / our insurers reject my / our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/w agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my / our behalf or to pay you the difference in amount, as the case may be. 9. I / we shall keep you informed of any correspondences and / or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim. Dated this /3 day of APP 20 19 Witness By The company stamp, if applicable)		with and / or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to
insurance shall be borne by me / us. If for whatever reasons, my / our insurers reject my / our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/w agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my / our behalf or to pay you the difference in amount, as the case may be. 9. I / we shall keep you informed of any correspondences and / or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim. Dated this /3 dayof 19 Witness By Witness By One of the cost of repairs and/or any other expenses reasonably incurred on my / our behalf or to pay you the difference in amount, as the case may be. 9. I / we shall keep you informed of any correspondences and / or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim. Witness By Witness By One of the cost of repairs and/or any other expenses reasonably incurred on my / our behalf or to pay you the difference in amount, as the case may be. 9. I / we shall keep you informed of any correspondences and / or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.		revert the claim against my / our own insurers for the cost of repairs and any other losses recoverable under my / o
8. If for whatever reasons, my / our insurers reject my / our claim for indemnity for the cost of repairs and/or any othe losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/w agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my / our behalf or to pay you the difference in amount, as the case may be. 9. I / we shall keep you informed of any correspondences and / or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim. Dated this		
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Dated this	0	Incurred on my / our behalf or to pay you the difference in amount, as the case may be.
Dated this	9.	
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DIRECT CREDIT AUTHORISATION FORM

Date

This form is to be completed by the Supplier of NOTA INTERNATIONAL INCURANCE. Payment will be credited directly (Name of Paying Organisation) nto 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 have highlight henry (E PIE 17D	
(Name of Paying Organisation)	
Part I (To Be Completed By Supplier)	
(A) To: INDIA WERNATIONAL INFURANCE PLE LID (Name of Paving Organisation)	
Supplier's Particulars:	
Name : ANTO BOLT BODY & PAINT PIÈ LID	
Address : 8 KAKI BURT AVE 4 #03-01 SINGAPORE 415875	
Telephone Number: 6384 1066 Fax Number: 6384 1067	
Name of Bank : 0080 Name of Branch: UBI	
Account Number To Be Credited : 588 - 152 140 - 00 1	
FIE LID	
I/We hereby authorise	
This authorisation shall continue to be in force until I/we have expressly revoked it by notice in wr delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered my/our address last known to you.	iting ed to
In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before change.	the
(B) To:	
(Name of Supplier's Bank)	
I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in document.	this
AUTO BOLT BODY & PAINT PTE LTD	
Co. Reg No.: 201907855E 8 Kaki Bukit Avenue 4	
#03-01 Premier@Kaki Bukit	
Singapore 415875 × 007 2019	
Signatures and Company's stamp As In Bank Account Date	
Part II (To Be Completed By Supplier's Bank)	
To:	
Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/of particulars agree with that in our files. The account number to be presented in the Interbank Giro format	
follows: Bank Branch Account Number	
Daile Dialies Meddate Famous	

Name & Signature of Authorised Bank Officer



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: TP / MCT19070564 Claimant Ref : SKU3272X

	DLT BODY & PAINT PTE LTD ("the workshop") here				agreement (name
	d Surveyor of India International Insurance Pte Ltd respect to the amount claimed for S\$ 3,900.00				(loss of
	36.45 (search fee), vehicle no. SKU3272X that was of				
	(date) at SIXTH AVE	(location) involv			
	ursuant to the inspection conducted on 24/07/2019 (date	_ ,	0	10 110. <u>9. 11 122</u>	(
vernoie). This is pe	and to the inspection conducted on (cate	, at the memorie			
\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	CHAY C	HOON CHONG		/"the	third party
	it we/I are/am authorized by the ownerCHAY C nicle no. <u>SKU3272X</u> to make the claim as set out in the ab		and well h	,	
	s/her behalf in a manner that we/l deem fit. We/l enclo				
party claimant".	sher benan in a manner that wen deem in. Wen ende	oc nerent the le	itor or do	atomy given a	,
party damant.					
We/I further conf	firm that we/l will indemnify India International Insurance	Pte Ltd for all o	lamages.	loss and/or ex	pense that
	e already incurred in the event that "the third party cla				
	ainst the former for any loss and expenses suffered per				
	to the damage to SKU3272X (vehicle no.) as a result of				
We/I confirm that	at the agreement reached above is in full and final se	ttlement of all o	laims of	"the third part	y claimant"
	accident and that further this settlement is reached on a				
basis.					
dispute arising ou				usive jurisdictio	n over any
We/I authorize	you to pay the total amount of S\$ <u>4,176.45</u> to AUTO E	BOLT BODY & PAINT I	PTE LTD		
Dated this	day of October 20 19				
CLAIMANT:	AUTO BOLT BODY & PAINT PTE I	LTD WITNESS:			
	8 Kaki Bukit Avenue 4				
Signature:	Signed by "the workshop!" (with chop)	Signature:	Sig	ned by appointe	ed Surveyor
	Signed by "the workshop;" (with chop) 415875 -Auto Ball Bady & HANDESTE 300				
Name:		Name:	LKKA	uto Consultants	s Pie Liu
NRIC:	20190₹855E	NRIC:	19960	7198R	
Address:	8 RAKI BUKTI -AVENUE 4	Address:	51 Ub	i Avenue 1	
Address.	#03-01 5(415875)	7,444,000.			Park S(408933
Nationality:	GINGAPORE-AN	Nationality:			
	-ABM IN				
Occupation:		Occupation:			