



**WITHOUT PREJUDICE**

Our Ref: JLU 2415

Your Ref: SMM 4972X

30<sup>th</sup> November 2019

**India International Insurance Pte Ltd**

**Attn: Motor Claims**

Dear Sir,

**Accident Involving:** JLU 2415 and SMM 4972X

**Date of Accident:** 22 August 2019

**Location of Accident:** Yio Chu Kang Road towards Fernvale

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

Cost of Repair as agreed	\$ 5,900.00
Add Loss of Use	\$ 960.00 12 Days @ \$80/Day **2 Days PRS (22/23 Aug) + 2 Days PRS Weekend (24/25 Aug) + 1 Day Resurvey (26 Aug) + 6 Repair Days Agreed (27/28/29/30/31 Aug, 2 Sep) + 1 Sunday (1 Sep)
Total	\$ 6,860.00
Add VEP Fee	\$ 252.40
Add 3rd Party Report Fee	\$ 29.00
Add LTA Search Fee	\$ 7.45
<b>GRAND TOTAL</b>	<b>\$ 7,148.85</b>

Kindly pay the Grand Total Amount of **\$7,148.85** 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: [teamautooffice@gmail.com](mailto:teamautooffice@gmail.com)

Thank you.



Regards  
Adel (Ms)

**Team AutoPro Pte Ltd** Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: [teamautooffice@gmail.com](mailto:teamautooffice@gmail.com) / [teamautop1@gmail.com](mailto:teamautop1@gmail.com)

To : Team AutoPro Pte Ltd  
CRN : 201811621K  
located at : 385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718

### Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: JLU 2415  
and SMM 4972 X and \_\_\_\_\_  
and \_\_\_\_\_ and \_\_\_\_\_  
@ \_\_\_\_\_

dated 22/08/19

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "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,

  
\_\_\_\_\_  
Claimant Signature & Co's Stamp (if applicable)

Date: \_\_\_\_\_

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCA190201  
Claimant Ref: JLU 2415

We/I, TEAM AUTOPRO PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 6,680.00 (global sum) ~~(vehicle cost)~~ CF ~~(vehicle cost)~~ CF ~~(vehicle cost)~~ CF vehicle no. JLU 2415 that was damaged pursuant to the accident which occurred on 22/08/2019 (date) at ROAD 1 YIO CHU KANG ROAD TOWARDS FERNVALE (location) involving vehicle no. SMM 4972X (insured vehicle). This is pursuant to the inspection conducted on 23/08/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner NG CHOON HEE ("the third party claimant") of vehicle no. SLU 8144M to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SLU 8144M (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 6,680.00 to TEAM AUTOPRO PTE LTD

Dated this 12th day of October 2020

#### CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

Nationality:

Occupation:

#### WITNESS:

Signature:

Signed by appointed Surveyor

Name:

NRIC:

Address:

Nationality:

Occupation:





160 Sin Ming Drive #02-12  
Sin Ming AutoCity  
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956  
teamautoffice@gmail.com / teamautopl@gmail.com

## THIS IS YOUR INVOICE

*Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.*

INVOICE DATE:	12-Feb-20
INVOICE NOS:	TAP2415-19/0742
Your Reference:	JLU 2415
Date Of Accident:	22/8/2019

**Billed To:** India International Insurance Pte Ltd

**On Behalf Of:** Ng Choon Hee  
**Invoice Type:** 3rd Party PD Claim

**INVOICE TOTAL IN SGD**  
**\$ 5,900.00**

DESCRIPTION	AMOUNT (\$S)
Lump Sum Amount Payable for Supply of Spare Parts & Labour Pertaining to Accident Repair of: <u>JLU 2415</u>	\$ 5,900.00
Discount	\$ -
Amount Due	\$ 5,900.00

### COMMENTS

1. Total payment due in 30 days.
2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
3. Please include our invoice number at the back of your cheque.

For Team AutoPro Pte Ltd



Signature & Stamp

### PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)

Page 1 of 1

LAND TRANSPORT AUTHORITY  
WOODLANDS  
PAYMENT RECEIPT  
JLU2415 CAR  
31 Aug 2019, 05:41 PM

Counter No: 1  
Receipt No : SOW1791FFEP19083100043  
Duration of current trip:  
Thu 22 Aug 2019, 09:08AM  
To Sat 31 Aug 2019, 05:37PM

Toll charges	S\$ 1.00
Road Charge	S\$ 6.40
VEP fee	S\$ 245.00

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Total paid	S\$ 252.40
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Payment Details

Cash	S\$ 252.40
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Remaining Card Balance

1111737111062125 (FP)	S\$ 12.30
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Year : 2019

Remaining Free VEP Days : 0 Days

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The no. of free VEP days allocated per calendar year is tied to the vehicle.  
For more details, please seek assistance at our VEP/Toll LTA office.

THANK YOU



RECORDS MANAGEMENT CENTRE

**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-19-139730  
Date of Request: 27/08/2019

Your Ref No: WALK IN NEE

TEAM AUTOPRO PTE LTD  
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE  
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: JLU2415 NG CHOON HEE  
Date of Accident: 22/08/2019  
Place of Accident: YIO CHU KANG RD  
Involving Vehicle No: SMM4972X

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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-19-139732  
Date of Request: 27/08/2019

Your Ref No: WALK IN NEE

TEAM AUTOPRO PTE LTD  
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE  
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 22/08/2019  
Vehicle No: SMM4972X  
Place of Accident: YIO CHU KANG RD

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\$)
SMM4972X	YIO CHU KANG RD	14.00	1	13.08
GST Amount				0.92
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.

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For GIARMC Official use:

Date

☐ GIRO ☒ Cash ☐ Cheque

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575761  
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Aug 2019 / 12:22:12

Receipt Date/Time : 22 Aug 2019 / 12:22:12

36.112415 (2)

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-190822-001291

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 - SMM4972X As at 22 Aug 2019/11:30:00 Insurance Co: INDIA INTL INS PTE LTD			
1	Insurance Enquiry - SMM4972X Enquiry Fee 20190822122119613942	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	XXXXXXXXXXXX6527		Credit Card: Visa/MasterCard	7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.