SM AUTOMOTIVE

Our Ref : XD3817K Yr Ref : SH7215J

Date : 24 April 2020

1 Kaki Bukit Avenue 6 Blk C #01-43 Autobay@KB

Singapore 417883

India International Insurance Pte Ltd

64 Cecil Street #04-05 IOB Building Singapore 049711

Dear Sirs,

WITHOUT PREJUDICE

RE: ACCIDENT INVOLVING XD3817K & SH7215J AT JALAN BUROH ON 30.08.2019, 08:30HR

We are instructed by **WOON FONG TRANSPORT PTE LTD** to claim damages and losses against you in connection with the above captioned road traffic accident which our client's vehicle **XD3817K** was damaged by vehicle **SH7215J** driven by your insured at the material time.

We are instructed that the said accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

1) Repair Costs (7% Gst) \$ 10,500.00 2) Loss of Use for 7 days (6 + 1 Weekend) (Heavy Veh) \$ 2,100.00

3) LTA Search Fees \$\frac{5}{2,607.45}\$

A copy each of the following supporting document is enclosed:

- 1) Final Repair Bill
- 2) LTA Receipt
- 3) Warrant to Act

Please let us have your cheque for the sum **§ 12,607.45** made payable to us, **SM Automotive** in the next 14 days.

Yours faithfully,

SM AUTOMOTIVE

Block C, 1 Kaki Bukit Avenue 6 #01-43 Singapore 417883 Email: SM_AUTOMOTIVE@HOTMAIL.COM Tel: (65) 6747 9241 Fax: (65) 6741 7276 RCB No.: 53231488C

TAX INVOICE

India International Insurance Pte Ltd

Invoice No : SMPI2004-0034

64 Cecil Street #04/ #05

Date : 24-Apr-20

IOB Building

Singapore 049711

Date of Accident : 30-Aug-19

Client: WOON FONG TRANSPORT PTE LTD Vehicle No. : XD3817K

Model Type : HINO FS1ETKA

Descri	Amount	
Lump Sum Repair Cost	10,500.00	
	10,500.00	1:

SIN DOLLARS: TEN THOUSAND AND FIVE HUNDRED ONLY



LETTER OF AUTHORISATION

SM AUTOMOTIVE

Kaki Bukit Avenue 6 Blk 1 #01-43 Singapore 417883

Dear Sir, Accident on Involving Vehicles Along 30.6.19 @ 0830hn
I/We, the registered owner/driver of vehicle registration no:
I/We hereby authorize SM AUTOMOTIVE to commence repairs of the said vehicle forthwith.
I/We agree to assign the whole proceeds of my/our comprehensive/third party claim to you and our solicitor,, to act on my/our behalf in respect of the above matter. And if applicable, my/our solicitors shall accept this as my/our irrevocable authority to pay the amount as deemed compensated direct to you after deduction of their costs on a Solicitor and client basis.
We undertake to co-operate fully with you and our solicitors to ensure that claim is successful.
We also authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in relation with the above claim in my/our absence.
Your kind co-operation in this matter will be much appreciated.
Yours truly, Owner's Signature Company's stamp if applicable)
NRIC No.: 20080 98317
Date:

Assignment

In consideration for your agreement to repair my motor vehicle registration no. 49 3817K

and to defer demanding for payment of the cost of repair, I/we the undersigned do hereby irrevocably assign absolutely to you all the proceeds of my/our claim(s) including damages, interest,

(Workshop)

1

SM Automotive

costs and expenses (including legal costs / disbursements payable on a party and party basis which are to be paid to the parties so entitled including solicitors, vehicle appraisers and other experts / consultants).							
I/We further confirm that payment to you only or to any person authorised by you to receive payment shall constitute a good and effectual discharge of the obligations by any party of the aforesaid proceeds of my/our claim(s).							
I/We authorise you expressly to give notice of this assignment to the party concerned.							
I/We confirm that by this assignment, I/we shall not be entitled in law to receive any payment. If a cheque is sent to me/us, I/we shall return same to the sender as I/we am/are precluded from accepting any payment.							
Dated this day of 20							
Signature Name D No. Moon fong Transport Plu Hi Signature 10 No. Address Signature 10 No. 10 No. 10 No. 10 No.							
Witness Signature : Witness Name : Witness ID : Witness Address :							

> Back to OneMotoring

Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

02 Sep 2019 / 09:44:05

Receipt Date/Time: 02 Sep 2019 / 09:44:05

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190902-000526

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at Insura	t of Insurance Enquiry - SH7215J 31 Aug 2019/08:30:00 ance Co: INDIA INT'L INS PTE LTD				
	Insurance Enquiry - SH7215J Enquiry Fee 20190902094313630945		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			
		20190902094322841	Direct Debit: eNE (Internet Banking		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

ОК

Save as PDF



India Ref: MCT19080775

Claimant Ref: XD3817K

We/I.

SM AUTOMOTIVE

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

("the workshop") hereby confirm that we/l have reached an agreement

EXPRESS SETTLEMENT

DISCHARGE VOUCHER |||- Direct Settlement (PODS)

III-Direct Settlement (PC

WITHOUT PREJUDICE to:

(a) Insurance Subrogated Claim and/or (b) Any Personal Injury Claims [Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

with the appointed Surveyor of India International Insurance Pte Ltd	LKK Auto Cons	sultants Pte Ltd	_ (name
of Surveyor) with respect to the amount claimed for S\$ 10,000			(loss of
use/ $rental$), S\$ 7.45 (search fee), vehicle no. XD3817K that was	damaged pursuar	nt to the accident which of	occurred
on 30/08/2019 (date) at JLN BUROH	(location) involv	ing vehicle no.SH7215J	(insured
vehicle). This is pursuant to the inspection conducted on $\underline{03/09/2019}$ (da	te) at "the workshop"		
We/l confirm that we/l are/am authorized by the owner WOON FO	NG TRANSPOR	RT PTE LTD ("the thi	rd party
claimant") of vehicle no $\underline{XD3817K}$ to make the claim as set out in the	above paragraph a	nd we/I have full authority	to settle
the matter on his/her behalf in a manner that we/l deem fit. We/l end	lose herein the let	ter of authority given by '	the third
party claimant".			
We/I further confirm that we/I will indemnify India International Insurance			
they will or have already incurred in the event that "the third party of			_
further claim against the former for any loss and expenses suffered p of use pursuant to the damage to XD3817K (vehicle no.) as a result		r repairs and/or rental and	1/OF 10SS
of ase parsault to the damage to 1200 (verilide no.) as a result	or the acoldent.		
We/I confirm that the agreement reached above is in full and final s	settlement of all cl	aims of "the third party of	claimant"
pursuant to the accident and that further this settlement is reached on			
basis.			
This agreement is subject to the application of Singapore law and the S	Singapore Courts ha	ave exclusive jurisdiction	over any
dispute arising out of the same.			
C.	A ALITOMOTIVE	-	
We/I authorize you to pay the total amount of S\$ 11,057.45 to	M AUTOMOTIV	<u> </u>	
Dated this			
Dated this day of		(VX)	
CLAIMANT:	WITNESS:	((TWI))	wp
In sukui chona			
Signature: Signed by "the workshop" (with chop)	Signature:	Signed by appointed	Surveyor
Name:	Name:	LKK Auto Consultants F	
	ivanie.		to Ltd
NRIC: AUTOMO	NRIC:	199607198R	
Address:	Address:	51 Ubi Avenue 1	
		#01-25 Paya Ubi Ind. Pa	ark S(408933)
PUTOMOS	N		
Nationality:	Nationality:		
Occupation:	Occupation:		