



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047
Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

3 October 2019

Our Ref: SLX 7404 D
Your Ref: SHA 6575 T

INDIA INTERNATIONAL INSURANCE SINGAPORE

Motor Claims Department

64 Cecil Street #04, #05
IOB Building
Singapore 049711



BY POST

Dear Sir/Mdm

**ACCIDENT INVOLVING
ON 11 SEPTEMBER 2019**

SLX 7404 D / SHA 6575 T ALONG T-JUNCTION OF JURONG WEST

Please refer to the above mentioned accident.

We are writing in on the behalf of **MR V VELAUTHAM S/O VALAKRISHNAN** the registered owner of motor vehicle number **SLX 7404 D** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SHA 6575 T**
As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1. Cost of Repair (**Agree with Surveyor**)
2. Loss of Rental (16 days)
3. LTA Search

\$ 30,174.00	(\$28200 With 7%GST)
\$ 1,920.00	
\$ 7.45	
\$32,101.45	

TOTAL AMOUNT

We enclosed hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) GIA Report Lodged by Our Client
- (C) Owner/ Driver Nric/ Driving Licence
- (D) Certificate of Insurance
- (E) LTA Search Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

Yours Faithfully,



Ms Jeslyn Chua
Motor Claim
Mobile: 65 8322 7418
Email: jeslyn@carzauto.com.sg

We are in receipt of your letter, which is receiving our attention. We shall revert shortly. Kindly note that we are preserving our rights to conduct a medical re-examination on your client where necessary.

Our Ref: **MCT/19090238**
Name: **Jmys**
Date: **27/10/19**
India International Insurance P.L.



CARZ AUTO SERVICES PTE LTD

ROC: 201409457D

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLX7404D AND SHA 6575T
AT/ALONG T-Junction of Jurong West Ave 1
ON 11 DAY 09 MONTH 2019 YEAR

- I/We, the owner of vehicle no. SLX7404D hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- 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. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to 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.
- I/we have read and understand the above statement and agreed.

Dated this 11 day 9 month 2019 year

Signature



Name

V Velautham S/O Valakrishnan

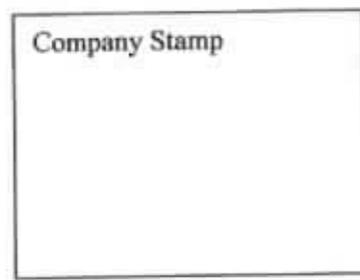
NRIC/ROC No.

S6876190F

Address

Blk 274 Toh Guan Road
#02-125 S600274

Company Stamp





CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047
Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

FINAL REPAIR BILL

INDIA INTERNATIONAL INSURANCE SINGAPORE
Motor Claims Department
64 Cecil Street #04, #05
IOB Building
Singapore 049711

Date : 3/10/2019
Vehicle Number : SLX 7404 D
Make/Model : TOYOTA C-HR
Date of Accident : 11/9/2019

REPAIR COST

\$28,200.00

7% GST \$ 1,974.00
GRAND TOTAL \$30,174.00

ISSUED BY

Ms Jeslyn Chua
Motor Claim
Mobile: 65 8322 7418
Email: jeslyn@carzauto.com.sg



WIN WIN RENT-A-CAR PTE LTD

Invoice

SLX7404D
V VELAUTHAM S/O VALAKRISHNAN
BLK 274 TOH GUAN RD
#02-125
S(800274)

Invoice No : WPLIN0003705
Invoice Date : 27/9/2019
Due Date : 27/9/2019
VHA No : 4303
Referral ID : C060

Description :	Amount
Rental for 16 Day/s @ \$120 per Day \$	1,920.00

Vehicle No : SLJ4713E

Vehicle Description : Honda Vezel 1.5 A

Rental Period : 11/09/2019 to 27/09/2019

Total Amount Payable : \$ 1,920.00

WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875
Tel: 6315 8479 H/P: 9833 0807

VHA No: **4303**
Invoice No: **WPLIN3705**
Hirer's Vehicle No: **SLX7404D**

UEN: 201505115E

VEHICLE RENTAL AGREEMENT

<p>HIRER'S PARTICULARS</p> <p>Name: (as in I/C) <u>V VELAYUTHAM S/O VALAKRISHNAN</u></p> <p>NRIC / FIN No: <u>58876190E</u></p> <p>Address (Res): <u>BLK 274 TOH GUAN RD</u> <u># 02 - 125 2 (500274)</u></p> <p>Name & Address of Employer: _____</p> <p>Occupation: _____ Driving Exp: _____</p> <p>Singapore Driving Licence No: _____</p> <p>Issue Date: _____ Date of Birth: <u>24/8/68</u></p> <p>Tel: (O) _____ (R) _____ HP: _____</p> <p>ADDITIONAL DRIVER'S PARTICULARS</p> <p>Name: (as in I/C) _____</p> <p>NRIC / FIN No: _____</p> <p>Address (Res): _____</p> <p>Occupation: _____ Driving Exp: _____</p> <p>Singapore Driving Licence No: _____</p> <p>Issue Date: _____ Date of Birth: _____</p> <p>Tel: (O) _____ (R) _____ H/P: _____</p>	<p>Vehicle No: <u>SLX 4713 E</u> Replace Veh No: _____</p> <p>Mileage Out: _____ Mileage Out: _____</p> <p>Make & Model: <u>HONDA VEZEL</u> Auto / Manual</p> <p>Out: Date <u>11/9/19</u> Time: <u>28m</u></p> <p>HIRE / PERIOD EXPIRY _____ Time: _____</p> <p>NON-WAIVER EXCESS=\$ <u>2000/-</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">CHARGES</th> <th></th> <th></th> </tr> <tr> <td>Daily</td> <td><u>16</u> @\$ <u>120</u> per day</td> <td></td> <td><u>\$1920</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$ _____ per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$ _____ per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$ _____ per hour</td> <td></td> <td></td> </tr> <tr> <td>Extension</td> <td>@ \$ _____</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Delivery/Collection Service</td> </tr> <tr> <td colspan="2" style="text-align: center;">SUB-TOTAL \$</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">PETROL LEVEL</th> </tr> <tr> <td>Out</td> <td>E</td> <td>1/8</td> <td>1/4</td> <td>3/8</td> <td>1/2</td> <td>5/8</td> <td>3/4</td> <td>7/8</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/8</td> <td>1/4</td> <td>3/8</td> <td>1/2</td> <td>5/8</td> <td>3/4</td> <td>7/8</td> <td>F</td> </tr> <tr> <td colspan="10">Fuel</td> </tr> <tr> <td colspan="10">Traffic / Parking Fines</td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL CHARGES \$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">Hirer's Signature <u>[Signature]</u></p> <p style="text-align: right;">Additional Driver's Signature _____</p>	CHARGES				Daily	<u>16</u> @\$ <u>120</u> per day		<u>\$1920</u>	Weekly	@ \$ _____ per week			Monthly	@ \$ _____ per month			Hours	@ \$ _____ per hour			Extension	@ \$ _____			Delivery/Collection Service				SUB-TOTAL \$				PETROL LEVEL										Out	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F	In	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F	Fuel										Traffic / Parking Fines										TOTAL CHARGES \$									
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VEHICLE CHECK LIST

INDICATE: D - DENTS A - ACCIDENTS S - SCRATCHES

RIGHT	FRONT	TOP	LEFT
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MISSING / FAULTY ACCESSORIES / PARTS

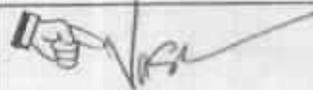
REMARKS: _____

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

***IMPORTANT**

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
5. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE: THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN * SIGNATURE OF HIRER / DRIVER * FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	
<u>11/9</u>	<u>2:30pm</u>				 SIGNATURE OF HIRER/DRIVER

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Sep 2019 / 11:09:04

Receipt Date/Time : 12 Sep 2019 / 11:09:04

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190912-001029

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 - SHA6575T As at 11 Sep 2019/18:50:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHA6575T Enquiry Fee 20190912110800931247	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				
	xxxxxxxxxxxx8843		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

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of INDIA INTERNATIONAL INSURANCE. Payment will be credited directly
(Name of Paying Organisation)
into 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
INDIA INTERNATIONAL INSURANCE.
(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: INDIA INTERNATIONAL INSURANCE
(Name of Paying Organisation)

Supplier's Particulars:

Name : CARZ AUTO SERVICES PTE LTD
Address : BLK 1 KAKI BULIT AVE 6, #02-35 S 417883
Telephone Number: 6909 3080 Fax Number: 6909 3081
Name of Bank : Maybank Name of Branch: Bedok Branch
Account Number To Be Credited : 04131068423

I/We hereby authorise INDIA INTERNATIONAL INSURANCE to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: Maybank
(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 this document.

Signatures and Company's stamp As In Bank Account

5/4/19

Date

Part II (To Be Completed By Supplier's Bank)

To: India International Insurance
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank	Branch	Account Number
<u>7302</u>	<u>013</u>	<u>9411311068423</u>

Name & Signature of Authorised Bank Officer

5/4/19

Date