, KARZ WORKS PTE LTD

53 UBI AVENUE 1 #01-23, PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

(TEL) 6 8 4 4 5 9 3 4 (FAX) 6 8 4 4 2 4 7 4 (E-MAIL) KARZWORKSSG@GMAIL.COM

19th December 2019

Our reference: KK1909-45 Your reference: SH9525B

#### M/s India International Insurance Pte Ltd

BY HAND

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant: TEE YUE TONG

Address: BLK 296 CHOA CHU KANG AVENUE 2 #09-04 S(680296)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on <a href="mailto:19/09/2019">19/09/2019</a> along <a href="mailto:HOLLAND ROAD">HOLLAND ROAD</a> involving our client's vehicle registration number <a href="mailto:FBD2402R">FBD2402R</a> and vehicle registrations number <a href="mailto:SH9525B">SH9525B</a> driven by you/your insured's driver at the material time.

The accident was caused by your insured 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 expense, particulars of which are as follows:-

Cost of Repair	:	\$ 1,650.00
Loss of Use (\$100 x 71 days)	:	\$ 7,100.00
LTA Search Fee	:	\$ 7.49
Purchase 3P GIA Report Fee	:	\$ 29.00
Total	•	\$ 8,786.49

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
  - b) COE/PARF Certificates;
  - c) Owner / Driver's IC & Driving License;
  - d) Letter Of Authorisation;
  - e) Tax Invoice;
  - f) LTA Search;
  - g) Purchase 3P GIA Report Invoice;
  - h) Satisfaction of Repaired Vehicle;

i)

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



Karz Works Pte Ltd

Encl.

### LETTER OF AUTHORIZATION

To 111 AND KAYZ WINCS Ite Ital (Third party insurance & Workshop)
Claimant 7EE YVE 70NG
Dear Sirs,
I/We, 7EE YVE 70NG owner of vehicle no FBD 1 401 R
hereby authorize my/our repairer, KARZ WOYKS PTE LTD
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle noFBDJYDL that was damage pursuant
to the accident which occurred at/along HOLUAND AVENUE TOWARDS HOWAND ROAD
involving vehicle nos. SH9525B
I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors  LARZ WILLS TE LTD  I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors  LARZ WILLS TE LTD  pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.  I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.
I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.
Thank you.
Dated this
Signature of owner vehicle (claimant):
Name of owner of vehicle (claimant)
NRIC Number (claimant).

#### KARZ WORKS PTE LTD

53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 (TEL) 68445934

(FAX) 68442474

(E-MAIL) KARZWORKS.SG@GMAIL.COM

UEN No. 201802142M

### **Invoice**

Bill To:

COMFORT TRANSPORTATION PTE LTD 383 Sin Ming Dr

SINGAPORE 575717

Invoice number:

KW-1148

Date:

19-12-19

Terms:

C.O.D.

Vehicle number:

FBD2402R

Make / Model :

**DERBI TERRA 125** 

Description	Amount (S\$)
ACCIDENT INVOLVING FBD2402R / SH9525B ON 19/09/2019 @ HOLLAND AVENUE TOWARDS HOLLAND ROAD	
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$1,650.00
SINGDOLLARS : ONE THOUSAND SIX HUNDRED AND FIFTY DOLLARS ONLY	
Thank you for your business and have a nice day !	
Reference: KK1909-40 Subtotal	\$1,650.00
* Cheque payment should be issued in favour to KARZ WORK SOLUTIONS Less: Deposit	\$0.00
** Please ensure that your vehicle is of good condition upon the point of collection. Balance Due	\$1,650.00



**CUSTOMER'S SIGNATURE** 

KARZ WORKS PTE LTD

E. & O. E

#### > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 30 Sep 2019 / 16:25:10

Receipt Date/Time: 30 Sep 2019 / 16:25:10

### Tax Invoice/Receipt

Receipt No.: ITNET-00000-190930-002543

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
		GG1 (G\$)	(04)	(04)
Result of Insurance Enquiry - SH9525B As at 19 Sep 2019/20:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1 Insurance Enquiry - SH9525B				
Enquiry Fee		7.00	0.49	7.49
20190930162415132739				
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SLR4555C As at 26 Sep 2019/13:20:00				
Insurance Co: NTUC INCOME INS CO-OP	LTD			
2 Insurance Enquiry - SLR4555C				
Enquiry Fee		7.00	0.49	7.49
20190930162415173594				
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SGP3888T				
As at 27 Sep 2019/19:05:00				
Insurance Co: TOKIO MARINE INSURANC	E SINGAPORE LTD			
3 Insurance Enquiry - SGP3888T Enquiry Fee		7.00	0.49	7.49
20190930162415214008		7.00	0.43	7.45
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - GBF6501B				
As at 27 Sep 2019/22:25:00				
Insurance Co: ALLIED WORLD ASSURAN	CE COMPANY, LTD			
(SINGAPORE BRANCH)				
4 Insurance Enquiry - GBF6501B				
Enquiry Fee 20190930162415266724		7.00	0.49	7.49
20100000102410200124	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SGR5098H	Oub-Total	7.00	0.43	7.43
As at 28 Sep 2019/20:20:00				
Insurance Co: NTUC INCOME INS CO-OP	LTD			
5 Insurance Enquiry - SGR5098H				
Enquiry Fee		7.00	0.49	7.49
20190930162415299196				
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	35.00	2.45	37.45
	Rounding Difference			0.00
	Total Amount Payable			37.45
	Paid By			
	xxxxxxxxxxxx5880	Credit Card:		37.45
		Visa/MasterCard		27 AE
	Total			37.45

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# 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-19-158981

Date of Request:

27/09/2019

Your Ref No:

WALK IN SEAH TS

TEAMWORK GARAGE PTE LTD 53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

Dear Sir/Madam,

Your Vehicle No:

FBD2402R

Date of Accident: Place of Accident:

19/09/2019 HOLLAND AVE TOWARDS HOLLAND ROAD

Involving Vehicle No:

SH9525B

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.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque



## 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-19-158982

Date of Request:

27/09/2019

Your Ref No:

WALK IN SEAH TS

TEAMWORK GARAGE PTE LTD 53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

Dear Sir/Madam,

Date of Accident:

19/09/2019

Vehicle No:

FBD2402R

Place of Accident:

HOLLAND AVE TWDS HOLLAND RD

Involving Vehicle No:

SH9525B

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\$)	
SH9525B	HOLLAND AVE TWDS HOLLAND RD	14.00	1		13.08
GST Amount		<u> </u>			0.92
Total Amount Due (C	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.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque

### SATISFACTION OF REPAIRED VEHICLE

vehicle	No. PBP 24021 declare that the repairs of my/our vehicle has been and to my/our satisfaction.
and that	be that I/we hereby irrevocable absolutely accept the settlement amount and the form the third party on the repair costs and/or rental and/or loss of use which are final the sum of amount are to be released and payment to the workshop for such repairs in the damages caused in the accident.
w withou	er acknowledge that any settlement the workshop may reach on my/our behalf is on orejudice and without admission of liability basis insofar as the driver/owner/insurers r vehicle/s concerned.
a later da to any pe	owledge that the Discharge Voucher applies only to my/our property damage and fect any of the personal injuries claim(s) involved and/or uninsured losses claim in Further the settlement terms herein should not be used as an evidence to prejudice conal injuries claim(s) involved and/or other uninsured losses claim arising of the ter in the action.
Dated th @l5_	
	Level .
Name and	gnature