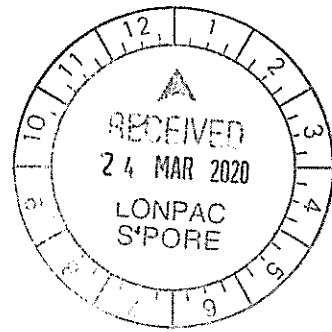




THINK ONE AUTOCARE PTE LTD
RCB:201322501G GST:201322501G
No.60 Jalan lam Huat #02-32 Carros Centre
Singapore 737869
Tel:(65)6454 3300 Fax:(65)6256 4988
Email:enquiry_autocare@thinkone.com.sg

19/19/19/VP85/022692



Our Ref :YP8062M
Your Ref : **STX 6972 K**
Date :20.3.2020

LONPAC INSURANCE BHD
NO.7 #17-04 300 BEACH ROAD
THE CONCOURSE
SINGAPORE 199555

Dear Sirs,

Accident involving **YP8062M** along **TPE TOWARDS KPE** on **25.11.2019 07:20** hrs

We are authorized by the owner **THINK ONE LEASING PTE LTD** of vehicle **YP8062M** to claim damages and loses against your insured in connection with the above road accident. Our client's vehicle was damaged and our client has been put to loss and expenses,particular of which are as follows:

Cost of repair (inc 7%gst)	:	\$6,152.50
Loss of Used \$150 x 9days include 1 sunday	:	\$1,350.00
LTA Search Fee	:	\$2.00
Total	:	\$7,504.50

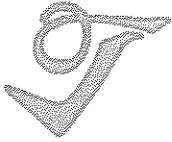
We enclose herewith the supporting documents for your perusal.

Please let us have your cheque payment made in favour of Think One Auocare Pte Ltd.

Your Faithfully

Think One Autocare Pte Ltd
60 Jalan Lam Huat
#02-32 Carros Centre
Singapore 737869
Tel: 6844 3300 Fax: 6842 4988

Michael Ng
Claim Advisor
HP:91288488
DID:65453300
michaelng@thinkone.com.sg



THINK ONE AUTOCARE PTE LTD

RCB : 201322501G GST : 201322501G
60 JALAN LAM HUAT, #02-32 CARROS CENTRE, SINGAPORE 737869
Tel: (65)6844 3300/ (65)6545 3300 Fax: (65)6842 4988/ (65)6256 1284
Email: enquiry_autocare@thinkone.com.sg

Bill To : LONPAC INSURANCE BHD

Address : NO. 07 #17-04
300 BEACH ROAD
THE CONCOURSE
SINGAPORE 199555

Attn :

Tel : 6250 - 7388

HP :

Fax : 6296 - 2706

Tax Invoice : AR202003-0272

Invoice Date : 20/03/2020

Vehicle Num : YP8062M

Make/Model : MITSUBISHI CANTER 3.0 /

Mileage(km) : 0.00

Job Order : JO202003-0273

Staff ID : NSP

Terms : C.O.D

Remarks/Ref :

S/N	Description	Qty	Unit Price	Disc %	Amount S\$
COST OF REPAIR					
1	COST OF REPAIR	1	5,750.00	0.00	5,750.00

E & O.E.

SUB TOTAL	:	5,750.00
GST 7%	:	402.50
TOTAL SGD	:	6,152.50

Think One Autocare Pte Ltd
60 Jalan Lam Huat
#02-32 Carros Centre
Singapore 737869
Tel: 6844 3300 Fax: 6842 4988

Customer's Signature / Co.Stamp

for Think One Autocare Pte Ltd.

Accident Date:

Accident Place:

AUTHORISATION TO ACT

I / We, THINKONE LEASING PTE LTD of 20 UBI ROAD 4
("the third party claimant") (address)
#02-08 THINKONE BUILDING STORE 408622 owner of YP 8062M
(vehicle number)

hereby authorised **THINK ONE AUTOCARE PTE. LTD** ("the workshop") to act for me
with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. YP 8062M that was damaged pursuant to the accident which
occurred on 25.11.2019 along TPE TOWARDS KPE
(date)
involving vehicle number(s) GBT 5072H ("the other party").

I/We further authorised the workshop to settle my above mentioned claim in a manner that
they deem fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque(s) being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my behalf is on
a without prejudice and without admission of liability basis insofar as the driver / owner /
insurers of the other vehicle(s) is concerned.

*Should the case could not reach to a settlement, I / We authorised Think One Autocare to
proceed with all the necessary legal means and should this case failed,

I/We THINKONE LEASING PTE LTD agreed and will bear / pay
all the repair costs and legal fees costs due incurred by Think One Autocare Pte Ltd

Dated this 25th (day) of NOVEMBER (month) 20 19 (year)



Signed by "the third party claimant"
(with company's stamp if applicable)

Think One Autocare Pte Ltd
60 Jalan Lam Huat
#02-32 Carros Centre
Singapore 737869
Tel: 6844 3300 Fax: 6842 4988

Signed by "the workshop"
(with company stamp)

DISCHARGE \ SATISFACTION VOUCHER

Claim no: _____

I / We THINKONE LEASING PTE LTD NRIC/ ROC 20115609M

hereby state that the repairs to vehicle no YP 8062M have been carried out to my/our entire satisfaction and I/We agree that the discharge to the account of Think One Auto Care Pte Ltd

shall be in full discharge of all claims under policy no 5107728339-0002361

with regards to the damage to my/our vehicle as a result of accident which occurred on

25.11.2019 along / at ALONG THE TOWARDS KPE at around 07.20 HRS
(date) (time)

Vehicle Owner

Name THINKONE LEASING PTE LTD

NRIC 20115609M

Address 70 UBI ROAD 4 #02-08

THINKONE BUILDING

S'PORE 408622

Signature


(with company stamp if applicable)

**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

Third Party Insurer Enquiry

Our Ref No: GR-19-194261

Date of Request: 26/11/2019

Your Ref No: Online Purchase

Think One Autocare Pte Ltd
No. 18 Defu Avenue 2
Singapore 539522

Dear Sir/Madam,

Enquiry Date 26/11/2019
Enquiry By Ng Shee Pan
TP Vehicle No. SJX6972K
Accident Date 25/11/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJX6972K	Lonpac Insurance Bhd	01/07/2019-30/06/2020	+65 62507388

Thank You.

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.

This is a computer generated document and requires no signature.



**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-19-194261

Date of Request: 26/11/2019

Your Ref No: Online Purchase

Think One Autocare Pte Ltd
No. 18 Defu Avenue 2
Singapore 539522

Dear Sir/Madam,

Enquiry Date

26/11/2019

Enquiry By

Ng Shee Pan

TP Vehicle No.

SJX6972K

Accident Date

25/11/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque