

AIG ASIA PACIFIC INSURANCE PTE. LTD.

AIG Building 78 Shenton Way #08-16 Singapore 079120

Attn: Motor Claims Department

DATE: 02/04/2020

Your Ref: SLR9251X

Car Regn No : SMP7477Z

Accident involving SMP7477Z & SLR9251X on 28/11/2019

Direct Settlement Claim

Dear Sirs

The repair has been completed for **SMP7477Z**. We submit the following documents for your perusal:

1) Invoice No: 30068415

\$ 3,061.14

- 2) Loss Of Rental refer to BKW
- 3) Discharge Voucher signed by client
- 4) Authorization to Act

TOTAL

3,061.14

Please pay **Trans Eurokars Pte Ltd** the sum of **\$3,061.14** as soon as possible and mail your cheque to **12 Sungei Kadut Avenue Singapore 729648**.

Yours faithfully,

Stephanie Loke

Manager - Service & Development

DID: 63310686 FAX: 63310690

e-mail: stephanie.loke@eurokars.com.sg



Corporate Head Office: Trans Eurokars Pte Ltd, 12 Sungei Kadut Ave Singapore 729648
Tel: 6363 3003 Fax: 6369 3003 BRN.199103859N
Showrooms & Service Centres:

5 Ubi Close Singapore 408605 Sales Tel: 6395 8888 Service Tel: 6395 8899 Sales Fax: 6846 1700 Service Fax: 6744 9402 Eurokars Aftersales Centre: 27A Tanjong Penjuru Singapore 609042 Service Tel: 6331 0606

Service Fav + 6331 0620



TINVOICE

GST Reg No: M90364005A

Thurwallo, sa Eurokanes Mazda (UB)

PAGE NO

INVOICE NO: 30068415

DEPT/POS ID:

78 SHENTON WAY

#08-16 Catherine Chua

SMP7477Z DESCRIPTION **AMOUNT** CODE REQUISITION DESCRIPTION: Body repair INSURANCE CLAIMS: THIRD PARTY 0.06 MZ-BR-RE TO REPLACE REAR BUMPER. REPAIR ALL AREAS AFFECTE BY THE ACCIDENT. MZ-SE-SR TO RESPRAY REAR BUMPER. MZ-BRERE TO TRANSFER REVERSE SENSORS. MZ-BR-EL TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCT 120.00 TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. MZ-BE TO SUPPLY BRILA PREMIUM COATING. MZ-BR DHYF-50-22XABB 1040-10 1.0 G001-67-061 7-80 14.04 PAD, PROTECTOR B45A-56-146A FASTENER 10.0 27.00 BGV4-56-145 15.66 GROMMET, SCREW BHN1-50-021A 14.58 3.51 D10J-50-1K5 PIN, LOCATOR DE 2,860.88 Parts 010.88 Net 200.26 3,061.14 Labour 1,850.00 3,061.14 Amol

All major repaired parts stated above are covered under a 6 months or 6,000 km warranty, whichever comes first. The above excludes expendable maintenance items, natural wear & tear components and parts damaged due to neglience or improper handlings.

Proof of Payment is only valid if this invoice is stamped "PAID" & signed by us. Any dispute to this invoice must be made within 5 calendar days

CASH / NETS / AMEX / VISA / MASTER

ORIGINAL COPY

NO:

Authorised Signature

TRANS EUROKARS PTE LTD



zoom-zoom

Corporate Head Office: Trans Eurokars Pte Ltd, Eurokars Centre 12 Sungei Kadut Ave Singapore 729648 Tel: 6363 3003 Fax: 6369 3003 BRN 199103859N Showrooms & Service Centres:

5 Ubi Close Singapore 408605 Sales Tel.: 6395 8888 Service Tel.: 6395 8899 23 Leng Kee Road Singapore 159095 Sales Tel.: 6603 6118 Service Tel.: 6603 6128 **Eurokars Aftersales Centre:** 27A Tanjong Penjuru Singapore 60904 Service Tel.: 6331 0606





DISCHARGE VOUCHER

I/ We hereby acknowledge having received from the under-mentioned
repairers my/our vehicle No: which has been
repaired to my satisfaction and I/we admit that the payment for such
repairs by Trans Eurokars Pte Ltd is in full and final discharge of my claim
under policy number: in respect of damage
caused to the said vehicle as a result of an accident that occurred on
28/11/2019 at left filter into Yio Chu Kang Road.
Witnessed by Repairers Date
X 8hm 06/03/2020

TRANSEUROKARS Corporate Head Office

Signature by Insured

: Trans Eurokara Pte Ltd, Eurokars Centre, 12 Sungel Kadut Ave Singapore 729648 Tel: 6363 3003 Fax: 6369 3003 BRN.199103859N

Date

Showroom & Service Centre:

23 Leng Kee Road Singapore 159095
Sales Hotllne: 6603 6118
Sales Fax : 6476 7073
Service Fax : 6476 7417

5 Ubl Close Singapore 408605 Sales Hotline : 6395 8888 S Sales Fax : 6846 1700 S

Service Hotline : 6395 8899 Service Fax : 6744 9402 31³¹31, 1

Without Prejudice to Injury Claim

X

AUTHORISATION TO ACT (AIG Express Third Party Claim)

I, SHIVASHANKER SO RAGAVEL ("the	third party claimant") of
(address), ow	mer of SNP74772 (vehicle no.) hereby
authorize	("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 that was damaged pursuant to	the accident which occurred on
(date) along	(location) involving vehicle
no/s("the a	accident").
and the workshop is further authorized to receive pa payment cheque/s being made in favour of the worksl I further acknowledge that any settlement the works	hop.
prejudice and without admission of liability basis insvehicle/s is concerned.	·
Dated this 38th (day) of NOV (month)	20 <u>19</u> (year)
Signed by "the third party claimant"	Signed by "the workshop"