

VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Letter of Demand

Re : Accident involving my vehicle no. SLF3191M and vehicle no. SDV955G on 16/12/2019 at 08:30 HRS PM/AM along Bukit Timah Road

We refer to the above matter.

Attached copies of the following for your kind perusal :

Vehicle Repair cost / Excess	\$ 8025.00
Vehicle Rental Fee for <u>—</u> days @	
\$ <u>—</u> per day	\$ —
Loss of use for <u>9</u> days @	
\$ <u>100.00</u> per day	\$ 900.00
Police search fee/ police report fee /LTA search fees	\$ 7.45
Others <u>3rd Party Report</u>	\$ 29.00
Total :	\$ 8961.45

Yours faithfully,

ABBY



ABBY

HP : 9856 4815

E-mail: visionautowork@gmail.com

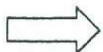
Authorization To Act

I, Car Cove Leasing Pte. Ltd. ("the third party claimant") of
8 Kaki Bukit Avenue 4 #02-55 Premier @ Kaki Bukit S(415875)
(address), owner of SLF3191M (vehicle no.) hereby
authorize Vision AutoWork 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. SLF3191M that was damaged pursuant to the accident which
occurred on 16/12/2019 (date) along Bukit Timah Road
(location) involving
vehicle no/s SDV955G
("the accident").

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

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

Dated this 16 day of 12 (month) 20 19 (year)



M



Signed by "the third party claimant"

N



Signed by "the workshop"

VISION AUTOWORK PTE. LTD.
8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875
Tel: 6341 6789 Fax: 6341 6778
Co. Reg. No. : 201500371E

Letter of Authorisation & Indemnity

Accident Involving Vehicle no. SLF319IM and SDV955G On 16/12/2019

At Bukit Timah Road

1. I/We, the owner of vehicle no. SLF319IM hereby instruct and authorize Vision Autowork Pte. Ltd. ("the workshop") to commence repairs to the said vehicle. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.
3. 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.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional costs and disbursement for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on our behalf.
5. I/we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
6. In the event that I/we am/are required to attend at my/our solicitors office or to attend court in connection with my/our claim, I/we shall render full co-operation.
7. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under policy of insurance shall be borne by me/us.
8. If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and 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.
9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 16 day of 12 2019

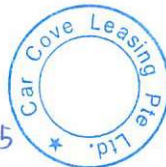
Signature of vehicle owner M.

Name - Car Cove Leasing Pte. Ltd.

IC No : 201602573M
(Company stamp, if applicable)

Address : 8 Kaki Bukit Avenue 4 #02-55
Premier @ Kaki Bukit Singapore 415875

Tel : _____



Witnessed by :

Abby

VISION AUTOWORK PTE.LTD.

8 Kaki Bukit Ave 4,
#08-09 Premier @ Kaki Bukit,
Singapore 415875

Tel : 6341 6789

Fax : 6341 6778

ROC / GST REG NO.: 201500371E

Email : visionautowork@gmail.com

TAX INVOICE

INVOICE No **TI V17101**

Date : 06.02.20

Vehicle Number : **SLF3191M**

Bill To:

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 7,500.00
Sub Total		\$ 7,500.00
Add GST 7%		\$ 525.00
Total Amount		\$ 8,025.00

PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO
' **VISION AUTOWORK PTE.LTD.** '

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :

Abby



Co's stamp & Authorised Signature



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 16 Dec 2019 / 15:51:12

Receipt Date/Time : 16 Dec 2019 / 15:51:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191216-002586

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SDV955G				
As at 16 Dec 2019/08:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SDV955G Enquiry Fee 20191216155048574561	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				
	xxxxxxxxxxxx1359	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.



RECORDS MANAGEMENT CENTRE

**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-19-207525

Date of Request: 17/12/2019

Your Ref No:

WALK IN GERALD

VISION AUTOWORK PTE LTD
8 KAKI BUKIT AVE 4., #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No: SLF3191M
Date of Accident: 16/12/2019
Place of Accident: BT TIMAH RD
Involving Vehicle No: SDV955G

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 ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-207526

Date of Request: 17/12/2019

Your Ref No:

WALK IN GERALD

VISION AUTOWORK PTE LTD
8 KAKI BUKIT AVE 4., #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 16/12/2019

Vehicle No: SLF3191M

Place of Accident: BUKIT TIMAH ROAD

Involving Vehicle No: SDV955G

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\$)
SDV955G	BUKIT TIMAH ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (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 ☒ Cash ☐ Cheque