

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit Autohub
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6744 0510 / 6842 0051 Fax No. : +65 6741 0510
Company Reg. No. : 200714616M
GST Registration No. : 200714616M

16 November 2020

Our Ref : CLM14823 / SGM895H / JAN-08/2020

FWD SINGAPORE PTE LTD
6 TEMASEK BOULEVARD
#18-01 SUNTEC TOWER FOUR
SINGAPORE 038986
ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SGM895H & SCR9887T on 06/01/2020
Along Upper Serangoon Road twds Bendemeer Road

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SCR9887T** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

Cost of repairs	\$	12,305.00	(Include 7% GST)
Loss of rental	\$	1,600.00	(\$200 X 8 Days)
Additional 2 days loss of use for pre repair	\$	360.00	(\$180 X 2 Days)
LTA search fee	\$	7.45	
	S	<u>\$ 14,272.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM14823
- 2) Twincar Rental - Invoice No : 13-2873 , Vha No : 72231
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SGM895H

We look forward to your prompt reply.

Yours faithfully,



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Twincar Automotive Pte Ltd
S.Y.NEO
Director
P.I.C - Melody Chin
Reply to :huixin@n51.com.sg

LETTER OF AUTHORISATION

To: **M/s Twincar Automotive Pte Ltd**
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SGM 895H & SCR 9887 T
ALONG UPP SERANGOON RD TWDS BENDEMEER ROAD ON 06/01/2020 @ 07:00HRS

I/We TAY TZE KIAN EUGENE NRIC/Passport No: S XXXX 216 E
of BLK 475C UPPER SERANGOON CRESCENT #11-565 S1 533436
the owner of vehicle no. SGM 895H hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- ~~b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.~~
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we underake to pay you for your expenses, costs and fees immediately.

Handwritten note:
06/01/20
10:15 Hrs.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are _____
Policy No. _____ Expiry Date: _____
Date: _____ Excess: _____

Owner's Signature/Co's stamp (if applicable) _____ Witness Signature/Name _____