

來發(明記)摩哆有限公司
LAI HUAT (MENG KEE) MOTOR PTE LTD

Sin Ming Autocity
160 Sin Ming Drive #04-01/#04-02/#07-03 Singapore 575722
Tel: 64538110 Fax: 64596267
UEN: 199407592C

RECEIVED 15 JUL 2020

Your Ref: SHD 3162E
Our Ref: SMF 9487J - 2020/JL

29 April 2020

India International Insurance Pte Ltd
64 Cecil Street
#04-#05
IOB Building
Singapore 049711
Attention: Motor Claims

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT INVOLVING VEHICLE NOS. SMF 9487J AND SHD 3162E ON 08/01/2020 AT JUNCTION OF ANG MO KIO STREET 31 AND ANG MO KIO AVENUE 6

We refer to the above matter wherein your insured's vehicle no. SHD 3162E was involved in an accident with our client's vehicle no. SMF 9487J.

As the accident was caused by your insured's negligence, our client is now claiming for the following losses:

- Repair cost: \$2,390.68 (include GST)
- Rental cost: \$ 450.00 (3 days x \$150 per day)
- LTA search fee: \$ 7.49
- Medical receipt: \$ 375.60
- Total: \$3,223.77

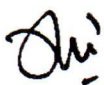
Relevant documents in support of our client's claim are enclosed for your kind attention.

Please do not hesitate to contact Jenny Lim at telephone 64538110 or email jenny.lim@laihuat.com.sg should you need any additional information.

Meanwhile, we look forward to receiving your affirmative response soon enough.

Thank you.

Yours faithfully,



LAI HUAT (MENG KEE) MOTOR PTE LTD

encs

LETTER OF AUTHORITY

To: Lai Huat (Meng Kee) Motor Pte Ltd
160 Sin Ming Drive
#04-01, #04-02 & #07-03
Sin Ming Autocity
Singapore 575722

Dear Sirs

ACCIDENT INVOLVING VEHICLE NOS: SMF 9487J & SHD 3162E ON 08/01/2020
AT JUNCTION OF ANG MO KIO STREET 31 & ANG MO KIO AVENUE 6

This is to confirm that on 08/01/2020, I / We gave you instructions to repair my / our vehicle no. SMF 9487J which was damaged in the above accident.

In consideration of your agreement to repair my vehicle no. SMF 9487J, pay for my other expenses and to defer demanding for payment of the costs of repair which was damaged as a result of the above accident, I / We hereby authorise you and/or your solicitors as my / our representative to write, negotiate and settle the accident claim on my / our behalf against any part involved in the abovementioned accident.

I / We hereby undertake to co-operate with you and render you all the assistance (including having my / our vehicle re-inspected and being a witness at trial) that may be necessary for you to recover the cost of repairs and the loss of use to my / our vehicle. I / We further undertake to keep you informed at all times of any communication received from any party involved in the abovementioned accident.

I / We hereby confirm that by signing this Letter of Authority, I / We are not entitled in law to receive any payment. If a cheque is sent to me, I / We shall return the same to the sender as I am precluded in law from accepting any payment.

In the event of my / our claim against any party involved in the abovementioned accident being unsuccessful for any reason whatsoever, I / We shall bear the repair / excess cost payable to Lai Huat (Meng Kee) Motor Pte Ltd either by cash / cheque or claim against my / our insurance policy.

I / We hereby authorise the payment of my / our claim (including any or all medical related invoices / receipts) to be made directly to my / our representative, Lai Huat (Meng Kee) Motor Pte Ltd accordingly.

In relation to the personal and vehicle information collected or otherwise provided during the course of the claim process (including by way of recordings), I agree and consent that Lai Huat (Meng Kee) Motor Pte Ltd may use, disclose and process my personal data for the purpose of responding and administering all activities related to my insurance claim.

Yours faithfully

Signature: _____



Name: Goh Yong Khian

NRIC No: S7425812C

来發 (明記) 摩哆有限公司
LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
GST No: M2-0128609-3
UEN: 199407592C

TAX INVOICE

EST No.: EST0024195
Goh Yong Khian

GST Reg No: M2-0128609-3
Page: 1 of 1
Number: INV0025066
Your ref.: TP-SHD 3162E India
Job No.: 71192
Our ref.: 20.01.08
Payment
Date: 29/4/2020

Attn

Vehicle No: SMF 9487J
Vehicle Model : Nissan Qashqai
Accident on ...: 8/1/2020

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
Supply of Parts - Nett item:					
1.00	Pc	Rear bumper	769.80	10.00	692.82
1.00	Pc	Rear bumper side holder LH	38.90	10.00	35.01
1.00	Pc	Rear fender arch garnish LH	540.50	10.00	486.45
Special nett item:					
1.00	Set	Rear reversing sensor (4 pcs)	380.00		380.00
8.00	Pcs	Rear bumper bottom clips	5.00		40.00
Labour & Misc:					
1.00		To transfer reversing sensor	60.00		60.00
1.00		To dismantle + renew above parts	300.00		300.00
1.00		To spray paint	240.00		240.00
Sub-Total					2,234.28
GST 7.00%					156.40
Total					S\$ 2,390.68

本公司拥有最先进的 CAROLINER MARK IV 机械，可提供给多种款式的车身及给予快速与准确的测量方式和大铁修理。除外，还有先进的 SAICO Deluxe 喷漆烘炉。

"Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."

APEX Car Rental Pte Ltd

37A Bartley Road Singapore 539777
UEN: 200102894H

HIRING AGREEMENT CUM TAX INVOICE NUMBER:

1004520

(Please quote this number in all payments and correspondence)

Vehicle number : SLU 5749M
Make & model : Mercedes Benz C230

HIRER'S PARTICULARS

Hirer : GOH YONG KHIAN
Address : BLK 315A ANG MO KIO STREET 31 #20-337.
SINGAPORE 562315

NRIC No: S7425812C

Contact Number : Off :
H/p: 97252333

Res:

Nationality : SINGAPOREAN
Date Of Birth : 23.08.1974

Licence Number: AS NRIC NO
Licence Expiry : NEW PHOTO LIC.

Driver : LAI WEI WEI
Address : AS ABOVE

NRIC No: S8021905I

Contact Number : Off :
H/p: 97504066

Res:

Nationality : SINGAPOREAN
Date Of Birth : 29.07.1980

Licence Number: AS NRIC NO
Licence Expiry : NEW PHOTO LIC.

RENTAL PRICING

Daily Rental Rate : \$ 150.00
Days On Rental : 03 /Day

Date Out : 14.01.2020
Time Out : 12.10 pm

TOTAL : \$ 450.00

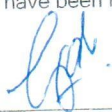
Date Return: 17.01.2020
Time Return: 9am

***RENTER'S Liability for Vehicle Damage EXCESS is S\$1,500.00 ON ALL CLAIMS.
***Applicable to driver below 23YRS old and above 70YRS old OR with less than 2YRS driving experience
EXCESS is S\$5,000.00

REMARK - Vehicle no: SMF 9487J
Job No: 71192

HIRER DECLARATION

I agree to the terms and conditions above and as set out overleaf. If I opt to pay by credit/charge card, my signature here is deemed to have been made on the application credit card charge slip.



Authorised Signatory and Company Stamp
Date:

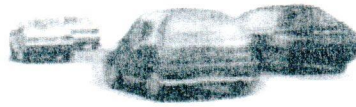


APEX Car Rental Pte Ltd
Date:

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SHD3162E	08 Jan 2020 / 06:43:00	Successful	I05	INDIA INT'L INS PTE LTD

[Previous](#)[OK](#)



THANK YOU

Lai Mei Ling Deborah has successfully logged out.

Your last login date and time was 08 Jan 2020, 09:26:39.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type	Asset ID	Asset Owner ID	Transaction Type
1	Vehicle	SHD3162E	-	18.32 Insurance Enquiry (GIRO Payment
• Log Date/Time 08 Jan 2020 / 09:26:59				



GOH CLAUDIA

GOH CLAUDIA
BLK/HSE 315A #20-337
ANG MO KIO STREET 31
TECK GHEE VISTA
SINGAPORE 562315

Accident and Emergency TAX INVOICE

Page 1 of 2

GST Reg No 20-0409811-Z
Business Reg No 53029034X
Print Date/Time 08.01.2020/21:38:07
Bill Date 08.01.2020
Customer No 6253581
Case No 3020001310
Bill Document No 8206384225
Visit Type A&E WALK-IN
Visit Date 08.01.2020
Attending Doctor DR TAN KEN LEON

Date	Code	Service Description	Qty	Amount (S\$)
08.01.2020	3501010019	XR-LUMBO-SACRAL SPINE	1	108.21
08.01.2020	3501080001	^ XR-AFTER OFF RGER I	1	100.55
08.01.2020	7108000002	CONSULTATION - AFTER HOUR	1	116.82
08.01.2020	IBUP4	IBUPROFEN 200MG TABLETS	30	15.90
08.01.2020	VOLT2	VOLTAREN 20G GEL	1	9.55

Subtotal 351.03

Hospital Charges 351.03
GST @ 7% 24.57
Hospital Charges Subtotal 375.60

Total Bill 375.60

Total Hospital Charges 375.60

24-Hour Walk-In Clinic
Parkway East Hospital
321 Joo Chiat Place Singapore 427990
Tel 63408666 Fax 63408630

*Lower back contusion secondary to road
traffic accident.*

Dr Tan Ken Leon
MBChB (Manchester)
MRCS (Edinburgh)
M.Med Orthopaedic (Singapore)
MBA (Chicago Booth)
MCR09127H

Note: (^)-non discountable items (*)-A&E charges

View Your Medisave and/or MediShield Life Claim Details Online

Login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave and/or MediShield Life Integrated Shield Plan Claims for the past 15 months. For more information, please visit <http://ask-us.cpf.gov.sg>>> Meeting Your Healthcare Needs.

Reimbursement Information for Employers and Insurers

Reimbursement should be made to cash outlay first, followed by Medisave then MediShield Life OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> E-Services>> Medisave/MediShield Life Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.

Customer No./Name: 6253581 GOH CLAUDIA
Case Number: 3020001310 Balance Due (S\$): 0.00
Cheque Amount: _____ Cheque Number: _____ Bank: _____
Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".
Please detach and return this section with your payment.



GOH CLAUDIA

GOH CLAUDIA
BLK/HSE 315A #20-337
ANG MO KIO STREET 31
TECK GHEE VISTA
SINGAPORE 562315

Accident and Emergency
TAX INVOICE

Page 2 of 2
GST Reg No 20-0409811-Z
Business Reg No 53029034X
Print Date/Time 08.01.2020/21:38:07
Bill Date 08.01.2020
Customer No 6253581
Case No 3020001310
Bill Document No 8206384225
Visit Type A&E WALK-IN
Visit Date 08.01.2020
Attending Doctor DR TAN KEN LEON

Date	Code	Service Description	Qty	Amount (S\$)
Payment				
08.01.2020	Visa/Master Cd (PEH)	*****1412		375.60-
Balance				
GOH CLAUDIA : Balance				0.00

UOB



PARKWAY HOSPITALS S PL
321 JOO CHIAT PL
B0 LVL 1 ADMISSION CASHIER COUNTER
SINGAPORE 427990

DATE/TIME: 08/01/20 21:37:25
MID: 000001090001322
TID: 58278302 INV: 023679
BATCH: 001026 TRACE: 033812
S/W : 4311.00.01.2
APPR CODE: 885949

SALE
MASTERCARD OFFUS
**** * 1412
ENT: Chip
REF NUM: 000041033812
CARD LABEL: MasterCard TSI: E800
TVR: 0000008000 AID: A0000000041010
APP CRYPT: 3FFB067C63B23914

BASE : S\$ 375.60
TOTAL : S\$ 375.60

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT.

*** CUSTOMER COPY ***
THANK YOU. HAVE A NICE DAY

Parkway East Hospital

OFFICIAL RECEIPT

A registered business of
Parkway Hospitals Singapore Pte Ltd
121 Joo Chiat Place, Singapore 427990
Tel: 6344 2589
GST No: 20 04096112
Business Reg No: 8204024X

Date/Time : 08.01.2020 21:35:47
Cashier : Siti Salbiah Bte Yusop
Cashier ID : 218
Machine No : 106
Receipt No : 41432

Patient : 60H CLAUDIA
Case No : 3020001310 A1
Cust No : 0006253561 375.60
Patient Bill : 375.60

DUE 375.60
RECEIVED

VISA/MASTER SGD 375.60
Approval Code = 885949
Card Number = XXXXXXXXXXXX1412

(GST Inclusive)
Thank You

For cheque payment, validity of
receipt is subject to cheque clearance