



Maximus Racing Pte Ltd

Company Registration No: 200507694R

GST Reg No: 20-0507694-R

Date: 12/05/2020

AIG

78 Shenton Way #07-16

Singapore 079120

Fax: _____

Subj: Claims for Loss of Use of Vehicle - SJZ 5823 D

Dear Sir / Mdm

I would like to claim for Loss of Use of Vehicle for 4 days on behalf of my customer who has authorised my company to undertake the case.

Calculation as following:

Loss of Use of Vehicle --- 4 days x \$ 150.00/day = \$ 600.00

Thank you.


Daphne Tan



Our Ref: Q-20-108
Your Ref: _____

Date: 12/05/2020

TO: America International Group
28 Shenton Way #07-16
Singapore 079120
Tel: 6419 3000

ATTN: MOTOR CLAIMS DEPARTMENT

RE: **Accident Involving Motor Vehicle Nos:** SJZ5823D / SKZ9953Z
At/Along Bideford Road **On** 26/2/2020 **@** 14:55

I am the owner of vehicle SJZ5823D that was involved in an accident with your insured vehicle SKZ9953Z of the above accident.

As the accident was caused solely by your insured negligent driving, I am claiming from you for the following: -

1.	Cost of Repairs / Excess	\$ <u>4,708.00</u>
2.	Loss of Use: <u>4</u> days per day @ \$ <u>150</u> / Vehicle Rental	\$ <u>600.00</u>
3.	LTA/ GA Search Fee	\$ <u>7.45</u>
4.	Survey Fee	\$ _____
5.	Others	\$ _____
TOTAL:		\$ <u>5,315.45</u>

I hereby give you fourteen (14) days to comply with the above failing which I shall instruct my solicitors to commence legal action against you. If you have any query, please call **MAXIMUS RACING PTE LTD** at this Telephone No: 62501198/96382477 (Daphne) or Fax No: 62501081

I hereby give full authority to MAXIMUS RACING PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above will be appreciated. I hereby look forward to hearing from you soonest possible.

Yours Faithfully,


Name & Signature DAPHNE TAN ROSELLE BALACRO

Address: C/o MR Performance Centre,
7, Soon Lee Street, #05-05, iSpace.
Singapore 627608

CC: Daphne Tan
Email: daphne@maximusracing.com

AUTHORISATION TO ACT

In the matters of an accident involving my/our motor vehicle SJ2 5823 D
And others SKZ 9953 Z
on 26/2/2020 along Bideford Road

I / We Kydoniets Roselle Balaoro D/Birth 12/11/1973 Sex Female of
39 Faber Park, Singapore 129120 Tel No: -

Occupation Housewife NRIC No S7362175E

hereby authorize and appoint Maximus Racing Pte Ltd to act for me/us for
the purpose of making a third party claim in respect of the abovementioned matter.

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

I / ~~We~~ also knowledge that any settlement the workshop may reach on my/ ~~our~~ behalf is on a "Without
Prejudice and without admission of liability" basis insofar as the driver/ owner/ insurers of the other
vehicle is concerned.

Date the 26 day of February month of 2020.



Interpreted and witnessed by

Name: Daphne Tan



Signature or Thumb Print

Name: Kydoniets Roselle Balaoro

**Maximus Racing Pte Ltd**

Company Registration No: 200507694R

GST Reg No: 20-0507694-R

TO:

AIG

78 Shenton Way #07-16

Singapore 079120

Tel: 64193000

**MOTOR VEHICLE CLAIM
OWNER'S SATISFACTION/DISCHARGE VOUCHER**

VEHICLE OWNER:

KYDONIEF ROSELLA BALAORO

MOTOR POLICY NO:

2100239776-09

MAKE/MODEL:

AUDI Q5 3.2 FSI

REGISTRATION NO:

SJZ 5823D

EXCESS:

-

ACCIDENT DATE:

26/02/2020

REPAIRER NAME:

MAXIMUS RACING PTE LTD
7, SOON LEE STREET,
#05-05, ISPACE,
SINGAPORE 627608

I/We certify that the vehicle has been fully repaired to my entire satisfaction and that the payment of the repairer's charges that are claimable under the policy will be deemed in full and final settlement of my claim.

OWNER / INSURED SIGNATURE:

DATE:

26/03/2020

TIME:

17:11

MAXIMUS RACING PTE LTD

MR Performance Centre. No.7 Soon Lee Street, #05-05, Singapore 627608.
Enquiry Hotline : +65 62501198 / Fax : +65 62501081

Company Registration No. : 200507694R

**FINALIZATION FOR SJZ5823D**

Requested By: American International Group
78 Shenton Way #07-16
Singapore 079120
Tel: 6419 3000

Reference No: Q-20-108
Date: 26/3/2020
Terms: **Cash**

Item	Description	Qty	Unit Price	Total Price
	Policy No // Accident Date: MT/00620631 // 28/2/2020 Drive In: 28/2/2020 Vehicle Make/Model: Audi Q5 3.2 FSI Quattro Vehicle Number: SJZ5823D Manufacturing Year: 2010 Engine: CALB Chassis No :WAUZZZ8R6BA037522			
1	Lump Sump Repair For SJZ5823D	1		\$ 4,400.00
E. & O.E.				
Sub-Total				\$ 4,400.00
ADD GST 7%				\$ 308.00
Grand Total:				\$ 4,708.00

Please visit our website @ www.MaximusRacing.com

TERMS & CONDITIONS:

Some products are made exclusively for off-road use, we do not accept any claims/liabilities from their usage.
Do not use the product except in specified car types. We reserve the right to dispose of goods/parts unclaimed after 3 months.
Maximus Racing Pte Ltd will not accept any claims and/or responsibility arising therefrom.
Any Deposit paid are strictly non-refundable!!
Payment by **CHEQUES** should be crossed and made payable to **MAXIMUS RACING PTE LTD**
Goods or Parts sold are not returnable nor refundable!
We reserve the rights to charge 1.5% interest per month on all overdue accounts.
Received and agreed to all above charges and sales terms.

Receiver's Signature

Authorised By:

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Feb 2020 / 12:30:47

Receipt Date/Time : 28 Feb 2020 / 12:30:43

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200228-001450

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SKZ9953Z				
As at 26 Feb 2020/14:55:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKZ9953Z			
	Enquiry Fee	7.00	0.49	7.49
	20200228122932478569			
	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			
	xxxxxxxxxxxx8950		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.