



## MY CAR CONSULTANT PTE LTD

Address: 53 Ubi Avenue 1, Paya Ubi Industrial Park  
#01-33 S(408934)  
Email: Admin@mycar.sg  
(Company Registration No: 201605878Z)

3<sup>rd</sup> June 2020

Our reference: SMT3229D  
Your reference: SLD2921R

**AXA Insurance Pte Ltd**  
8 Shenton Way #24-01  
Singapore 068811  
**Attn: Motor Claims Department**

**BY HAND**

Dear Sir/ Madam,

Claimant : LUMENS AUTO PTE LTD  
Address : 22 SIN MING LANE \$01-74/75 S573969

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **20/05/2020** along involving our client's vehicle registration number **SMT3229D** and vehicle registrations number **SLD2921R** driven by you/your insured's driver at the material time.

As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$3,600.00
Loss of use	:	\$750.00
LTA Search	:	\$7.49
GIA Search	:	\$0.00
Total	:	\$4,357.49

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Rental Agreement & Official Receipt;
- f) LTA Search Results & Official Receipt;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Yours faithfully,



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My Car Consultant

## 1-Stop Solution For All Automotive Needs

53 Ubi Avenue 1, Paya Ubi Industrial Park  
#01-33/02-33 S(408934)  
Tel: 9888 8885 / 8866 8832 | Fax: 6925 5219

REMARKS:

DESCRIPTION	AMOUNT
COSTS OF REPAIRS	\$ 3,600.00
TOTAL	\$3,600.00

**THANK YOU FOR YOUR BUSINESS!**



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 May 2020 / 16:43:28

Receipt Date/Time : 20 May 2020 / 16:43:28

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200520-002473

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SDG71K				
As at 19 May 2020/17:15:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SDG71K Enquiry Fee 20200520164232789976	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLD2921R				
As at 20 May 2020/11:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
2	Insurance Enquiry - SLD2921R Enquiry Fee 20200520164232832883	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		14.00	0.98	14.98
Rounding Difference				0.03
Total Amount Payable				14.95
Paid By				
409636XXXXXX7897		eNETS Credit Card		14.95
Total				14.95
Cash Change				0.00
Tendered Amount				14.95
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.



MY CAR CONSULTANT PTE LTD (Co Reg no: 201605878Z)  
53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park S408934  
Tel: +65 9888 8885 / +65 8330 0060

## LETTER OF AUTHORIZATION

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 53 Ubi Avenue 1, Paya Ubi Ind Park #01-33 Singapore 408934

I/We, Lumens Auto Pte Ltd of NRIC/Passport number/ROC number: 20426961K, Owner of vehicle no. SWT3229D hereby authorize you to commence claim, settle and receive whatever amount payable by the insurance company and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc. 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 compensate direct to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a successful conclusion.

I/We hereby instruct and authorize 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/our behalf in the event that my/our claim is unsuccessful.

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 irrevocably 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.

In the event the third party's insurers forward me/us the settlement monies, I undertake to pay you the sum claimed in relation to my property damage claim.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year)



Owner's signature/Company stamp (if applicable)

Name:

NRIC/FIN/UEN No: