

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)

15th June 2020

Our reference: SMN7636S Your reference: SHA7144J

India International Insurance Singapore

BY HAND

64 Cecil St

Singapore049711

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant

: LUMENS AUTO PTE LTD

Address

22 Sin Ming Ln, #01-74/75 Midview City 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 <u>29/05/2020</u> along involving our client's vehicle registration number <u>SMN7636S</u> and vehicle registrations number <u>SHA7144J</u> 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 : \$1,700.00

Loss of Use : \$450.00

LTA Search : \$7.49

Total : \$2,157.49

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,



My Car Consultant

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

02 Jun 2020 / 17:14:13

Receipt Date/Time: 02 Jun 2020 / 17:14:13

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200602-003398

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 - SHA7114J As at 29 May 2020/08:35:00 Insurance Co: INDIA INT'L INS PTE LTD 1 Insurance Enquiry - SHA7114J		7.00	0.40	7.40
Enquiry Fee 20200602171146806838		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			
	409636XXXXXX7897	eNETS Credit Car	d	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.



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, Lymans Avo PIE HD	of NRIC/Passport number/ROC
number: 201426961K Owner of vehicle no. SMN 7-63	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 n	ame 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 the	his as my/our irrevocable
authorisation to pay the amount compensate direct to you after de	
and client basis. I/We undertake to co-operate fully with you and r	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.

Owner's signature/Company stamp (if applicable)

Name: WMENS AVIO PIB LTD

NRIC/FIN/UEN No: 201426961K



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref:MCT20050196 Claimant Ref : SMN7636S All Settlement Amount Are Without Prejudice to our driver's Injury Claim

We/I, My C	ar Consultant Pte Ltd ("the	workshop") hereby confirm that	we/I have reached an agreement
	ted Surveyor of India International Insuranc	e Pte LtdLKK Auto Cor	nsultants Pte Ltd (name
of Surveyor) wit	th respect to the amount claimed for S	\$ 1,940.00 (Global Sum)	(1000 of
on 29/05/20	(see SMN76) vehicle no SMN76	36S that was damaged pursua	int to the accident which occurred E 3 ving vehicle no. SHA7114J (insured
	pursuant to the inspection conducted on 03/0		
We/I confirm th	nat we/l are/am authorized by the owner _	LUMENS AUTO PTE	LTD ("the third party
claimant") of ve	chicle no.SMN7636S to make the claim as s	set out in the above paragraph a	and we/I have full authority to settle
he matter on h	nis/her behalf in a manner that we/l deem	fit. We/I enclose herein the le	tter of authority given by "the third
party claimant".			
	nfirm that we/I will indemnify India Internati		and the second of the second o
	ve already incurred in the event that "the		
	gainst the former for any loss and expense to the damage to <u>SMN7636S</u> (vehicle no.		of repairs and/or rental and/or loss
or use pursuant	to the damage to ONITY 6500 (Vehicle fib.	as a result of the accident.	
Ne/L confirm th	nat the agreement reached above is in fu	ll and final settlement of all o	laims of "the third party claimant"
	accident and that further this settlement is		
pasis.			o and militar dames on habiney
This agreement	is subject to the application of Singapore la	w and the Singapore Courts h	ave exclusive jurisdiction over any
ispute arising o	ut of the same.		
Ve/I authorize	you to pay the total amount of $\$1,940$.00 _{to} My Car Consul	tant Pte Ltd_
AL	July 20		
Dated this	day of20		
	2 de		
CLAIMANT:	[] () [] () [] () [] ()	WITNESS:	((LKK))
ignature:	2000	Signature:	CTY
	Signed by "the workshop" (with chop)		Signed by appointed Surveyor
lame:	4eo E San Jeremy	Name:	LKK Auto Consultants Pte Ltd
IRIC:	886331337	NRIC:	199607198R
ddress:	BIK 416C FURNVALE UNK	Address:	51 Ubi Avenue 1
	416-84		#01-25 Paya Ubi Ind. Park S(408933
lationality:	Singaporean	Nationality:	
Occupation:	Orrector.	Occupation:	

MY CAR CONSULTANT PTE LTD

INVOICE

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

DATE:

FOR:

17-Jun-20

INVOICE #

MCC2020-713

SMN7636S TOYOTA PRIUS

REMARKS:

Bill To:

INDIA INTERNATIONAL INSURANCE PTE LTD

DESCRIPTION		AMOUNT	
COSTS OF REPAIRS	\$	1,700.00	
		· · · · · · · · · · · · · · · · · · ·	
	TOTAL	\$1,700.00	

Make all cheques payable to MY CAR CONSULTANT PTE LTD

PAYNOW UEN - 201605878Z, or DBS CURRENT 018-904614-2

Payment terms: Due upon receipt

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THANK YOU FOR YOUR BUSINESS!