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 6842 0051 / 6744 0510 Fax No.: +65 6741 0510

Company Reg. No.: 200616038C GST Registration No.: 200616038C

05 April 2021

Our Ref:

CLM16275 / SLQ6069G / JUNE-14/2020

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711 ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SLQ6069G & SHD3212U on 18/06/2020 Along Ang Mo Kio Ave 3 (AMK Hub pickup point)

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD3212U** whose vehicle was insured with you at the material date of the accident.

We are prosposing 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	\$	3,424.00	(Include 7% GST)
Loss of use	\$	600.00	(\$100 X 6 Days)
Additional 2 days loss of use for pre repair	\$	160.00	(\$80 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	S \$	4,291.45	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16275
- 2) Autobay Towing SLQ6069G (receipt attached)
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of SLQ6069G

We look forward to your prompt reply.

Yours faithfully,

N-51 AUTOMOTIVE PTE LTD S.Y.NEO

Director







P.I.C - Melody Chin Reply to :huixin@n51.com.sg

## **LETTER OF AUTHORISATION**

To: M/s N-51 Automotive Pte Ltd Singapore

omgapore
RE: ACCIDENT INVOLVING VEHICLE NOS: SLQ 6069 G & SHD 3212 U
ALONG AND MO KID AVE 3 (AMK HUB PICKUP POINT) ON 18/06/2020 @ 12:154189
I/We EASY DRIVE CAR PENIAL NRIC/Passport No: 533 + 5868 L  of
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 indequate, I/we underake to pay you for your expenses, costs and fees immediately.
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:
Excess:  200 Jalan Sultan #02-38 Textile Centre Singapore 199018 Tel: 9673 5989 Fax: 6883 2418 Tel: 9873 5989 Gax: 6883 2418  Limber 5975 6888 4418  Witness Signature/Name