

# ***Jin Auto Services Pte Ltd***

**Blk 14 Defu Lane 10 #01-412**

**Singapore 539195**

**Tel:62898126 Fax :62870590**

**Business Registration No:200704370C GST Registration No:200704370C**

Date: 21/10/2020

**M/S India International Insurance Pte Ltd**

WITHOUT PREJUDICE

Dear Sir/Madam

**RE: ACCIDENT INVOLVING SLM7987X & SHC 8983A ON 29/7/2020**

We are instructed by the owner of **SLM7987X** to write, negotiate and settle claim on his behalf for the above mentioned accident. Our client's vehicle: **SLM7987X** was inspected and surveyed by your surveyor. As the accident was caused solely due to the negligence of your insured: **SHC 8983A** we are now seeking the total amount of claim as follow:

Repair cost	S\$ 5885.00 with GST)
Loss of use (Ambulance)	S\$ 1750.00 ( S\$350 X 5DAYS)
Total :	S\$ 7635.00

The following documents are enclosed to support our claims:

1. original repair bill 16220,
2. Letter Of Authority

Thank you.

Yours faithfully



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Jouis Seow

.Encl.

jouis@jinauto.com.sg



**JIN AUTO SERVICES PTE LTD**

Blk 14 #01- 410/412 Defu Lane 10 Singapore 539195  
Tel: 6289 8126 (24 hrs) Fax: 6287 0590  
Email: jin@jinauto.com.sg  
Company Reg. No: 200704370C GST Reg. No: 200704370C

# TAX INVOICE

M/S India International Insurance Pktd

Invoice No: 17720

Vehicle No: SLM 7987X

Date: 21/10/20

[illegible]

N.B No responsibility will be accepted for any loss or damage to any Vehicles or parts left in this workshop for any reason whatsoever.

*E. & O. E.*

ADD GST	₹ 385 -
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TOTAL	65885	—
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**JIN AUTO SERVICES PTE LTD**

## LETTER OF AUTHORITY

To: Jin Auto Services Pte Ltd  
Block 14 Defu Lane 10  
#01-410/412  
Singapore 539195

Dear Sir

ACCIDENT INVOLVING SLM7987X & SHC8983A ON 29/7/2020

I/We, the owner of vehicle no: SLM7987X hereby instruct and authorise you to commence repairs to the said vehicle.

I/We, hereby appoint you recover my damages sustained in the above accident.

Please recover the following:

1. Cost of repairs ~~XXXXXX~~
2. Loss Of Use ~~XXXXXXXXXX~~
3. ~~Survey report fees~~

You may proceed to apply to the relevant authorities for all necessary reports/documents to enable you to process my claim. Thereafter, you may negotiate with the third party and or his insurers for a settlement. If a settlement cannot be reached, you may without referring to me, commence legal proceedings against third party on my behalf to recover my damages. The entire amount claimed shall belong and make payable to Jin Auto Services Pte Ltd absolutely.

I further authorize you to give an absolute discharge on my behalf and to sign discharge voucher(s), any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

**CAREWELL AMBULANCE SERVICES PTE LTD**  
Blk 531 Serangoon North Ave 4  
Singapore 550531  
Tel: 6858 0700 Fax: 6858 0601  
Email: care@carewellambulance.com.sg  
Reg No: 200905446G

Name: \_\_\_\_\_  
NRIC NO: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dated: \_\_\_\_\_