

A T AUTO CONSULTANT

BLK 113 Teck Whye Lane #05-650 Singapore 680113

TEL: 8386 8989

Co. Regn. No. 53368526E

09th September 2020

Our Ref: AT200162/PC216P

Your Ref: SHD3834A

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Dear Sirs,

ACCIDENT INVOLVING YOUR INSURED SHD3834A & OUR CLIENT PC216P ON 30.07.2020

We are the representative for **CITITRANS TRANSIT PTE LTD**, whose vehicle registration number **PC216P** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SHD3834A**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$	7350.00 (as agreed with your Single Joint Expert)
Loss of use for 06 days @\$220.00	\$	1320.00 (Including 1 day of PRI, 1 Sunday)
LTA search fee	\$	7.45
	\$	<u>8677.45</u>

Enclosed are the supporting documents for your perusal:-

GIA

LTA search

Repair bill

Kindly let us have your payment of **\$8677.45** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Mr Tan at 8386 8989 or email atautoconsultant@gmail.com should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

Encl.



LETTER OF AUTHORITY

We/I, ^{Bus} Cititrans[^] Transit Pte Ltd ("the third party claimant") of UEN/NRIC No. 2004110006, owner of vehicle Reg.No PC216P hereby authorize M/s A1 Auto Consultant ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. PC216P that was damaged pursuant to the accident which occurred on 30/07/2020 along Boon Lay Way & Jurong West S/C Junction involving vehicle no/s SHD3834A ("the accident").

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

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 04 of August 2020.



Signed by the third party claimant

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT20070413
Claimant Ref: PC216P

We/I, A T Auto Consultant ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 8,250.00 (Global Sum) (repair cost), CF (loss of use/rental), CF (search fee), vehicle no. PC216P that was damaged pursuant to the accident which occurred on 30/07/2020 (date) at Boon Lay Way & Jurong West St 64 Junction (location) involving vehicle no. SHD3834A (insured vehicle). This is pursuant to the inspection conducted on 07/08/2020 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CITITRANS BUS TRANSIT PTE LTD ("the third party claimant") of vehicle no. PC216P to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to PC216P (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 8,250.00 to A T Auto Consultant.

Dated this 25 day of 09 2020

CLAIMANT:

Signature:


Signed by "the workshop" (with chop)

Name:

Tan Chuan Joon

NRIC:

S7204321/2

Address:

113 Tek Whye Lane #5-650

Nationality:

Singaporean

Occupation:

Manager

WITNESS:

Signature:


Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1
#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:

A T AUTO CONSULTANT

Reg No: 53368526E

Block 113 Teck Whye Lane #05-650 Singapore 680113 Tel: 8386 8989 Email:atautoconsultant@gmail.com

M/S : INDIA INTERNATIONAL INSURANCE PTE LTD

Date : 09.092020

Tax Invoice No.: AT200162

Vehicle Nos : PC216P

Accident Date : 30.07.2020

PARTS & LABOUR

Lump Sum Repair

\$7350.00

TOTAL

\$7350.00

Thank you for your support. Kindly arrange for payment as soon as possible. All cheque must be crossed and marked A/C Payee Only and made payable to **A T AUTO CONSULTANT**.

For A T AUTO CONSULTANT



A handwritten signature in blue ink, appearing to be "Rhr", written over the stamp.



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 04 Aug 2020 / 12:36:20

Receipt Date/Time : 04 Aug 2020 / 12:36:20

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200804-001725

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 - SHD3834A As at 30 Jul 2020/15:30:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD3834A Enquiry Fee 20200804123542628183	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				
	421808XXXXXX2327	eNETS Credit Card		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.

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India International Insurance Pte Ltd. Payment will be credited directly
(Name of Paying Organisation)
into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form,
obtain his banker's certification in Part II and return the duly completed form to

(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: India International Insurance Pte Ltd.
(Name of Paying Organisation)

Supplier's Particulars:

Name : A T Auto Consultant
Address : 113 Tech whye lane #05-680 Singapore 630113
Telephone Number: 85568989 Fax Number: _____
Name of Bank : OCBC Name of Branch: OCBC Centre Branch
Account Number To Be Credited : 687397521001

I/We hereby authorise INDIA INTERNATIONAL INSURANCE PTE LTD to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: OCBC
(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.



Signatures and Company's stamp As In Bank Account

25 SEP 2020

Date

Part II (To Be Completed By Supplier's Bank)

To: INDIA INTERNATIONAL INSURANCE PTE LTD
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank Branch Account Number

7339

087

397521001



Ng Shi Ling
5007
OCBC Bank



Name & Signature of Authorised Bank Officer

25 SEP 2020

Date