

PREMIUM AUTOMOBILES



AIG Asia Pacific Insurance Pte Ltd 78 Shenton Way #07-16 AIG Building Singapore 079120 **Attn: Motor Claims Dept**

Norah Khai From 6841 1183 Telefax

6768 9911 Telephone +65 -

Nora.khai@premiumauto.com.sg Mobile Body & Paint Dept Our Dept PA/TP/0585/2020/NH Email

+65 -

28-Jan-2021

Total Pages

Date

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Dear Sir,

Yr Ref: SJX 5571 R

RE: INSURANCE CLAIM FOR SKQ 7859 Z - Audi A4 1.8T FSI MU.

With reference to the above-mentioned vehicle, no. SKQ 7859 Z, claimant, Mr. Chua Loh Kiat, please find the related document per attached.

- 1. A copy of the Original invoice no. 85015866 – S\$ 4,025.08.
- 2. A copy of Discharge Voucher duly signed by client.
- 3. A copy of the Letter of Authorisation duly signed by client.
- 4. Loss of Use – S\$ 300.00 (S\$ 100.00 x 3 Working days)
- 5. A copy of the GIA search – S\$ 2.00

Based on the above document, we would appreciate you could expedite the payment soonest possible.

If you require any further clarification, please do not hesitate to contact me at 6768 9911.

Regards

This is a computer-generated document. No signature is required.

Norah Khai Claims Dept

Encl

AIG Insurance - SKQ 7859 Z

Premium Automobiles Pte Ltd, Showroom 9 Leng Kee Road Singapore 159090 Telephone (65) 6566 1111 Telefax (65) 6471 3733

Service & Parts Centres 55 Ubi Rd 1 Singapore 408699 Telephone (65) 6336 2323 Telefax (65) 684 11183

AUTHORISATION TO ACT (AIG Express Third Party Claim)

I, Chua Loh Kiat	(the third party claimant) of 12A Vin Green
Singapora 807632	(address), owner of SK& 78597 (vehicle no.)
	ales De Ltd ("the workshop") to act for me
with respect to my claim for repair costs a	nd/or rental and/or loss of use ("claim") for my vehicle
no. Ska 7859 Z that was damaged pur	suant to the accident which occurred on 18/1/200
(date) along Jalan Euros Fiter Lan	e Toward PE Changi(location) involving vehicle no/s
STX 5571 R ("the accident").	
I further authorize the workshop to settle m	y above mentioned claim in a manner that they deem fit
and the workshop is further authorized to r	receive payment further to settlement of my claim with
payment cheque/s being made in favour of t	he workshop.
I further acknowledge that any settlement t	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 (day) of Jan	_ (month) 20 <u>1</u> (year)
(Alle)	JON OLT SURE
Signed by "the third party claimant"	Signed by "the workshop"
(with chop if applicable)	(with chop)