



MCGAP WORKSHOP

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S(737869)

Email: MCGAPWORKSHOP@gmail.com

(Company Registration No: 53419040E)

7th Nov 2020

Our reference: GBH3387Z

Your reference: SLP9098H

AIG(Singapore) Pte Ltd

#07, Shenton Way, 16

Singapore 079120

Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : EMAC PTE LTD

Address : BLK 83 MACPHERSON LANE #10-247 S360083

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 20/08/2020 along involving our client's vehicle registration number GBH3387Z and vehicle registrations number SLP9098H 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	:	\$1,550.00
Loss of Use (\$150	:	
X 02 DAYS)		\$300.00
GIA Search	:	\$29.00
LTA Search		\$7.49
Total	:	\$1,886.49

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,



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Mcgap Workshop

1-Stop Solution For All Automotive Needs

DATE: 07-Nov-20
INVOICE # MCG2020-046
FOR: GBH3387Z
TOYOTA DYNA

6 JALAN LAM HUAT, CARROS CENTRE
#05-68 S737869
Tel: 97816380 / 88668832 / 68416866

DATE: 07-Nov-20
INVOICE # MCG2020-046
FOR: GBH3387Z
TOYOTA DYNA
REMARKS:

Bill To:
AIG ASIA PACIFIC INSURANCE PTE LTD

DESCRIPTION	AMOUNT
COSTS OF REPAIRS	\$ 1,550.00
TOTAL	\$1,550.00

Make all cheques payable to MCGAP WORKSHOP

Paynow UEN: 53419040E / UOB 7013414983

Payment terms: Due upon receipt

THANK YOU FOR YOUR BUSINESS!



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

Print Date/Time : 21 Aug 2020 / 15:21:41

Receipt Date/Time : 21 Aug 2020 / 15:21:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200821-002503

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 - SLP9098H				
As at 20 Aug 2020/07:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLP9098H Enquiry Fee 20200821151932712941	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SCU819J				
As at 19 Aug 2020/15:40:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
2	Insurance Enquiry - SCU819J Enquiry Fee 20200821151932793011	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		14.00	0.98	14.98
Rounding Difference				0.03
Total Amount Payable				14.95
Paid By				
409636XXXXXX7897		eNETS Credit Card		14.95
Total				14.95
Cash Change				0.00
Tendered Amount				14.95
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.





MCGAP WORKSHOP (Co Reg No. 53419040E)

No. 6 Jalan Lam Huat, Carros Centre #05-68 S737869

Tel: +65 9888 8885 / +65 9781 6380

LETTER OF AUTHORIZATION

In consideration of Repairer Workshop MCGAP WORKSHOP, No. 6 Jalan Lam Huat, Carros Centre #05-68 S737869

I/We, Emac Pte Ltd of NRIC/Passport number/ROC number: _____, Owner of vehicle no. GBH33872 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 name 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 this as my/our irrevocable authorisation to pay the amount compensate direct to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and 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 authorize 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 authorize 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.

Dated this _____ (day) of _____ (month) 20 (year)

Owner's signature (Company stamp if applicable)

Name:

NRIC No: