

VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Letter of Demand

Re : Accident involving my vehicle no. GW 4924D and vehicle no. SMC 5034A on 03/09/2020 at 12:30 HRS PM/AM at/along Upper Payar Lebqr Road

We refer to the above matter.

Attached pleas find copies of the following for your kind perusal:

| | |
|---|------------|
| Vehicle Repair cost +Excess | \$ 2889.00 |
| Vehicle Rental Fee for <u>-</u> days @ \$ <u>-</u> per day | \$ - |
| Loss of use for <u>5</u> days @ \$ <u>100.00</u> per day | \$ 500.00 |
| Police search fee/police report fee/LTA search fees | \$ - |
| Others <u>3rd Party Report</u> | \$ 29.00 |
| Total : | \$ 3418.00 |

Yours faithfully,

ABBY



ABBY
HP : 9856 4815
E-mail: visionautowork@gmail.com

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Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Authorisation To Act

I, Flag Win Enterprise ("the third party claimant") of
862, Yishun Avenue 4, # 03-63, Khatib Evergreen II, Singapore 760862
(address), owner of GW 4924 D (vehicle no.) hereby
authorise Vision Autowork Pte. Ltd.
("the workshop") to act for me with respect to my claim for repair
costs and/or rental and/or loss of use ("claim") for my vehicle
no. GW 4924 D that was damaged pursuant to the accident which
occurred on 03/09/2020 (date) at/along Upper Payar Lebar
Road (location) involving
vehicle no/s SMC 5034A
("the accident").

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

I further authorise the workshop to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.

Dated this 21 day of 09 (month) 20 20 (year)



Signed by "the third party claimant"



Signed by "the workshop"

VISION AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201500371E

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. GW 4924D and SNC 5034A on 03/09/2020
at/along Upper Payar Lebar Road

1. I/We, the Owner of motor vehicle no. GW 4924D hereby instruct and authorise Vision Autowork Pte. Ltd. ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$ _____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 21 day of 09 2020

Signature of vehicle owner [Signature]

Name - Flag Win Enterprise

IC/UEN No : 52971508B

(Company stamp, if applicable)

Address : 862, Yishun Avenue 4,

03-63, Khatib Evergreen II, S(760862)

Tel : 9794 4660

Witnessed by :

Abby





"My execution of this Discharge
Voucher is only for my claim
for property damage and not
prejudicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, Flag Win Enterprise ("the third party claimant")
of 862, Yishun Avenue 4, #03-63, Khatib Evergreen II, Singapore 760862 (address),
owner of GW 4924D (vehicle no.) hereby authorize
Vision Autowork Pte. Ltd.

("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. GW 4924D that was damaged pursuant to the
accident which occurred on 03/09/2020 (date) along Upper Payar
Lebar Road (location)
involving vehicle no/s SMC 5034A
("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 21 day of 09 (month) 20 20 (year)

Signed by "the third party claimant"



Signed by "the workshop"
(with chop)



VISION AUTOWORK PTE.LTD.

8 Kaki Bukit Ave 4,
#08-09 Premier @ Kaki Bukit,
Singapore 415875

Tel : 6341 6789

Fax : 6341 6778

ROC / GST REG NO.: 201500371E

Email : visionautowork@gmail.com

TAX INVOICE

INVOICE No **TI V17256**

Date : 12.10.20

Vehicle Number : **GW4924D**

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY
#07-12 AIG BUILDING
SINGAPORE 079120

| | DESCRIPTION | AMOUNT |
|--------------|---|-------------|
| | Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges | \$ 2,700.00 |
| Sub Total | | \$ 2,700.00 |
| Add GST 7% | | \$ 189.00 |
| Total Amount | | \$ 2,889.00 |

PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO
' **VISION AUTOWORK PTE.LTD.** '

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :



Co's stamp & Authorised Signature



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-106539

Date of Request: 07/09/2020

Your Ref No: PURCHASE BY EMAIL

VISION AUTOWORK PTE LTD
8 KAKI BUKIT AVE 4,, #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No: GW4924D
Date of Accident: 03/09/2020
Place of Accident: UPP PAYA LEBAR RD
Involving Vehicle No: SMC5034A

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| E-File Search Fee (Public) | 14.02 |
| GST Amount | 0.98 |
| Total Amount Due (GST Inclusive) | 15.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-106541

Date of Request: 07/09/2020

Your Ref No: PURCHASE BY EMAIL

VISION AUTOWORK PTE LTD
8 KAKI BUKIT AVE 4., #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 03/09/2020

Vehicle No: GW4924D

Place of Accident: UPPER PAYAR LEBAR ROAD

Involving Vehicle No: SMC5034A

With reference to your application for the accident report, we have attached the following accident reports as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|------------------------|---------------|-----|--------------|
| SMC5034A | UPPER PAYAR LEBAR ROAD | 14.00 | 1 | 13.08 |
| GST Amount | | | | 0.92 |
| Total Amount Due (GST Inclusive) | | | | 14.00 |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque