ACCIDENT ASSIST

ROC: 53375754A

Address: Blk 24 Sin Ming Lane #01-94 Midview City Singapore 573970

Tel: 63341182 Fax: 63341482

Email:

Letter of Demand

ACCIDENT ASSIST

Date: 09 October 2020

Ref No: FBQ9953C

To: AIG Insurance Singapore Pte Ltd

AIG Building

78 Shenton Way

Singapore 079120

Thru: LKK AUTO CONSULTANTS PTE. LTD.

Attention: Motor Claims Dept

Dear Officer-in-charge

Case: Accident claim for vehicle FBQ9953C and SLZ899U on 17.08.2020

With reference to above case.

Please find attached copies:

Invoice Reference -AASGIV20-060010	\$3150.00		
Loss of Use- 4 days	\$40 x 4= \$160.00		
Authorisation Letter	musel amisemodus/		
LTA Search Fee	-militaryset AI.1		
Total Cost	\$3310.00		

Yours Faithfully,

Ashwath

Email: management@assist.com.sg



Address: Blk 24 Sin Ming Lane #01-94 Mid View City Singapore 573970

Tel: 6334 1182 Fax: 6334 1482

Email: enquiry@accidentassist.sg

AUTHORISATION & INDEMNITY LETTER

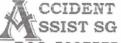
I/We	NUR	HAFIRSHAH	BINTE	ZULI	CAMA	IH	_ NRIC	No. / I	JEN No	597 is	09024	
(the		third SILING ROAD							g he own			at 32
reaso	nable 1	reby to autho time that was JKIT TIMAH	pursua	nt to	the a	nccident	which	occur	red (dat	e) 14/0	08/2020	along
'/We	unders	tand, acknowle	edge and	agree	that:							
.0	I/We	, the owner of v	ehicle no	FBQ	9953 (here	by inst	ruct & a	uthorize	ACCIDE	NT ASSI	ST SG

- to commence repairs to the said vehicle.
- I/We confirm that you are hereby authorized to handle the repair the vehicle and/or to negotiate and settle my claims, relating to the above mentioned accident, which I/We may have, against other third party/parties, or insurers, and/or to instruct lawyers on my/our behalf, to facilitate the third party claim for me/us.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
- You are hereby authorised to execute and/or sign any documents/discharge voucher / agreements regarding my/our claims/case for my convenience. You are also hereby authorised to receive on my/our behalf monies/claims, correspondences in connection with this said claims.
- I/We confirm that an event of an unsuccessful claims, against the negligent party, and/or my own insurer for the damages caused to my vehicle, I agree to pay all repair costs and any incidental expenses incurred by you, or to lodge an own damage claim (only for Comprehensive cover) to cover the expenses incurred.
- I/We also hereby instruct and authorised you deduct from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair cost, rental of substitute vehicles and any other incidentals related to the accident claims.

Witness Signature / Name / Date

ux	Az

Owner Signature / Company Stamp / Date



ROC: 53375754A

Address: Blk 24 Sin Ming Lane #01-94 Mid View City Singapore 573970

Tel: 6334 1182 Fax: 6334 1482

Email: enquiry@accidentassist.sg

Motor Claim Department: A16- Insurance Singapore Pte Ltd. A16- Building T8 Shemon Way, Singapore 079120. Dear Sir / Madam,	
On (Date) 17/08/2000 there was an accident along UP involving vehicle FBQ0953C with vehicle SLZ899U	PER BUCIT TIMAH ROAD
I/We, NUR HAFIRSHAH BINTE ZULKANAM owner of the motor vehicle no. FBQ9953C.	, are the registered
Please note that I/We hereby agree that all compensation maccident to ACCIDENT ASSIST SG.	onies due to me/us in the above said
I/We, hereby authorised you to release all compensation mon accident to ACCIDENT ASSIST SG and forward your settlement. I/We had authorised to collect the said compensation/monies.	t cheque to ACCIDENT ASSIST SG who
Owner Signature / Company Stamp / Date	Witness Signature
owner organization / company stamp / Date	Witness Signature



AUTHORIZATION TO ACT

(AIG Asia Pacific -- EXPRESS THIRD PARTY CLAIM)

NVE HAFIESHAH BINTE ZULCANAIN ("the third party claimant) of 137 MARSILING ROAD #07-2002, SF 730137 (address), owner of FBQ9953C (vehicle no.) hereby authorize ACCIDENT ASSIST S6						
("the workshop") to act for me with respect to claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. FBQ9963C that was damaged pursuant to the accident which occurred on 17/08/2020 (date) along UPPER BUCIT TIMAH ROAD (location)						
further authorize the workshop to settle the 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 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.						
Date this day of (month) 20_@0 (year)						
Az						
Signed by "the third party claimant" Signed by "the workshop"						

ACCIDENT ASSIST

ROC: 53375754A

Address: Blk 24 Sin Ming Lane #01-94 Midview City

Singapore 573970 Tel: 63341182 Fax: 63341482

Email: management@assist.com.sg

INVOICE NO. AASGIV20-060010

DATE: 09 OCTOBER 2020

AIG Building 78 Shenton Way, Level 1 Singapore 079120

Attn: Motor Claim Department

Vehicle Number: FBQ9953C

Vehicle Make/Model: Yamaha MT-15 Chassis no.: MH3RG5610KK004228

Engine no.: G3K9E0029067

QUANTITY	DESCRIPTION		UNIT PRICE	TOTAL
*	Lumpsum Repair			\$3150.00
		TOTAL		\$3150.00

Make all checks payable to Accident Assist SG

Thank you for your business!