



MY CAR CONSULTANT PTE LTD

Address: 60 Jalan Lam Huat, Carros Centre #05-21 S(737869)

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

19th Jan 2021

Our reference: SMQ7666P

Your reference: SH7909R

First Capital Insurance Ltd
6 Raffles Quay
Singapore 048580
Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : LUMENS AUTO PTE LTD
Address : 22 SIN MING LANE #01-74/75 MIDVIEW CITY S573969

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **02/12/2020** along involving our client's vehicle registration number **SMQ7666P** and vehicle registrations number **SH7909R** 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	:	\$3,905.50
Loss of Use (\$150	:	
x 08 DAYS)		\$1,200.00
GIA Search	:	\$29.00
LTA Search		\$7.49
Total	:	\$5,141.99



INVOICE

MS FIRST CAPITAL INSURANCE LIMITED

Invoice Date
21 Jan 2021

Invoice Number
MCC2021-1224

Reference
SMQ7666P

My Car Consultant Pte.
Ltd.
60 Jalan Lam Huat 05-21
Carros Centre
S'pore (737869)

Description	Quantity	Unit Price	Tax	Amount SGD
COSTS OF REPAIRS	1.00	3,650.00	7%	3,650.00
Subtotal				3,650.00
TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%				255.50
TOTAL SGD				3,905.50

Due Date: 21 Jan 2021

GST REG NO. - 201605878Z

DBS CURRENT A/C - 018-904614-2

PAYNOW UEN - 201605878Z

CHEQUE PAYABLE TO - MY CAR CONSULTANT PTE LTD

INTEREST OF 1.5% PER MONTH WILL BE CHARGEABLE FOR OVERDUE PAYMENTS.

PAYMENT ADVICE

To: My Car Consultant Pte. Ltd.
60 Jalan Lam Huat 05-21
Carros Centre
S'pore (737869)

Customer MS FIRST CAPITAL
INSURANCE LIMITED

Invoice Number MCC2021-1224

Amount Due 3,905.50

Due Date 21 Jan 2021

Amount Enclosed

Enter the amount you are paying above



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Dec 2020 / 15:38:27

Receipt Date/Time : 07 Dec 2020 / 15:36:07

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201207-002717

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SH7909R				
As at 02 Dec 2020/19:15:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SH7909R Enquiry Fee 20201207153326285663	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				
	409636XXXXXX7897	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.



MY CAR CONSULTANT PTE LTD (Co Reg no: 201605878Z)
53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park S408934
Tel: +65 9888 8885 / +65 8330 0060

LETTER OF AUTHORIZATION

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 53 Ubi Avenue 1, Paya Ubi Ind Park #01-33 Singapore 408934

I/We, Lumens Auto Pte Ltd of NRIC/Passport number/ROC number: 201426961K, Owner of vehicle no. SMQ7666P 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 authorise 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 authorise 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 04 (day) of 12 (month) 20 (year)


Owner's signature/Company stamp (if applicable)

Name: Lumens Auto Pte Ltd

NRIC/FIN/UEN No: 201426961K

