

**THIRD PARTY CLAIM**

**CLAIMANT**

LEW cheah Liang  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIRD PARTY INSURER**

India Int'l Ins Pte Ltd  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam

**ACCIDENT INVOLVING CLAIMANT VEHICLE NO:** FBR4215C **AND THIRD PARTY**  
**VEHICLE NO:** SLP3598X **ALONG** Commonwealth Ave West  
**ON** 29/6/2021.

I am the owner of Vehicle no: FBR4215C which was involved in the above accident with  
Vehicle No: SLP3598X which I understand is insured with you.

The accident was clearly caused by you insurer's negligence. I am, therefore, seeking  
compensation from you for my financial losses as itemized below:

**REPAIR COST**

\$ 6644.70

**POLICY EXCESS**

\$ 7.00

**LOSS OF USE**

FOR 5 DAYS @ \$ 35 PER DAY \$ 175.00

**TOTAL**

\$ 6826.70

GST 7%

465.62 = 7292.32

I have enclosed copies of relevant documents to support my claim. Your prompt settlement  
of my claim would be much appreciated.

Yours faithfully



\_\_\_\_\_  
**Claimant**

## AUTHORISATION TO ACT

I/We, LEW CHEAH LIANG (the third party claimant) of \_\_\_\_\_  
\_\_\_\_\_  
(address), owner of FBR4215C (vehicle no.)  
hereby authorize Kivile Enterprise (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. FBR4215C that was damaged pursuant to the accident which  
occurred on 29/6/2021 (date) along Commonwealth Ave West  
\_\_\_\_\_  
(location) involving vehicle no's SLP3598X (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 knowledge 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 the driver/  
owner/ insurers of the other vehicle(s) is concerned.

Date: 23 / 9 / 2021 (DD/MM/YYYY)



Signed by the third party claimant  
(with company stamp if applicable)

**KIVILE ENTERPRISE**  
Blk 3007, Ubi Road 1 #01-408  
(S) 408701 M: 90370110N  
Tel: 6748 8645 Fax: 6748 2530



Signed by the workshop  
(with company stamp)

my execution of this Discharge Voucher is only  
for my claim for property damage and not prejudicial  
to any other claims arising from the same accident

 23/9/21



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Jul 2021 / 15:56:50

Receipt Date/Time : 01 Jul 2021 / 15:56:50

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210701-002876

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLP3598X

As at 29 Jun 2021/14:05:00

Insurance Co: INDIA INT'L INS PTE LTD

Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - SLP3598X Enquiry Fee 20210701155548043116	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

526471XXXXXX8772	eNETS Credit Card	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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.