Your ref : SMF8666R Our ref : SLV6640E

11 April 2022

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #08-16 AIG Building Singapore 079120

TEL: 6419 1000

Attn: Motor Claims Dept



WITHOUT PREJUDICE

Dear Sir / Mdm,

Accident involving SMF8666R and SLV6640E At Jurong Hill Open Carpark on 18/01/2021 at 1510hrs

We refer to the above said accident.

Our investigation reveals that you are the insurers of the vehicle SMF8666R at the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final Repair Invoice
- 2 Authorisation Letter
- 3 Car Rental Invoice
- 4 GIA Search Fee

We are instructed to claim the following

1	Costs of Repair- (\$1,500.00 + 7% gst)	\$ 1,605.00
	Loss of Rental (\$160.50 x 03 days)	\$ 481.50
	GIA Search Fee	\$ 2.00

Grand Total: \$ 2,088.50

Please kindly let us know whether you are prepared to settle our client's claim.

Thanks & Warmest Regards,



To:

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#08-16 AIG Building

Singapore 079120

TEL: 6419 1000

Attn:

1

Motor Claims Dept

Tax Invoice:

56656

Date:

11-4-2022

Vehicle No.:

**SLV6640E** 

Make / Model:

Honda Shuttle

Chassis No.:

GK81200137

**Engine No.:** 

L15B5460170

Year of Make:

2017

**Accident Date:** 

18-01-21

S/N **DESCRIPTION** 

**COST OF REPAIR** 

**Amount S\$** 

\$

1,500.00

1,500.00 Total: \$ 105.00 7% GST: \$

Amount Due S\$ \$

1,605.00

For & on behalf KBS MOTORSPORTS PTE LTD

Prepared by: Ivy Lwi

# **LETTER OF AUTHORISATION**

DATE	:	11/3/2022		
ГО	:	KBS MOTO	RSPORTS PTE LTD	
		160 SIN MIN	NG DRIVE, #06-03, SIN MING AUTOCIT	Y, SINGAPORE 575722
1				
FROM		:	ROYZEL74	(NAME OF OWNER/POLICYHOLDER)
CLAIM VEH	IICLE NO.	:	SLV6640E	
IDENT	DATE	:	18/1/2021	
LOCATION		:	JURONG HILL OPEN CARPARK	
OTHER VE	HICLE(S)	:	SMF8666R	
a. F	Proceed with the vehicle); Act as sole a and / or bodil nsurer in que Claim again Claim again Claim again	the repair (the and and principal asy injury sustant of the princi	agent to claim on my behalf for the damag ined as a result of the accident from third e claim is wholly completed, settled and / ty)	ed to the vehicle party and / or resolved  led to the vehicle party and / or third party or resolved.
i i	reports / doci other relevan act in connec resolution an	uments, corre t parties, cor ction with the d / or comple	esponding and negotiating with the insurer respondence of any nature with solicitors, claim and, any or all such other tasks constion of the claim.	r / third party and any appointing solicitors to
	vvnere autho	nising party is	s not venicle owner and policyholder	

## EXCEPT :-

		Such as ma attend to ; a		er / third party and / or the law requires me to personally
	b. T	The submis	ssion of the claim to the ins	urer (Where applicable)
3	a	after the ac	nd if I submit a claim of what ccident (or such other time s be accepted by my own ins	tever nature to my own insurer [ FOURTEEN DAYS (14 days) ] stipulated by my own insurer and / or the law), such claim will not surer.
4	1	further co	nfirm and accept that :-	
j	а. Т	To the exte	ent permitted by laws :-	
	i) l	will indem	nnify and keep KBS indemn	ify in connection with or arising from the claim ; and
	ii) That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold KBS liable for losses / damages of whatever nature arising or in connection with the claim.			
	(	KBS does damage a the repair's	nd / or the repair's cost and	present that the insurer / third party will fully indemnify me for the , that I shall be and continue to be liable to KBS for the whole of
5	1	As the extended	end to which the insurer / theposit of \$(	ird party will indemnify me or be liable is not conclusive, I agree to (excluding GST) for the repair's cost.
6	I agree and accept KBS deposit refund policy, If the final successful percentage of indemnification / contribution / liability from or of the insurer / third party in respect of the repair's cost to me ;-			
		a.	50% and below -	NO REFUND
		b.	100% -	FULL REFUND

- I shall inform and forward to KBS all correspondence and letters received by me from the insurer / third party, any other insurer, solicitors governmental authorities and / or, any other relevant party.
- I shall fully co-operate with and act expeditiously on any requests by KBS, particularly the signing / endorsement / execution of any "Discharge Voucher", failing which I shall be liable to KBS for the full repair costs and the expenses incurred (directly or indirectly) by KBS in connection with the claim.
- In any case if the claim is repudiated by the insurer of the third party, I shall be liable to KBS for the full repair costs and the expenses incurred (directly or indirectly) by KBS in connection with the claim.
- 10 I shall not :
  - a. respond to correspondence and letter; and
  - b. negotiate agree or accept any other from the insurer / third party or any other relevant party; without consultation of and expressed approval from KBS MOTORSPORTS PTE LTD
- In consideration hereof (including without limitation KBS's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to KBS MOTORSPORTS PTE LTD All proceeds of the claim for :
  - a. the repair's costs and
  - b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis and expenses in connection with the accident, repair and / or claim; which KBS shall be further entitled to apportion in its absolute discretion with any excess being paid by KBS to me as it deems fit in its absolute discretion.
- 12 I further confirm that payment to KBS or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.

- 13 I understand and agree that KBS will not be liable if:
  - the delay of receiving parts is caused by suppliers a.
  - b. the Loss of Use/Loss of income claim amount provided by the insurer of the third party is lower than desired and that KBS will not top up to the expected amount.
- 14 KBS has the right not to disclose any correspondences to the client.



Owner & Policyholder's Signature / Company Stamp (if applicable); or Authorising party's Signature / Company Stamp (if applicable)

Name

ROYZEL74

NRIC No.:

53373760E

Address:

784C WOODLANDS RISE, #07-42, WOODLANDS PASTURE II, Singapore 733784



Witness's Signature

Name

**ALVIN KOH** 

NRIC No.:

789F



#### **INVOICE TO:**

Name: Mr Lee Kok Kiong

Blk 784C Woodlands Rise

#07-42 Singapore 733784

Tax Inv:

00740

Invoice Date: 08/04/2022

Vehicle No:

EK6188K

Make/Model: Toyota Altis

Reference No: SLV6640E

S/N Qty		Description	Unit P	Price	
01		CAR RENTAL FROM			
	03	05.04.2022 to 07.04.2022	S\$	150.00 S\$	450.00

**GST** S\$ 31.50

S\$ 481.50 **Total** 



MBM Wheelpower Pte Ltd 160 Sin Ming Drive #06-02 Sin Ming Autocity Singapore 575722 Customer Service Hotline 6262 8888

www.mbmwheelpower.com.sg

Company Registration Number: 200204110W GST Registration Number: M90368446L



## RENTAL AGREEMENT

COMPANY STAMP

NO. 00740

### MBM Wheelpower Pte Ltd

OWNER

176 Sin Ming Drive, #01-11/14/15/16 Sin Ming Autocare, Singapore 575721 Customer Service Hotline 6262 8888 www.mbmwheelpower.com.sg Company Registration Number: 200204110W

VEHICLE	CHECK OUT / CHECK IN				
Vehicle No: EK6188K Model: TWOTO Alts	DATE OUT: 05/04/3022 TIME OUT: CHOOM HR				
Change Over 1: Date: Initial:	PETROL LEVEL OUT: E 1/8 1/4 3/8 1/2 (5/9 3/4 7/8 F				
Change Over 2: Date: Initial:					
CORPORATE HIRER	DATE IN: OT OF DOZZTIME IN: O630PM				
Co. Name:	PETROL LEVER IN: E 1/8 1/4 3/8 (2) 5/8 3/4 7/8 F'				
Co. Address:	KM OUT 890+3 KM IN 89139				
	KM DRIVEN:				
Contact Person: Tel:	COLLISION DAMAGE WAIVER				
vormant Clocks	ACCEPTS CDW EXCESS DECLINES CDW EXCESS				
NAMED DRIVER	\$ 3,500 per accident \$ per accident				
Name: Lee tot Kicks Address: Dit Talk Windland & Rice	M. I				
When 10 10 and Control of a	SIGNATURE: SIGNATURE:				
#107-42 Drygopure 732784	EXCESS AMOUNT				
Office Tel: Residence Tel:	SINGAPORE MALAYSIA SIGNATURE				
Occupation: Hp:	\$3,500				
P.P./I.O. No: STYIVEULE Nationality:	CHARGES				
Date of Birth: 06 05 1914 Place of Birth:					
Dr. Licence No:	Months @\$ per month				
Date of Issue: Country of Issue:	Weeks @\$ per week				
ADDITIONAL NAMED DRIVER	3 Days @\$ 150 perday 450 00				
Name:	Hours @\$ per hour				
Address:	SUB-TOTAL (1)				
	Less Discount: %				
Office Tel: Residence Tel:	RENTAL CHARGES				
Occupation: Hp:	CDW @\$ per day / month				
P.P./I,C. No: Nationality:	PAI @\$ per hour				
Date of Birth: Place of Birth:	PETROL TOP-UP				
Dr. Licence No:					
Date of Issue: Country of Issue:	MISC				
Remarks:					
Accident dain, let us sev 6640E					
Involce No: Rea, No:	SUB-TOTAL (2)				
IMPORTANT: The vehicle will not be insured after the explry of the hire period and in case of any accident	GST @ 7%				
INPORTABLE THE Venice will not be insured in a line line Copy of the blade form us at least 24 hours before the Hirer will be liable for all consequences. For extension of rential please inform us at least 24 hours before the expiry time and payment for the extended rental will have to be made within 24 hours. Late charges the expiry time and payment for the Vehicle will be at 1/5 (one litth) of the daily rate of rental for each hour exceeding the time for return of the Vehicle will be a within the Vehicle will be a vehic					
at 175 (one study of the dealy read of plantal volume to the first is 6 or storic hours late in returning the vehicle.) Imposed (i.e., a full day rental will be charged if the Hirer is 6 or storic hours late in returning the vehicle.) Any vehicle not returned within 24 hours will be reported as stolen. Hirer is responsible for all parking &	TOTAL CHARGES				
raffic violations and missing items.	PRE-PAYMENT				
HIRER'S DECLARATION: I agree to the terms and conditions above and as set overleaf and in declare					
HIRER'S DECLARATION: I give to the comme son content above the pay by credit card, my signature here that all information given on this form are true and accurate. If i opt to pay by credit card, my signature here is to be deemed to have been made on the applicable credit card voucher.	DOWNPAYMENT AND DEPOSIT				
CHECKED OUT BY: CHECKED IN BY: CHECKED BY:	AMOUNT REFUNDED / DUE				
Alvin chia	SIGNATURE OF REFUND;				
MBN Wheelpower Pte Ltd As Managers on Behalf of	۸.				

HIRER SIGNATURE

#### **INSURER ENQUIRY**

## Find insurer

Vehicle reg. no.

SMF8666R

**Date of Accident** 

18/01/2021

Reset

#### % RESULT & RECEIPT

TP Insurer Enquiry
Insurance AIG Asia Pacific Insurance Pte
Period of Insurance
Requested By
Requested Date

#### **Payment details**

Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): **\$\$2** 

#### **General Insurance Association**

Records Management Centre GST Registration No: M400017735