

LONPAC INSURANCE BHD
100 Beach Road #19-00
Shaw Tower
Singapore 189702

Your Insured Veh No. : **YP7299D**
Your Ref :
Our Ref : **SKG1790D**
Date : **03/03/2022**

WITHOUT PREJUDICE

Dear Sir/Madam

**Accident involving YP7299D and SKG1790D
on 10/12/2021 at YIO CHU KANG ROAD.**

Please refer only to the boxes marked (x).

- ☒ We refer to ☒ the above accident
☐ our/your letter dated
- ☒ We have been authorised by the owner of vehicle number **SKG1790D** which was damaged by your insured's motor vehicle number **YP7299D** in the aforesaid accident.
- ☒ We are instructed that the accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

Cost of Repair	1,391.00
Survey report fees	-
Loss of Use(3 days @ \$50.00 per day)	150.00
Car Rental Fees	-
GIA/LTA search fees	2.00
Total S\$	1,543.00

- ☒ We forward herewith the following relevant supporting documents:-
- | | |
|--|--|
| <input type="checkbox"/> Survey Reports & photographs (To be returned within 7 days on demand) | |
| <input checked="" type="checkbox"/> Final repair bill(Tax Invoice) | <input type="checkbox"/> Copy of NRIC/Driving licence |
| <input type="checkbox"/> Bill/Receipt for the excess | <input checked="" type="checkbox"/> Copy of LTA/GIA vehicle search |
| <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> Non-injury motor report form |
| <input type="checkbox"/> Copy of the Insurance Certificate | <input checked="" type="checkbox"/> Letter of Authority |
- ☒ Cheque to be make payable to **Messrs SME MOTOR PTE LTD.**
- ☐ Any request for a re-survey of our client's vehicle must be arrange within the 14 days upon receipt of this letter. The re-survey must be conducted at our premises, in the presence of our client.
- ☒ Please note that you should send to us an acknowledgment of receipt of this letter within 07 days of your receipt of this letter.

Yours faithfully,



SME MOTOR PTE LTD

encl:

WE HEREBY ACKNOWLEDGE RECEIPT

PLEASE CHOP AND SIGN Date: _____

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

GST:201119451E RCB NO:201119451E

No : INV22030304
Date : 03/03/2022
Policy No : D21MTPV01010095
Veh Reg No : SKG1790D
Make / Model : OPEL ZAFIRA
Your Ref No : 21/LP/TP-230(12)
Claim Type : TP CLAIM
Accident Date : 10/12/2021

AUTHORISED SIGNATURE

INSURER ENQUIRY


Find

insurer

Vehicle reg. no.

YP7299D

Date of Accident

10/12/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**

Period of Insurance **10/08/2021 - 09/08/2022**

Requested By **Gary Seah (SME MOTOR PTE L...**

Requested Date **11/12/2021 12:46**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

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

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

LETTER OF AUTHORITY

To: M/s Lompac Insurance Pte Ltd
Singapore

Accident involving my/our vehicle no. SKG 1790D and YP 7299D on 10/12/2021

Along Y10 Chu Kang Rd.

I/We, Lim See Soon NRIC No. S720-886967

Of Blk 779 Pasir Ris St 71 #15-570 Singapore 510779

the registered owner of vehicle no. SKG 1790D at the material time of accident, do

hereby authorise Messrs SME MOTOR PTE LTD as my/our agent and representative

to correspond in, negotiate and settle, on my/our behalf, my/our claim against you as

owner/operator/insurer of vehicle no. YP 7299D.

I/We also authorise them to accept settlement cheque on my/our behalf. Kindly issue

your cheque in favour of "M/s. SME MOTOR PTE LTD".

Dated this 19 day of 02 20 22



Signature of Owner of his/her/their
Duly Authorised Representative

Company's Stamp (For Firm).