

MY CAR CONSULTANT PTE LTD

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

BY HAND

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

13th April 2021

Our reference: SMR3734Y Your reference: SGD7149E

Lonpac Insurance BHD

300 Beach Road, 07 The Concourse #17-04

Singapore199555

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : LUMENS AUTO PTE LTD

Address : 22 Sin Ming Ln, #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 16/03/2022 along involving our client's vehicle registration number SMR3734Y and vehicle registrations number SGD7149E 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 : \$2,621.50

Loss of Use (\$150 X 05 DAYS) : \$750.00

GIA Search : \$29.00

LTA Search \$2.00

Total : \$3,402.50



TAX INVOICE

LONPAC INSURANCE BHD 300, Beach Road, 07 The Concourse, #17-04 SINGAPORE 199555 Invoice Date 22 Apr 2022

Invoice Number MCC2022-3131

Reference SMR3734Y

201605878Z 201605878Z

My Car Consultant Pte. Ltd. 60 Jalan Lam Huat 05-21

Carros Center 737869 SINGAPORE

Description	Quantity	Unit Price	Tax	Amount SGD
COSTS OF REPAIRS	1.00	2,450.00	7%	2,450.00
			Subtotal	2,450.00
	TOTAL	LOCAL SUPPLY OF GO SER	ODS AND	171.50
	U Vii Si	то	OTAL SGD	2,621.50

Due Date: 22 Apr 2022
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 Center 737869 SINGAPORE Customer Invoice Number LONPAC INSURANCE BHD MCC2022-3131

Amount Due Due Date **2,621.50**22 Apr 2022

Amount Enclosed

Enter the amount you are paying above



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 17/03/2022 Your Ref No: SMR3734Y

Dear Sir/Madam,

Date of Accident: 16/03/2022 00:00 (SGT)

Vehicle No: SMR3734Y Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION		PER DOC (S\$)	QTY	AMOUNT (S\$)
SGD7149E	Singapore		(29.00)	1	(27.10)
GST Amount					(1.90)
Total Amount Due (GST Inclusive)					(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SGD7149E

Date of Accident

16/03/2022



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Lonpac Insurance Bhd

Period of Insurance 21/02/2022 - 20/02/2023

Requested By _____ Tan Hui Qin (MY CAR CONSULT...

Requested Date _________18/03/2022 11:26

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



NRIC No: 2014264611c

MY CAR CONSULTANT PTE LTD (Co Reg No. 201605878Z)

60 JLN LAM HUAT #05-21 CARROS CENTRE, SINGAPORE 737869

Tel: +65 9888 8885 / +65 8330 0060

LETTER OF AUTHORIZATION

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 60 Jln Lam Huat #05-21 Carros Centre,
Singapore 737869
I/We, Lymens Auto Pte Ltd of NRIC/Passport number/ROC number: 2014 26161K , Owner of vehicle no. SMR37347 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 authorize 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 authorize 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.
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 (day) of (month) <u>20 ²²</u> (year)
THE WEST OF THE PARTY OF THE PA
Owner's signature (Company stamp if applicable)
Name: Lynns Anto Ple Ltd