



MY CAR CONSULTANT PTE LTD

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

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

3rd December 2022

Our reference: SLV4453S

Your reference: GBD7889L

Lonpac Insurance BHD

300 Beach Road, 07 The Concourse #17-04

Singapore 199555

Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : 933 MOTORING

Address : 4 GHIM MOH ROAD 15-272 GHIM MOH GREEN S270004

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **13/07/2022** along involving our client's vehicle registration number **SLV4453S** and vehicle registrations number **GBD7889L** 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	:	\$1,605.00
Loss of Use (\$150 X 04 DAYS)	:	\$600.00
LTA Search	:	\$2.00
Total	:	\$2,207.00



TAX INVOICE

LONPAC INSURANCE BHD
300, Beach Road, 07 The Concourse, #17-04
SINGAPORE 199555

Invoice Date
28 Nov 2022

Invoice Number
MCC2022-4622

Reference
SLV4453S

201605878Z
201605878Z

My Car Consultant Pte. Ltd.
60 Jalan Lam Huat 05-21
Carros Center
737869
SINGAPORE

Description	Quantity	Unit Price	Tax	Amount SGD
COST OF REPAIR	1.00	1,500.00	7%	1,500.00
			Subtotal	1,500.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%	105.00
			TOTAL SGD	1,605.00

Due Date: 28 Nov 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 LONPAC INSURANCE BHD
Invoice Number MCC2022-4622

Amount Due **1,605.00**
Due Date 28 Nov 2022

Amount Enclosed

Enter the amount you are paying above

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBD7889L

Date of Accident

13/07/2022



Reset

RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **07/05/2022 - 06/05/2023**Requested By **Tan Hui Qin (MY CAR CONSULT...**Requested Date **15/07/2022 12:10****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**



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, _____ of NRIC/Passport number/ROC number: _____, Owner of vehicle no. _____ 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.

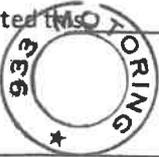
I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

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.

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) 20____ (year)



Owner's signature (Company stamp if applicable)

Name:

NRIC No: