

MY CAR CONSULTANT PTE LTD

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

Admin@mycar.sg

(Company Registration No: 201605878Z)

13th April 2023

Our reference: SMX7895H Your reference: SND766L

India International Insurance Singapore

BY HAND

64 Cecil St

Singapore049711

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant : LUMENS AUTO PTE LTD

Address : 22 SIN MING LANE #01-74 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 17/08/2022 along involving our client's vehicle registration number SMX7895H and vehicle registrations number SND766L 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 : \$9,396.00

Loss of Use (\$150 X 09 DAYS) : \$1,350.00

Loss of Use W/End (\$150 X 01 DAYS) : \$150.00

GIA & LTA Search : \$38.49

Total : \$10,934.49



TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD 64 Cecil St, India International Insurance SINGAPORE 049711

Invoice Date 5 Feb 2023

Invoice Number MCC2023-0342

Reference SMX7895H

201605878Z 201605878Z

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

Carros Center 737869 SINGAPORE

| Description | Quantity | Unit Price | Тах | Amount SGD |
|----------------|----------|---------------------------------------|-----------|------------|
| Cost of Repair | 1.00 | 8,700.00 | 8% | 8,700.00 |
| | | | Subtotal | 8,700.00 |
| | TOTAL | TOTAL 2023 STANDARD RATED SUPPLIES 8% | | 696.00 |
| | | | TOTAL SGD | 9.396.00 |

Due Date: 5 Feb 2023

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.

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PAYMENT ADVICE

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

| Customer | INDIA INTERNATIONAL INSURANCE PTE LTD |
|-----------------|--|
| Invoice Number | MCC2023-0342 |
| Amount Due | 9,396.00 |
| Due Date | 5 Feb 2023 |
| Amount Enclosed | |

Enter the amount you are paying above



MY CAR CONSULTANT PTE LTD (Co Reg No. 201605878Z) 60 JLN LAIM HUAT #05-21 CARROS CENTRE, SINGAPORE 737869

Tel: +65 9888 8885 / +65 8330 0060

| In consideration of Repairer Workshop My Car Consultant Pte Ltd, 60 Jln Lam Huat #05-21 Carros Centre, Singapore 737869 I/We, James And Pte Ltd. of NRIC/Passport number/ROC number: 2014 269 61k Owner of vehicle no. MX H 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 proceedings 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. If/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. If/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. If/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event 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. (month) 20 (year) | LETTER OF AUTHORIZATION |
|--|--|
| Downer of vehicle no. MY 1971 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. (day) of (month) 20 (year) | In consideration of Repairer Workshop My Car Consultant Pte Ltd, 60 Jln Lam Huat #05-21 Carros Centre, Singapore 737869 |
| 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. If 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. If 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. If We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the third party's insurence 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 abtaining 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 | 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 |
| 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 | 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 |
| 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 | 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. |
| 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) | 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. |
| Dated this (day) of (month) 20 (year) | 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 |
| JMENS | 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. |
| | JMENS |

Owner's signature (Company stamp if applicable)

Name: Lumans Auto Pte Ltd

NRIC NO: 2014 26961/L

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2



Print Date/Time :

29 Aug 2022 / 10:45:57

Receipt Date/Time: 29 Aug 2022 / 10:45:57

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220829-000981

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|----------------------|--|--|-------------------------------|------------------------|--|
| As at Insura 1 | t of Insurance Enquiry - SND766L 17 Aug 2022/08:25:00 ance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SND766L | | | | |
| | Enquiry Fee 20220829104401163030 | | 7.00 | 0.49 | 7.49 |
| | | Sub-Total | 7.00 | 0.49 | 7.49 |
| As at Insura 2 | tt of Insurance Enquiry - SLP236K 25 Aug 2022/08:55:00 ance Co: SOMPO INSURANCE SING Insurance Enquiry - SLP236K Enquiry Fee 20220829104401305437 | APORE PTE. LTD. Sub-Total Total Before Rounding Rounding Difference Total Amount Payable | 7.00 7.00 14.00 | 0.49 0.49 0.98 | 7.49 7.49 14.98 0.03 14.95 |
| | | | | | 1 1100 |
| | | Paid By | | | |
| | | 462845XXXXXX9321 | eNETS | Credit Card | 14.95 |
| | | Total | | | 14.95 |
| | | Cash Change | | | 0.00 |
| | | Tendered Amount | | | 14.95 |
| | | Excess Refundable Amount | | | 0.00 |

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.

Find insurer Vehicle reg. no. SML4363J Date of Accident 17/08/2022

% RESULT & RECEIPT

| TP Insurer Enquiry | |
|---------------------|-------------------------------|
| Insurance | Allianz Insurance Singapore P |
| Period of Insurance | 01/06/2022 - 31/05/2023 |
| Requested By | Tan Hui Qin (MY CAR CONSULT |
| Requested Date | 19/08/2022 12:55 |
| | |

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**