



MY CAR CONSULTANT PTE LTD

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

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

28th December 2022

Our reference: SNE4130P

Your reference: SHA4254H

AXA Insurance Pte Ltd

8 Shenton Way #24-01

Singapore 068811

Attn: Motor Claims Department

BY HAND

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 **11/08/2022** along involving our client's vehicle registration number **SNE4130P** and vehicle registrations number **SHA4254H** 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	:	\$1,498.00
Loss of Use (\$150 X 03 DAYS)	:	\$450.00
LTA Search	:	\$7.49
GIA Search	:	\$31.00
Total	:	\$1,986.49



TAX INVOICE

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01 AXA Tower
SINGAPORE 068811

Invoice Date
28 Dec 2022

Invoice Number
MCC2022-5081

Reference
SNE4130P

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	1,400.00	7%	1,400.00
			Subtotal	1,400.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%	98.00
			TOTAL SGD	1,498.00

Due Date: 28 Dec 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 AXA INSURANCE PTE LTD
Invoice Number MCC2022-5081

Amount Due **1,498.00**
Due Date 28 Dec 2022

Amount Enclosed

Enter the amount you are paying above



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 25 Aug 2022 / 12:31:39

Receipt Date/Time : 25 Aug 2022 / 12:31:39

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220825-001569

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - GZ348C				
As at 22 Aug 2022/11:53:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
1	Insurance Enquiry - GZ348C Enquiry Fee 20220825123024507411	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLQ4274T				
As at 14 Aug 2022/12:10:00				
Insurance Co: INDIA INT'L INS PTE LTD				
2	Insurance Enquiry - SLQ4274T Enquiry Fee 20220825123024652421	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMD2181Y				
As at 24 Aug 2022/08:19:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
3	Insurance Enquiry - SMD2181Y Enquiry Fee 20220825123024774601	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SHA4254H				
As at 11 Aug 2022/08:45:00				
Insurance Co: AXA INSURANCE PTE LTD				
4	Insurance Enquiry - SHA4254H Enquiry Fee 20220825123024888829	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		28.00	1.96	29.96
Rounding Difference				0.01
Total Amount Payable				29.95
Paid By				
462845XXXXX9321		eNETS Credit Card		29.95
Total				29.95
Cash Change				0.00
Tendered Amount				29.95
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.



RECORD MANAGEMENT CENTRE

**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: 15/08/2022

Your Ref No: SNE4130P

Dear Sir/Madam,

Date of Accident: 11/08/2022 00:00 (SGT)

Vehicle No: SNE4130P

Place of Accident: ECP, 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\$)
SHA4254H	ECP, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

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.



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, Lumens Auto Pte Ltd of NRIC/Passport number/ROC number: 201426961K, Owner of vehicle no. SNE4130P 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.

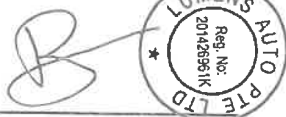
I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

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: Lumens Auto Pte Ltd

NRIC NO: 201426961K