



## MY CAR CONSULTANT PTE LTD

Address: 60 Jalan Lam Huat, Carros Centre #05-21 S(737869)  
Email: Admin@mycar.sg  
(Company Registration No: 201605878Z)

22<sup>nd</sup> December 2022

Our reference: SMY591A  
Your reference: SMX218J

**Allianz Global Corporate & Specialty SE, Singapore Branch**  
12 Marina View  
#14-01 Asia Square Tower 2  
Singapore 018961  
**Attn: Motor Claims Department**

**BY HAND**

Dear Sir/ Madam,

Claimant : FOCUS RENTALS PTE LTD  
Address : 20 SIN MING LANE #03-64 MIDVIEW CITY S573968

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **10/08/2022** along involving our client's vehicle registration number **SMY591A** and vehicle registrations number **SMX218J** 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	:	\$1,337.50
Loss of Use (\$150 X 03 DAYS)	:	\$450.00
LTA Search	:	\$2.00
GIA Search	:	\$31.00
<b>Total</b>	<b>:</b>	<b>\$1,820.50</b>



# TAX INVOICE

ALLIANZ GLOBAL CORPORATE & SPECIALITY SE  
12 Marina View, Asia Square Tower 2  
SINGAPORE 018961

**Invoice Date**  
22 Dec 2022

**Invoice Number**  
MCC2022-5031

**Reference**  
SMY591A

**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	1,250.00	7%	1,250.00
			Subtotal	1,250.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%	87.50
			<b>TOTAL SGD</b>	<b>1,337.50</b>

## Due Date: 22 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** ALLIANZ GLOBAL CORPORATE & SPECIALITY SE

**Invoice Number** MCC2022-5031

**Amount Due** **1,337.50**

**Due Date** 22 Dec 2022

**Amount Enclosed**

Enter the amount you are paying above



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: 25/08/2022

Your Ref No: **SMY591A**

Dear Sir/Madam,

Date of Accident: 10/08/2022 00:00 (SGT)

Vehicle No: SMY591A

Place of Accident: Jln Bukit Ho Swee, 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\$)
<b>SMX218J</b>	Jln Bukit Ho Swee, 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.

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMX218J

Date of Accident

10/08/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... Allianz Insurance Singapore P...

Period of Insurance ..... 24/04/2022 - 20/08/2022

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

Requested Date ..... 27/08/2022 11:16

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, Focus Rentals Pte Ltd of NRIC/Passport number/ROC number: \_\_\_\_\_, Owner of vehicle no. SMY591A 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: