

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: SMH8514K Your reference: SMJ8451Y

Allianz Insurance Singapore Pte Ltd

BY HAND

79 Robinson Road #09-01 CPF Building Singapore068897

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 <u>28/06/2022</u> along involving our client's vehicle registration number <u>SMH8514K</u> and vehicle registrations number <u>SMJ8451Y</u> 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 : \$1,782.00

Loss of Use (\$150 X 04 DAYS) : \$600.00

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

GIA & LTA Search : \$33.00

Total : \$2,565.00



TAX INVOICE

Allianz Insurance Singapore Pte Ltd 79 Robinson Road #09-01 CPF Building 068897 **Invoice Date** 5 Feb 2023

Invoice Number MCC2023-0326

Reference SMH8514K

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	1,650.00	8%	1,650.00
			Subtotal	1,650.00
	TOTAL 2023 STANDARD RATED SUPPLIES 8%		132.00	
			TOTAL SGD	1.782.00

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 Allianz Insurance Singapore Pte Ltd
Invoice Number MCC2023-0326

Amount Due 1,782.00

Due Date 5 Feb 2023

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: 29/08/2022 Your Ref No: SMH8514K

Dear Sir/Madam,

Date of Accident: 28/06/2022 00:00 (SGT)

Vehicle No: SMH8514K 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\$)
SMJ8451Y	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.

SMJ8451Y

Date of Accident

28/06/2022

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Reset

% RESULT & RECEIPT

	TP Insurer Enquiry	
	Insurance Allianz Insura	nce Singapore P
l	Period of Insurance 22/03	3/2022 - 21/03/2023
	Requested By Tan Hui Qin (M	Y CAR CONSULT
	Requested Date	30/08/2022 17:00
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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



MY CAR CONSULTANT FTE 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
of MRIC/Passport number/ROC number: 201426961k Owner of vehicle no. SMH 8514K 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 abtaining your consent.
n the event the third party's insurers forward me/us the settlement monies, I undertake to pay you the sum taimed in relation to my property damage claim.
Pared this (day) of (month) 20 (year)
by ner's signature (Company stamp if applicable)

Warne: Lumms Auto Ple Ltd

NRIC NO: 2014 26961K