



## MY CAR CONSULTANT PTE LTD

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

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

26<sup>th</sup> October 2022

Our reference: SMV9400A

Your reference: SLT4722B

**AIG(Singapore) Pte Ltd**

#07, Shenton Way, 16

Singapore 079120

**Attn: Motor Claims Department**

**BY HAND**

Dear Sir/ Madam,

Claimant : LUMENS AUTO PTE LTD

Address : 22 SIN MING LANE #01-74/75 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 **02/09/2022** along involving our client's vehicle registration number **SMV9400A** and vehicle registrations number **SLT4722B** 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	:	\$1,177.00
Loss of Use (\$150 X 04 Days)	:	\$600.00
LTA Search	:	\$2.00
Total	:	\$1,779.00

A copy of each of the following supporting documents are enclosed:-



# TAX INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD  
78 Shenton Way, #09-16 AIG Building  
SINGAPORE 079120

**Invoice Date**  
31 Oct 2022

**Invoice Number**  
MCC2022-4283

**Reference**  
SMV9400A

**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	1,100.00	7%	1,100.00
			Subtotal	1,100.00
			TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%	77.00
			<b>TOTAL SGD</b>	<b>1,177.00</b>

## Due Date: 31 Oct 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** AIG ASIA PACIFIC INSURANCE PTE LTD

**Invoice Number** MCC2022-4283

**Amount Due** **1,177.00**

**Due Date** 31 Oct 2022

**Amount Enclosed**

Enter the amount you are paying above

## INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SLT4722B

Date of Accident

02/09/2022



Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **AIG Asia Pacific Insurance Pte....**Period of Insurance ..... **30/10/2021 - 29/10/2022**Requested By ..... **Tan Hui Qin (MY CAR CONSULT...**Requested Date ..... **07/09/2022 12:40**

## 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, Lumens Auto Pte Ltd of NRIC/Passport number/ROC number: 201426961K, Owner of vehicle no. SMV9400 A 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.

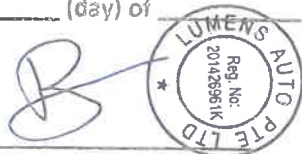
I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

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