

THINK ONE AUTOCARE PTE LTD
RCB:201322501G GST:201322501G
No.60 Jalan lam Huat #02-32 Carros Centre
Singapore 737869
Tel:(65)6454 3300 Fax:(65)6256 4988
Email:enquiry_autocare@thinkone.com.sg

Our Ref :GBJ3007K
Your Ref :YN1141A
Date :11.10.2022

LONPAC INSURANCE BERHAD
300 BEACH ROAD
SINGAPORE 19955

Dear Sirs,

Accident involving **GBJ3007K** along **JOO KOON WAY** on **23.09.2022** at **08:43hrs**

We are authorized by the owner **THINK ONE LEASING PTE LTD** of vehicle **GBJ3007K**

to claim damages and loses against your insured in connection with the above road accident. Our client's vehicle was damaged and our client has been put to loss and expenses, particular of which are as follows:

a) Cost of repair (inc 7%gst) JO202209-0377	\$	1,284.00
b) Loss of use 4days@\$120.00 29.09.2022 to 3.10.2022	\$	480.00
c) Lta search fee	\$	7.45
	\$	<u>1,771.45</u>

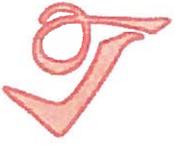
We enclose herewith the supporting documents for your perusal.

Please let us have your cheque payment made in favour of Think One Autocare Pte Ltd.

Your Faithfully



Michael Ng
HP:91288488
DID:65453300
michaelng@thinkone.com.sg



THINK ONE AUTOCARE PTE LTD

RCB : 201322501G GST : 201322501G
60 JALAN LAM HUAT, #02-32 CARROS CENTRE, SINGAPORE 737869
Tel: (65)6844 3300/ (65)6545 3300 Fax: (65)6842 4988/ (65)6256 1284
Email: enquiry_autocare@thinkone.com.sg

Bill To : LONPAC INSURANCE BHD
Address : 300 BEACH ROAD
#17-04/07 THE CONCOURSE
SINGAPORE 199555

Attn :
Tel : 6250 7388
HP : 6250 7388

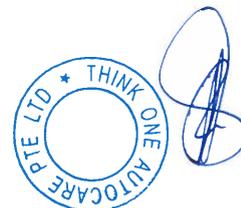
Fax :

Invoice Ref : JO202209-0377
Date : 29/09/2022
Vehicle Num : GBJ3007K
Make/Model : HYUNDAI STAREX 2.5 M
Mileage(km) : 0.00
Staff ID : NSP
Remarks/Ref :

S/N	Description	Qty	Unit Price	Disc %	Amount S\$
1	COST OF REPAIR GBJ3007K DOA.23.09.2022	1	1,200.00	0.00	1,200.00

E & O.E.

SUB TOTAL : 1,200.00
GST 7% : 84.00
TOTAL SGD : 1,284.00



Customer's Signature / Co.Stamp

for Think One Autocare Pte Ltd.

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

YN1141A

Date of Accident

23/09/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**

Period of Insurance **01/07/2022 - 30/06/2023**

Requested By **Ng Shee Pan (THINK ONE AUT...**

Requested Date **26/09/2022 11:13**

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**

AUTHORISATION TO ACT

I / We, **THINK ONE LEASING** of **20 UBI ROAD 4**
("the third party claimant") (address)

#02-08 THINK ONE BUILDING S'PORE 408622 owner of **GBJ3007K**
(vehicle number)

hereby authorised **THINK ONE AUTOCARE PTE LTD** ("the workshop) to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. **GBJ3007K** that was damaged pursuant to the accident which occurred on **23.09.2022** along **JOOKOON WAY**
(date) involving vehicle number(s) **YN1141A** ("the other party").

I/We further authorised the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque(s) being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle(s) is concerned.

*Should the case could not reach to a settlement, I / We authorised Think One Autocare to proceed with all the necessary legal means and should this case failed,

I/We **THINK ONE LEASING PTE LTD** agreed and will bear / pay all the repair costs and legal fees costs due incurred by Think One Autocare Pte Ltd

Dated this **24TH** (day) of **SEPT** (month) **20 22** (year)



Signed by "the third party claimant"
(with company's stamp if applicable)



Signed by "the workshop"
(with company stamp)

DISCHARGE \ SATISFACTION VOUCHER

Claim no: _____

I / We **THINK ONE LEASING PTE LTD** NRIC/ROC **201115609M**

hereby state that the repairs to vehicle no **GBJ3007K** have been carried out to my/our entire

shall be in full discharge of all claims under policy no **20-ML000183-R00**

with regards to the damage to my/our vehicle as a result of accident which occurred on

23.09.2022 along / at **JOO KOON WAY** at around **08:43hrs**
(date) (time)

Vehicle Owner

Name **THINK ONE LEASING PTE LTD**

NRIC **201115609M**

Address **20 UBI ROAD 4**

#02-08 THINK ONE BUILDING

SINGAPORE 408622

Signature : _____
(with company stamp if applicable)

