



## ACE AUTOLUTION PTE LTD

13 KAKI BUKIT ROAD 4, BARTLEY BIZ CENTRE #03-29,  
SINGAPORE 417807.

TEL:6844 1184 FAX:6702 4202

UEN:201403869W

M/s : AIG ASIA PACIFIC INSURANCE PTE LTD  
(MOTOR CLAIM DEPARTMENT)

DATE : 06 DEC 2022  
OUR REF: SDQ990E  
YOUR REF : SLP5453S

### LETTER OF DEMAND

Our client has suffered loss and damage as a result of your insured's negligence in the driving.

We quantify our client's claim as follows ;

1. Cost Of Repair – Lump Sum	\$ 2,500.00
2. Loss Of Use – 06 days x \$80 per day	\$ 480.00
3. LTA Search	\$ 7.45
Total	<b><u>\$ 2,987.45</u></b>

**SGD : Two Thousand Nine Hundred Eighty Seven Dollars And Cents Forty Five Only .**

We hereby append the following documents for your perusal :

- I. ACE Autolution Pte Ltd Invoice No. ACEC00066/22
- II. LTA Search
- III. Letter Of Authority

Please let us know within the next 7 days from the receipt of this letter, whether you are prepared to accept

All the above amount .

Best Regards

Apple

ACE AUTOLUTION PTE LTD



ISSUED BY

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Jun 2019 / 13:36:11

Receipt Date/Time : 04 Jun 2019 / 13:36:10

## Tax Invoice/Receipt

Receipt No. : ITNET-00000-190604-001577

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SLP5453S As at 16 May 2019/12:40:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SLP5453S Enquiry Fee 20190604133505908415	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	xxxxxxxxxxxx8446		Credit Card: Visa /MasterCard	7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.



13 Kaki Bukit Road 4, #03-29, Bartley Biz Centre Singapore 417807  
Tel : 6702 4282 , 6844 1184 Fax : 6702 4202  
Email : admin@aceauto.com.sg  
Website : www.aceauto.com.sg

### PAYMENT AUTHORISATION FORM

Date: 17-05-2019

Attn: Motor Claims Department

AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sir/Mdm

ACCIDENT ON 16-05-2019 @ 1240 HRS

INVOLVING VEHICLE NOS: SDQ990E & SLP54535

ALONG CLOVER AVE BETWEEN UNIT NO. 99 AND P2.

I/We (Name) NBH TRANSPORT, NRIC/Passport No: 53229715W,

The registered owner/driver of vehicle regn.no. SDQ990E which was involved  
In the above accident with your insured motor vehicle reg.no. SLP54535.

I/We also hereby authorize that any payment due to me/us from the foresaid claim to be paid  
to M/S ACE AUTOLUTION PTE LTD.

I/We hereby indemnify M/S ACE AUTOLUTION PTE LTD against all claims and /or damages  
which may arise from all action taken for and on my/our behalf.

I/We hereby affirmed that above-mentioned statement to be true and correct.

Yours faithfully,

Owner's Signature  
(Company's stamp if applicable)



LETTER OF AUTHORISATION

TO:MR / MRS

RE:ACCIDENT INVOLVING VEHICLE

NOS: SDQ990E & SLP54535 ALONG CLOVER AVENUE  
BETWEEN UNIT NO. 99 AND 82. ON 16-05-2019 @ 1240 HR.

I/WE NBH TRANSPORT NRIC / Passport No: 5329715W  
Owner of vehicle no. SDQ990E hereby authorize you to commence  
repair to the said vehicle forthwith .

- 1 I/We hereby irrevocably authorize you to demand claims settle receive whatever amount settled/payable by the insurance and /of third party or to commence legal proceeding , if necessary, in my name for the costs of repair and loss of use,etc and you appointing any Solicitor to act for me in respect for the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claims to you and my/our Solicitor(to be appointed by you on my/our behalf)shall accept this as my/our irrevocable authorization to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co/operate fully with you and my/our Solicitors to see the claims to as successful conclusion.
- 2 I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable 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 .
- 3 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 and 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 you consent.
- 4 My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
- 5 Upon settlement of the third party claims and in case the settlement monies was sent to me/us by the third party's insurance. I/We undertake to pay you and my / our Solicitor the cost of repairs settled and related expenses and disbursement incurred.



Owner's Signature



Witness Signature / Name

(Company's Stamp if applicable)