

Our Ref : SCX1673P / TP#1949  
Your Ref : SLN1863D / CC6/AIG23000613/Kpa3

**WITHOUT PREJUDICE**

Date : 21st March 2023

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

AIG BUILDING

78 Shenton Way #07-16

Singapore 079120

Attention: Motor Claims Department

**ACCIDENT INVOLVING SCX1673P & SLN1863D ON 14/01/2023  
ALONG 12E SIMON LANE**

We refer to the above captioned.

We are claiming the below followings:

- Cost of Repair (incl. of GST)	S\$	2,862.00	
- Loss of Use	S\$	480.00	(\$120.00 X 04 Days)
- LTA / GIA Search Fee	S\$	2.00	
<b>Grand Total</b>	<b>S\$</b>	<b><u>3,344.00</u></b>	

If you have any enquiries, please contact our representative, Mr Joseph at 6481-1522 or email [joseph@ow.sg](mailto:joseph@ow.sg)

All payment is to be issued direct to **Optima Werkz Pte Ltd.**

Your prompt attention is most grateful and look forward to your speedy settlement.

Yours faithfully

OPTIMA WERKZ PTE LTD

Encl.

*This is a computer generated printout and no signature is required.*

# Optima Werkz Pte Ltd

10 Ang Mo Kio Industrial Park 2A #01-05, Singapore 568047

Tel: (+65) 6481 1522 Fax: (+65) 6481 1011

Co Reg & GST No: 201212455W

## TAX INVOICE

To: **AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY  
#08-16 AIG BUILDING  
SINGAPORE 079120

Tel: 64191000  
Fax: 68357416

INV NO. : 322202068  
INVOICE DATE : 21/03/2023  
REF : TP#1949  
VEH NO. : SCX1673P  
MAKE : MERCEDES BENZ  
CAR MODEL : E250 CGI  
CURRENT MILEAGE:  
ADVISOR : VICTOR SENG  
TERMS : COD  
MECHANIC :

DESCRIPTION	QTY	UOM	Tax Code	U/P SGD	AMT SGD
LUMP SUM REPAIRS AS RECOMMENDED BY SURVEYOR	1	AMT	SR	2,650.00	2,650.00

Remarks: DOA: 14/01/2023@22:00HRS  
CLAIMANT: TAN GUAY CHOO  
TP VEHICLE: SLN1863D

Singapore Dollars: Two Thousand Eight Hundred Sixty-Two Only

SUB TOTAL SGD 2,650.00  
GST 8.00% SGD 212.00  
TOTAL SGD 2,862.00  
OUTSTANDING SGD 2,862.00

### Tax Legend:

SR - Standard Rated ZR - Zero Rated OS - Out of Scope

Tax	SR
Amount	2,650.00

I/We confirm that I/We incurred the repair costs herein and will observe my/our agreement with the repairs. I/We declare the repairs for above vehicle have been completed to my/our satisfaction.

- 1) New parts purchased and installed by Optima Werkz Pte Ltd, will be entitled to warranty period of one (1) year or mileage up to 30,000km, whichever comes first, from the date of invoice, with the exception to wear & tear items.
- 2) Recon Parts purchased and installed by Optima Werkz Pte Ltd, will be entitled to warranty period of six (6) months or mileage up to 10,000km, whichever comes first, from the date of invoice, with the exception to wear & tear items.
- 3) Goods sold are not refundable/returnable.
- 4) Original Invoice is only valid when the payment is acknowledge receipt by Optima Werkz Pte Ltd. Interest of 2% per month will be charged on any outstanding amount



Opt for a more convenient and quicker way to pay via Bank Transfer or PayNow:  
Beneficiary Name: Optima Werkz Pte Ltd  
Beneficiary Bank Name: DBS Bank Ltd  
Bank Account No.:0039441282  
Swift Code: DBSSSGSG  
OR  
PayNow UEN: 201212455WDB1  
Note: Please include your invoice number under the reference section

**Customer Acknowledgement**

For **Optima Werkz Pte Ltd**

Customer Name and Signature

Authorised Signature

## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SLN1863D

Date of Accident

14/01/2023 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **AIG Asia Pacific Insurance Pte....**Period of Insurance ..... **25/04/2022 - 24/04/2023**Requested By ..... **KAITLYN CHIO (OPTIMA WERK...**Requested Date ..... **17/01/2023 13:08****Payment details**Request Amount: **S\$1.85**GST Amount: **S\$0.15**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

## AUTHORISATION TO ACT

I/We, TAN GUAY CHOO ("the third party claimant") of  
12E SIMON LANE S(546037) (address), owner of  
SCX1673P (vehicle no.) hereby authorize **OPTIMA WERKZ 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. SCX1673P that was damaged pursuant to the accident  
which occurred on 14/01/2023 (date) along 12E SIMON LANE S(546037)  
\_\_\_\_\_ (location) involving vehicle no/s SLN1863D ("the accident").

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

I 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.

Dated this 14 (day) of JANUARY (month) 20 23 (year)



Signed by "the third party claimant"  
(with chop if applicable)



Signed by "the workshop"  
(with chop)