

## MY CAR CONSULTANT PTE LTD

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

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

24th July 2022

Our reference: SND8114R Your reference: SLP5711Y

**Allianz Insurance Singapore Pte Ltd** 

**BY HAND** 

12 Marina View #14-01 Asia Square Tower 2

Singapore018961

**Attn: Motor Claims Department** 

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 <u>25/04/2022</u> along involving our client's vehicle registration number <u>SND8114R</u> and vehicle registrations number <u>SLP5711Y</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 : \$1,070.00

Loss of Rental (\$150 X 03 DAYS) : \$450.00

LTA Search : \$7.49

GIA Search : \$29.00

Total : \$1,556.49



# TAX INVOICE

ALLIANZ INSURANCE SINGAPORE PTE LTD

Invoice Date 25 Jul 2022

**Invoice Number** MCC2022-3644

Reference SND8114R

201605878Z 201605878Z My Car Consultant Pte. Ltd. 60 Jalan Lam Huat 05-21

Carros Center 737869 **SINGAPORE** 

Description	Quantity	Unit Price	Tax	Amount SGD	
COSTS OF REPAIRS	1.00	1,000.00	7%	1,000.00	
			Subtotal	1,000.00	
	TOTAL LOCAL SUPPLY OF GOODS AND SERVICES 7%			70.00	
		To	OTAL SGD	1,070.00	

Due Date: 25 Jul 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 ALLIANZ INSURANCE SINGAPORE PTE LTD **Invoice Number** MCC2022-3644 **Amount Due** 1,070.00 **Due Date** 25 Jul 2022 **Amount Enclosed** 

Enter the amount you are paying above

#### > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time :

27 Apr 2022 / 14:47:08

Receipt Date/Time: 27 Apr 2022 / 14:47:08

#### Tax Invoice/Receipt

Receipt No.: ITNET-00000-220427-002757

Previous Receipt No.:

Amount ter GST (S\$)
7.49
7.10
7.49
7.49
7.40
7.49
7.49
7.10
7.49
7.49
7,10
7.49
29.96
0.01
29.95
29.95
29.95
0.00
29.95
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.



Name: NRIC No:

# 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,
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.
Owner's signature (Company stamp if applicable)