AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721 Email: claims.autoworxhouse@gmail.com

•TEL: 6452 8211 •FAX: 6451 7420

<u>Direct Settlement</u> THIRD PARTY CLAIM

Your ref: -

Our ref: SGX 5735 X

INDIA INTERNATIONAL INSURANCE PTE LTD

Attn: Officer in Charge (Motor Claim Department)

27/4/2023

Dear Sir.

RE: ACCIDENT INVOLVING SGX 5735 X & SKZ 4568 K ON 28/03/2023.

We have been authorized by UNIQUE TOURIST SERVICE PTE LTD, the registered owner of vehicle number SGX 5735 X, which was involved SKZ 4568 K in the above accident and at the material time to make a 3rd party claims against your insured.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from

you for our client financial losses as itemised below: -

| Repair cost | S\$ | 3,450.00 |
|-----------------------------|-----|----------|
| Loss of use –\$ 80 X 5 days | S\$ | 400.00 |
| Search fee | S\$ | 26.75 |
| Total | S\$ | 3,876.75 |

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,

Autoworx Hou

AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721 TEL: 64528211 FAX: 64517420 Registration No. 5296929B

INVOICE

5541

INDIA INTERNATIONAL INSURANCE PTE LTD

27/4/2023

| QUANTITY | PARTICULARS | AMOUNT (\$) |
|----------|--|-------------|
| | TOYOTA ALTIS / SGX 5735 X DOA :28032023 | |
| | Repair for the above mentioned vehicle. | 3,450.00 |
| | Total | \$ 3,450.00 |
| | STORX AVO | |
| | | |



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

29 Mar 2023 / 13:34:39

Receipt Date/Time: 29 Mar 2023 / 13:34:26

Tax Invoice/Receipt

Receipt No.: ITNET-00000-230329-001952

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 - SKZ4568K As at 28 Mar 2023/08:10:00 Insurance Co: INDIA INT'L INS PTE LTD | THE RESERVE THE PROPERTY OF TH | | | |
| 1 Insurance Enquiry - SKZ4568K | | | | |
| Enquiry Fee | | 24.77 | 1.98 | 26.75 |
| 20230329133332660355 | | | | |
| | Sub-Total | 24.77 | 1.98 | 26.75 |
| | Total Before Rounding | 24.77 | 1.98 | 26.75 |
| | Rounding Difference | | | 0.00 |
| | Total Amount Payable | | | 26.75 |
| | Paid By | | | |
| | 456598XXXXXX0428 | eNETS C | redit Card | 26.75 |
| | Total | | | 26.75 |
| | Cash Change | | | 0.00 |
| | Tendered Amount | | | 26.75 |
| | Excess Refundable Amount | | | 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.

| То: _ | Autowork 4 | ouse | | | , | |
|----------|--|---------------------------------|------------------------|----------------------------|-----------------------------------|-------------|
| | INGAPORE | P | | | | |
| | | | | | | • |
| | | Letter of Au | thorisation | | | |
| DE- A | CCIDENT NVOLVIN | G SGX 5735 | x & skz456 | 18 K | | |
| ALON | G/AT Bukis | Batok Street | 32. | | | |
| | \$ 103 12023. | | | | | |
| | | and Colub | · PI · / · J OTDIC | No | |) |
| | We, Unique with winer/driver of m | otor vehicle no. | SG 1 5735 | <u>X</u> , | & residing | at |
| re | espectively in consid | leration of your wo | orkshop <u>Autowo</u> | tx House | e | |
| re | epairing my/our vehicle epair and loss of use. I | e, I/we hereby authori | se you to claim on i | my/our ben se mv/our na | and for the cos ame/s to engag | e the |
| | aid commiss of a colic | itor to proceed with | negotiation with the | e deraurums | g party s msu | MILLE |
| - | ompany for payment of summons on my/our be | the came and in the ev | ent negotiation fails. | to instruct i | ne souchor w | Tashe |
| c | laim is successful or ne | ot, all legal costs incurr | ed shall be borne by | you, provid | led we rendere | d our |
| a | ssistance as per second | paragraph stated herein | below. | | | |
| 2. I | We understand that b | y signing this Letter o | f Authorisation, I/w | e has/have | to render wha | tever |
| | easonable assistance to | WALL STATES THE CONTROL CONTROL | all relevant Court | s documen | f Silling organization | PAC TITE |
| N Samuel | Store Trong Trong | shall be entitled to cla | im from me/us the i | CDAIL COSIS | macmer with | TAPM |
| C | osts, other incidental o | osts and expenses pert | aining the issuance of | of Summon | s in order to o | btain |
| - | ayment from defaulting | | | | | |
| 3 Y | You have my/our full at party and/or his insurers | thority to instruct my/c | ur solicitors to negot | iate a settler | ment with the lour claim, you | hird are |
| | * 1 1 | inchange Variabor or or | w document to confil | III IIIV accel | MATINE OF THE | * . |
| | | al disabases of millon | cistm on my/out oc | IAIL. IOU a | THE TITLE AND TITLE | - |
| f | iettlement as full and full full authority to collect a insurance company or a | all compensation mome | to your workshop M/ | S S | | ÇA: |
| | Autowork Ho | use | | | | |
| | n the event the claim is | ul l i domontio | btoined against the | lefaulting p | arty, payment | after |
| 4. I | n the event the claim is leducing all costs and d | isbursements incurred | should be drawn in yo | our name or | my/our name/ | s (at |
| у | your discretion) and wil | l be forwarded to you. | | | | |
| 5. T | This letter of Authorisa | ion is irrevocable. | 3 | | × | |
| | TICE | | | | | κ' |
| | | | | | | |
| | | MMX | | | | |
| Signat | ure: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | |
| Name: | | | | 9 | | |
| NRIC | NO: | | | 1 1 | | |

20_

Date this

day of