Your ref : SME5354R Our ref : SNE8238L

July 11, 2023

Allianz Insurance Singapore Pte Ltd

79 Robinson Road #09-01 Singapore 068897

TEL: 6398 5242

Attn: Motor Claims Dept

#### WITHOUT PREJUDICE

Dear Sir / Mdm,

Accident involving SME5354RZ and SNE8238L Along Paya Lebar Road \$\hat{h}\$ 03/04/2023 at 10:43hrs

We refer to the above said accident.

Our investigation reveals that you are the insurers of the vehicle SME5354R the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final Repair Invoice
- 2 Authorisation Letter
- 3 Car Rental Invoice
- 4 GIA Search Fee

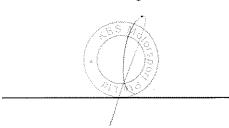
We are instructed to claim the following

1	Costs of Repair (\$3,869.24 + 8%gst)	\$ 4,178.78
2	Loss of Rental (\$150 x 17days + 8%gst)	\$ 2,754.00
3	GIA Search Fee	\$ 2.00

Grand Total: \$ 6,934.78

Please kindly let us know whether you are prepared to settle our client's claim.

Thanks & Warmest Regards,





KBS motorsports

To: Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01 Singapore 068897

TEL: 6398 5242

Attn: Motor Claims Dept

Tax Invoice.: 21155

Date.:

3-4-2023

Vehicle No.:

**SNE8238L** 

Make / Model.: To

Toyota Yaris Cross 1.5X

Chassis No.:

MXPB102018717

Engine No.: Year of Make.:

M15AY319085 2022

....

Accident Date.: 03-04-23

**DESCRIPTION** 

COST OF REPAIR

Amount S\$

\$

3,869.24

Total: \$ 3,869.24 8% GST: \$ 309.54 Amount Due \$\$ \$ 4,178.78

For & on behalf
KBS MOTORSPORTS PTE LTD

# **LETTER OF AUTHORISATION**

DATE	:	•					
ТО	:	KBS MOTORSPORTS PTE LTD					
		160 SIN M	NG DRIVE, #06-03, SIN MING AUTOCIT	TY, SINGAPORE 575722			
FROM		:	MUHAMMAD ADLY BIN SALLEH	_(NAME OF OWNER/POLICYHOLDER			
CLAIM VEH	HICLE NO.	•	SNE8238L	_			
CIDENT DATE		:	3/4/2023	_			
LOCATION		;	ALONG PAYA LEBAR ROAD	_			
OTHER VE	HICLE(S)	:	SME5354R				
(† ( ) A a (f	and / or bodily injury sustained as a result of the accident from third party and / or resolved (Claim against Own Insurer)						
and / or bodily injury sustained as a result of the accident from third party and / or third party insurer in question until the claim is wholly completed, settled and / or resolved.  (Claim against Third Party)							
re o a	I confirm that KBS's authorisation shall include without limitation paying for all the relevant reports / documents, corresponding and negotiating with the insurer / third party and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the claim and, any or all such other tasks concerning the settlement, resolution and / or completion of the claim.						

Where authorising party is not vehicle owner and policyholder

## EXCEPT:-

	<ul> <li>a. Such as matters or task that the insurer / third party and / or the law requires me to personally attend to; and</li> </ul>				
	b. The	submission of the claim	to the in	nsurer (Where applicable)	
3	afte	derstand if I submit a cla r the accident (or such o nay not be accepted by r	ther time	hatever nature to my own insurer [ FOURTEEN DAYS (14 days) ] e stipulated by my own insurer and / or the law), such claim will not insurer.	
4	l fur	ther confirm and accept	that :-		
	a. To t	he extent permitted by la	aws :-		
	i) I wil	I indemnify and keep KB	S indem	nnify in connection with or arising from the claim ; and	
	(joir		nanner ho	ment or otherwise, under no circumstance will I old KBS liable for losses / damages of whatever nature m.	
	dam	S does not guarantee and age and / or the repair's repair's cost.	d never r cost and	represent that the insurer / third party will fully indemnify me for the d, that I shall be and continue to be liable to KBS for the whole of	
5	As t plac	he extend to which the ine a deposit of \$	nsurer / t	third party will indemnify me or be liable is not conclusive, I agree to excluding GST) for the repair's cost.	
6	l agi cont	ree and accept KBS dep ribution / liability from or	osit refur of the in	and policy, If the final successful percentage of indemnification / nsurer / third party in respect of the repair's cost to me ;-	
	a.	50% and below	~	NO REFUND	
	b.	100%	u	FULL REFUND	

- I shall inform and forward to KBS all correspondence and letters received by me from the insurer / third party, any other insurer, solicitors governmental authorities and / or, any other relevant party.
- I shall fully co-operate with and act expeditiously on any requests by KBS, particularly the signing / endorsement / execution of any "Discharge Voucher", failing which I shall be liable to KBS for the full repair costs and the expenses incurred (directly or indirectly) by KBS in connection with the claim.
- In any case if the claim is repudiated by the insurer of the third party, I shall be liable to KBS for the full repair costs and the expenses incurred (directly or indirectly) by KBS in connection with the claim.
- 10 I shall not :
  - a. respond to correspondence and letter; and
  - b. negotiate agree or accept any other from the insurer / third party or any other relevant party; without consultation of and expressed approval from KBS MOTORSPORTS PTE LTD
- In consideration hereof (including without limitation KBS's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to KBS MOTORSPORTS PTE LTD All proceeds of the claim for :
  - a. the repair's costs and
  - b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis and expenses in connection with the accident, repair and / or claim; which KBS shall be further entitled to apportion in its absolute discretion with any excess being paid by KBS to me as it deems fit in its absolute discretion.
- I further confirm that payment to KBS or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.

	a.	the delay of receiving parts is caused by suppliers
	b.	the Loss of Use/Loss of income claim amount provided by the insurer of the third party is lower than desired and that KBS will not top up to the expected amount.
14	KBS has	the right not to disclose any correspondences to the client.
	Owner & F Authorising	olicyholder's Signature / Company Stamp (if applicable); or g party's Signature / Company Stamp (if applicable)
	Name	: MUHAMMAD ADLY BIN SALLEH
	NRIC No.	
	Address	
		Awrly !
	Witness's	Signature
	Name	: Lie Shirtly
	NRIC No.	: <u>S7723368B</u>

I understand and agree that KBS will not be liable if:

13



#### **INVOICE TO:**

Name : Mr Muhammad Adly Bin Salleh

Blk 211A Compassvale Lane

#03-194 Singapore 541211

Tax Inv:

00827

Invoice Date:

02.05.2023

Vehicle No:

SLQ6250Z

Make/Model: Mit Lancer

Reference No: SNE8238L

S/N	S/N Qty Description		Unit Price			Price		
01		CAR RENTAL FROM						
	17	12.04.2023 to 29.04.2023	S\$	150.00	S\$	2,550.00		

**GST** S\$ 204.00

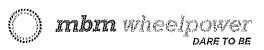
S\$ 2,754.00 Total

MBM WHEELPOWER PTE LTD



MBM Wheelpower Pte Ltd 160 Sin Ming Drive #06-02 Sin Ming Autocity Singapore 575722 Customer Service Hotline 6262 8888 www.mbmwheelpower.com.sg

Company Registration Number: 200204110W GST Registration Number: M90368446L



# RENTAL AGREEMENT NO. 00827

COMPANY STAMP

### **MBM Wheelpower Pte Ltd**

OWNER

160 Sin Ming Drive, #06-02 Sin Ming Autocity, Singapore 575722 Customer Service Hotline 6262 8888

www.mbmwheelpower.com.sg Company Registration Number: 200204110W

	1 7001 ** ** ***				- LILOWARDAMATA		
A1 / 1 2 5m	VEHICLE		<b></b>	CHI	SCK OUT / CHECK		
Vehicle No: SLQ 625		11	DATE OUT:	40/7	1013 TIME OUT:	0900	HRS
Change Over 1:	Date:	Initial:	PETROL LEVEL	OUT: E	t	5/8 3/4 7/8	F)
Change Over 2:	Date:	Initiai:				330	
CC	DRPORATE HIREF	<u> </u>	,				<del>/</del> i)
Co. Name:			PETROL LEVER	IN: LE	1/8 1/4 3/8 1/2	5/8 3/4 7/8	(E)/
Co. Address:			KM OUT		KM IN		
			KM DRIVEN:				
0-1-10-1-1		Tel:		COLL	ISION DAMAGE WA	AIVER	
Contact Person:		IG:	ACCEPTS	3 CDW EX	CESS DECLI	NES CDW EXCE	:88
	NAMED DRIVER		\$ 3,500	n D6	r accident \$	рега	ccldent
	Adly Bin S		, 21800	) /		,	
Address: BIK 211A COI	mpassvale Li	ine #03-194	SIGNATURE;	(J.	SIGNATURE	];	
Singapor	2 54/211				<b>EXCESS AMOUNT</b>		
Office Tel:	Residence Tel:		SINGAPO		MALAYSIA	SIGNATU	JRE )
Occupation:	Hp:	<u> </u>	\$5,8	500	vona <b>l</b> a	9	a. m. market and
P.P/I.C. No: 58/1620 Date of Birth: 23-08.	961 Nationality: 1081 Place of Birth:	Singaporeau			CHARGES		
Dr. Licence No:	1981 Flace Of Billin.		Months	@\$	per month		
Date of Issue: 14.07.	30(5 Country of last	Ue;	Weeks	@\$	per week		<del>                                     </del>
	IONAL NAMED DI		Days	@\$	per day		
Name:	TOTAL NAMED D	TIEV POET	Hours	@\$	per hour		
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			Less D	Iscount:	%		_
Office Tel:	Residence Tel				RENTAL CHARG		
Occupation:	Hp:		CDW	@\$	per day / mon	h	
P.P/I.C. Not	Nationality: Place of Birth:		PAI	@\$	per hour		
Date of Birth:  Dr. Licence No:	Place of billin	,	PETROL	TOP-UP			
Date of Issue:	Country of Iss	lie'	MISC	í		<u> </u>	
Remarks:	Odditi or iou						
	laim						
acerdent c SNE8238	> /						
SNG 250	> L						
Invoice No:	Rec. No:				SUB-TOTAL	. (2)	
		e period and in case of any accident	GST @ 1	7%		`	<del></del>
the Hirer will be liable for all cansaquences. For extension of rental please inform us at least 24 hours before the oxiginy time and payment for the extended rental will have to be made within 24 hours. Late changes at 1/5 (one fifth) of the daily rate of rental for each hour exceeding the time for reture of the Vehicle will be			<u> </u>				
Imposed (i.e., a full day rentel will be charged if the Hirer is 5 or more hours late in returning the vehicle.)  Any vehicle not returned within 24 hours will be reported as stolen. Hirer is responsible for all parking & traffic violations and missing items.					TOTAL CHARG	)ES	
						11.3	_ i
HIRER'S DECLARATION: I agree to the terms and conditions above and as set overleaf and in declare					PRE-PAYMENT	<u> </u>	1
that all information given on this form are true and accurate. If I opt to pay by credit card, my signature here is to be deemed to have been made on the applicable credit card voucher.			DOWNPAYMEN	•			
CHECKED OUT BY:	CHECKED IN BY:	CHECKED BY:	AMOUNT REFL	JNDED / D	UE		
Shirley			SIGNATURE O	F REFUND	l;		
MBM Wheelpower	Pte Ltd						
As Managers on Bel			)				
$\wedge$			)				

HIRER SIGNATURE

**INSURER ENQUIRY** 

# Find insurer

Vehicle reg. no.

SME5354R

**Date of Accident** 

03/04/2023 苗

Reset

### % RESULT & RECEIPT

TP Insurer Enquiry					
Insurance	Allianz Insurance Singapore P				
Period of Insurance	18/11/2022 - 17/11/2023				
Requested By	Shirley Lee (MBM WHEELPOW				
Requested Date	03/04/2023 17:42				

Payment details

Request Amount: **\$\$1.85**GST Amount: **\$\$0.15** 

Total Amount Due (GST Inclusive): **\$\$2** 

**General Insurance Association** 

Records Management Centre GST Registration No: **M400017735** 

SNE8>38L WIP 21155 TP/Allianz/Don 03.04.23 Mir Cly, Shirley Lee yen Nee Shirley Lee yen Nee Claims Advisor Claims Advisor 8686 5188