

# GALAXY AUTO CARE PTE LTD

Email: [claims8488galaxy@gmail.com](mailto:claims8488galaxy@gmail.com) Hp: 9090 8488

13<sup>th</sup> June 2023

Your Ref: To Be Advised

Our Ref: SNB7125B

## ALLIANZ INSURANCE SINGAPORE

79 Robinson Rd,  
#09-01,  
Singapore 068897

### Attn: Motor Claims Department

Dear Sir/Madam,

### CLAIMANT: MUHAMMAD HAFIZ BIN AB RAHMAN

### PROPERTY DAMAGES CLAIMS AS A RESULT OF A ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SNB7125B AND SJS1594C ALONG VERDE CRES ON 21.04.2023.

1. We act for **MUHAMMAD HAFIZ BIN AB RAHMAN**, the owner of vehicle No. **SNB7125B** involved in the abovementioned road accident, in his claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **SJS1594C**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Singapore Accident Statement / Police Report
b.	LTA Search

4. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i.	Cost of Repair	S\$ 1,600.00
ii.	Pre-Inspection Days – 2 Days	S\$ 300.00
iii.	Loss of Use – 2 Days	S\$ 300.00
iv.	LTA Search	S\$ 26.75
v.	Total	S\$ 2,226.75

In compliance with the protocol, we have engaged your panel of surveyor for the damages claim to the said amount. Do refer to attachment and we hope to have an amicable settlement reply soon.

5. You may acknowledge receipt of this letter by email to: [claims8488galaxy@gmail.com](mailto:claims8488galaxy@gmail.com)

Yours faithfully

**GALAXY AUTO CARE PTE LTD**

Company Reg No. : 201704618C

13 Kaki Bukit Road 4  
#01-23 Bartley Biz Centre  
Singapore 417807

**GALAXY**  
autocare

## Customer

Name : Muhammad Hafiz Bin Ab Rahman  
Car Details : Honda Civic (SNB7125B)  
Mobile no. :93689086

Date: 13-Jun-23  
Estimate #: Est-GAC000013  
Valid Until: 1 month from estimate date

## TERMS AND CONDITIONS

1. The above is an estimate on cost of repair, for reference purposes
2. Final cost may vary and is subjected to changes
3. Final cost shall be finalized and billed in an invoice

If you have any questions about this price estimate, please contact William Ang at 9010 8488.

*I HANK YOU FOR YOUR BUSINESS!*



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 21 Apr 2023 / 14:24:45  
Receipt Date/Time : 21 Apr 2023 / 14:24:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230421-002043  
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 - SJS1594C				
As at 21 Apr 2023/09:45:00				
Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - SJS1594C			
	Enquiry Fee	24.77	1.98	26.75
	20230421142405456377			
	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				
	462845XXXXXX4127	eNETS Credit 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.

# LETTER OF AUTHORISATION

To: **GALAXY AUTO CARE PRIVATE LIMITED**

RE: ACCIDENT INVOLVING VEHICLE NOS. SNB7125B & SJS1594C

ALONG VERDE CRES ON  
21.04.2023.

I/We MUHAMMAD HAFIZ BIN AB RAHMAN NRIC / Passport No.: S8819738J

the owner of vehicle no SNB7125B hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my / our request:

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1. I/We hereby irrevocably authorise you to demand, claim, settle (in any manner you deem fit), receive whatever amount settled/payable by the insurance 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 and to appoint any solicitor to act for me/us in respect of the claim and all or 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 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 compensated directly 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.
2. If the third-party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim directly 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.

3. If the own insurers' claim is not applicable and/or the third-party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.
4. I undertake to pay you the cost of repair of my vehicle and all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf, in the event the contents of my accident report is untrue or inaccurate or not believed by the court.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise 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.

Upon settlement of the third-party claim and in case the settlement monies is sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repair settled and related expenses, costs and disbursement incurred.

My/Our insurer is/are

Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Excess: \_\_\_\_\_



Owner's Signature/Co's Stamp (if applicable)

Witness Signature/Name

Date: \_\_\_\_\_

Attn: Motor Claims Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. SNB712SB & SJS1594C ALONG  
VERDE CRES ON  
21.04.2023.

I/We, the registered owner of vehicle registration no. SNB712SB which was  
involved in the above accident with vehicle no. SJS1594C insured by  
\_\_\_\_\_ hereby authorize that any payment due to me/us from the above  
said claim be paid to **GALAXY AUTO CARE PRIVATE LIMITED**.

I/we hereby indemnify **GALAXY AUTO CARE PRIVATE LIMITED** against all claims and/or  
damages which may arise from all actions taken for or on my/our behalf.

Yours faithfully



Owner Signature (company stamp if applicable)

Name in Full: MUHAMMAD HAFIZ BIN AB RAHMAN

NRIC / FIN / UEN No: S8819738J

Address: 184 VERDE CRESCENT SINGAPORE 688504

# LETTER OF AUTHORITY

To:

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. SNB7125B & SJS1594C ALONG  
VERDE CRES ON  
21-04-2023.

I hereby authorize you to release the sum of \$ \_\_\_\_\_ being the settlement sum  
for my property damage claim only to my (solicitors, workshop)

\_\_\_\_\_.

Yours faithfully,



Claimant's signature / company stamp (if applicable)