LETTER OF DEMAND

Date	:	**20-07-23**	**Our Ref:**	SKQ6522B
Attn To	:	**Allianz Insurance Singapore Pte Ltd**	**Your Ref:**	SLD511D
Dept	:	**Motor Claims Department**	**Date of Accident:**	26-06-23
Address	:	79 Robinson Road,#09-01, Singapore 068897	**Time of Accident:**	7:35 AM

Dear Sir/Mdm,

Please refer to the accident involving my/our vehicle no. **SKQ6522B** and vehicle(s) no. **SLD511D** had taken place at /along **TPE TOWARDS CHANGI** on date **26-06-23** at about **7:35 AM** hours.

Acting on the behalf of **NG KAR YEEN** the registered vehicle owner of **SKQ6522B** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SLD511D** .

As a result of which, our client have suffered loss and expenses.
*(Remark: The number of repair days approved by Surveyor is not inclusive of Saturday, Sunday and Public Holiday.)

We are instructed by our client to claim for :

1 .	Cost of Repair	(Agree with Surveyor)	$3,456.00	**($3200 with 8% gst)**
2 .	Loss of Use	(5 days)	$ 400.00	**($80 per day)**
3 .	LTA Search		$ 26.75	
4 .	Towing Fee		$ -	
		TOTAL AMOUNT:	**$3,882.75**	

We hereby enclosed the following documents for your consideration :

A) Original Final Repair Bill
B) GIA Report Lodged by Our Client
C) Owner/ Driver Nric/ Driving Licence
D) Certicate of Insurance
E) LTA Search Invoice / Rental Agreement and Invoice
F) Letter of Authourity / Satisfaction Voucher

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

Your Faithfully,

Aun Nee

Person-In-charge	:	Leow Aun Nee
Mobile	:	83633061
Email	:	claims@carzauto.com.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. _SKQ6522B_ AND _SLD5111D_

AT/ALONG _TPE TWDS CHANGI_

ON ___26___ DAY ___06___ MONTH ___2023___ YEAR

a) I/We, the owner of vehicle no. _SKQ6552B_ hereby instruct and authorize you to commence repair to the said vehicles.

b) You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.

c) You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.

d) Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.

e) In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.

f) In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.

g) If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.

h) I/we have read and understand the above statement and agreed.

Dated this ___26___ day ___06___ month ___2023___ year

Signature : _~~~_

Name : _NG KAR YEEN_

NRIC/ROC No. : _S1697283E_

Address : _BLK 362, WOODLANDS AVE 5_
_#10-414_
_S(730362)_

Company Stamp

Carz Auto Services Pte Ltd

10 Admiralty Street, #06-91
North Link Building, Singapore 757685
Tel: 6909 3080   Fax: 6909 3081   Email: claims@carzauto.com.sg
UEN/GST: 201409457D

FINAL REPAIR BILL

Date	:	12-07-23
Our Ref	:	SKQ6522B
Your Ref	:	SLD511D

Vehicle Number : SKQ6522B
Make/Model : Toyota
Date of Accident : 26-06-23

Repair Cost:

SKQ6522B $ 3,200.00

8% GST: $ 256.00
GRAND TOTAL: $ 3,456.00

ISSUED BY

Aun Nee

Person-In-charge	:	Leow Aun Nee
Mobile	:	83633061
Email	:	claims@carzauto.com.sg

Print Date/Time :	26 Jun 2023 / 10:40:04
Receipt Date/Time :	26 Jun 2023 / 10:39:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230626-000994

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 - SLD511D As at 26 Jun 2023/07:35:00 Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.			
1	Insurance Enquiry - SLD511D			
	Enquiry Fee	24.77	1.98	26.75
	20230626103810354221			
	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			
	20230626103903188	Direct Debit: eNETS Debit (Internet Banking)		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.