



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, Singapore 575721
Tel: 6455 0012 | Fax: 6554 0012 | Email: main@completevms.com.sg
Web: www.completevms.com.sg | Social: www.fb.com/completevms

Your Ref : SKZ6594X

(Joy)

Our Ref : TPDS18013 - SJM150M

5th March 2018

By Postage

AIG ASIA PACIFIC INSURANCE PTE LTD

78 Shenton Way #07-16
Chartis Building
Singapore 079120

Attention: Motor Claims Department

Dear OIC,

**ACCIDENT INVOLVING VEHICLE: SJM150M AND SKZ6594X ALONG VISTA EXCHANGE
GREEN- JUNCTION - OPP STAR VISTA ON 23/02/2018**

We are the authorized repair workshop for the owner of motor vehicle no. **SJM150M**, which is involved in the captioned accident with your insured vehicle **SKZ6594X**. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1	Cost of Repair	S\$ 2,942.50
2	5Days Loss of use @ \$120	S\$ 600.00
3	LTA Search fee	S\$ 7.45
		<hr/> S\$ 3,549.95 <hr/>

We enclosed herewith the following documents to support the claims:-

- a. GIA Report
- b. Proforma invoice
- c. LTA Search fee

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you
Yours Faithfully

Chiu Siong Lim
6455 6012
For Complete VMS Pte Ltd

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Thursday, 15 March 2018 3:09 PM
To: 'cqycyx@singnet.com.sg'
Cc: Vivian Lau (LKKAuto); Admin A
Subject: ACCIDENT INVOLVING SKZ 6594X AND SJM 150M ON 23/02/2018 ALONG JUNCTION OF VISTA GREEN/ROCHESTER ROAD

AIG REF: 6914138971SG
LKK REF: CC4/AIG18003589/Kjb3

CHUA KIN HONG
Policy Holder

Dear Sir,

ACCIDENT INVOLVING SKZ 6594X AND SJM 150M ON 23/02/2018 ALONG JUNCTION OF VISTA GREEN/ROCHESTER ROAD

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 7 days from the date of this letter.

Please note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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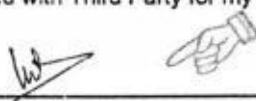
To: Complete VMS Pte Ltd
176, Sin Ming Drive,
#03-14, Sin Ming Autocare Complex
Singapore 575721

LETTER OF AUTHORIZATION

RE: ACCIDENT BETWEEN SJM150M/SKZ6594X (Vehicle Numbers)
ON 23/02/18 (Date of Accident) AT Vista Exchange Green

1. I/We, the owner of vehicle no. SJM150M hereby appoint you to act for me to repair and recover damages sustained to my vehicle in the above accident from the third party driver and / or his / her insurers.
2. In this respect, I/We have authorized you to repair, correspond, negotiate and settle on my behalf, all claims against the parties involved in the subject accident. All final financial awards in my favor pertaining to the subject accident claim are to be paid to Complete VMS Pte Ltd.
3. By way of this Letter of Authorization, I/We also further authorized you to sign all Discharge Vouchers and any other related documents in settlement of the subject accident claims. I/We hereby undertake to ratify and reaffirm such signing of Discharge Vouchers and/or documents from any third party insurers by us.
4. During the settlement process with the third party insurers / drivers, you may act fully on my behalf and all negotiations and correspondences given by you to the third party insurers / driver are as if given directly from me. With regards to the settlement of the above subject accident claim, I/We agree and undertake to ratify all correspondences and negotiations given by you to the third party insurers / driver and further agree and undertake to be bound by all acts performed or carded out by you.
5. I/We understand that should the subject accident claims fail or not able to reach an amicably settlement with the third party insurers or driver, I/We will have to appointed a solicitors by way of signing a warrant to act in present of the appointed solicitor to further pursue the matter and to commence legal proceedings in Court in my/our name against the third party driver and/or his employers (if applicable). I/We further agrees that should I/We fails or disagrees to appoint a solicitors at that stage, I/We shall be fully liable for all costs incurred to you until that point of time.
6. I/We further confirm my/our understanding that I/We shall render my/our full co-operation pertaining to the settlement of the subject accident and method of repair adopted shall be in accordance to the standard practices of the industry and will be at the full discretion of you.
7. I/We hereby agree that upon settlement of the above subject accident claim, I/We are required to sign Discharge Voucher/s issued by the third party insurers. After which all settlement monies shall be used to settle all costs and fee incurred to carry out the above subject accident repairs and claims. This settlement monies shall constitute a full discharge of your payment obligation to us.
8. Any indemnity / discharge voucher signed by the workshop is without prejudice to my rights to claim for compensation for my personal injury (if any). Complete VMS Pte Ltd is only authorized to negotiate and finalized with Third Party for my property damages

Signature :



Witness's Name & Signature

Name :

Christopher Way

Date :

24/2/18

Company Stamp (if applicable) :

Email :

RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

"We/I, COMPLETE VMS PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$2,942.50 (Repair Cost), S\$300.00 (Loss of Use) \$7.45 (Disbursement), for vehicle no. SJM 150M that was damaged pursuant to the accident which occurred on 23/02/2018 (date) along JUNCTION OF VISTA GREEN/ROCHESTER ROAD (location) involving vehicle no/s SKZ 6594X. This is pursuant to the inspection conducted on 26/02/2018 (date) at "the workshop".

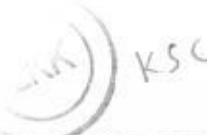
We/I confirm that we/I are/am authorized by the owner CHRISTOPHER WANG FUT KENG ("the third party claimant") of vehicle no. SJM 150M make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".



We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SJM 150M (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 19 (day) of March (month) 2018 (year)


Signed by appointed surveyor

 
Signed by "the workshop" (with chop)

This indemnity is signed without prejudice
to my rights to claim for compensation
for my personal injury.

COMPLETE VMS PTE LTD

176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, S575721
Tel: 6455 0012 Fax: 6554 0012 Email: main@completevms.com.sg
Business Reg. No. 200416180E GST Reg. No.: 200416180E



AIG ASIA PACIFIC INSURANCE PTE LTD
78 Shenton Way #07-16 Chartis Building
Singapore 079120

Attention : MOTOR CLAIMS DEPT

Proforma Invoice : TP006273

Date : 05/03/2018
Vehicle Num. : SJM150M
Make/Model : TOYOTA VIOS J AUTO-2008
Chassis/Eng# : MR053HY9305079964/1NZX803773
Accident Date : 23/02/2018
Claim No. :
Reference :
Policy No. :

	Amount S\$
COST OF REPAIR AS AGREED	2,750.00

SingDollars : Two Thousand Nine Hundred Forty-Two & Cents Fifty Only

A handwritten signature in black ink, appearing to be 'Lh' or similar, located below the SingDollars text.

COMPLETE VMS PTE LTD

Total S\$:	2,750.00
GST S\$:	192.50
Amount Due S\$:	2,942.50
	=====



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Feb 2018 / 11:30:43

Receipt Date/Time : 24 Feb 2018 / 11:30:43

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180224-000405

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKZ6594X

As at 23 Feb 2018/00:00:01

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SKZ6594X

Enquiry Fee

20180224112941063711

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49**Total Before Rounding** 7.00 0.49 7.49**Rounding Difference** 0.04**Total Amount Payable** 7.45

Paid By

xxxxxxxxxxxx5909	Credit Card	7.45
	Visa/MasterCard	

Total 7.45**Cash Change** 0.00**Tendered Amount** 7.45**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.