

Third Party Direct Settlement
Letter of Authority

1. Accident involving vehicle number SJC3583E & 3KK7945P at Slip Road from Pasir Ris Dr 8 to Pasir Ris Dr 1 on 22/07/2016.
2. I, Ng Tian Chok NRIC S1683681H, owner of motor vehicle no. SJC3583E hereby authorize my repair workshop, namely Autolution Industrial Pte Ltd to act for me with respect to the following:
 - a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - b) To resolving my claim as they deem fit, including settling the matter on basis of my contributing negligence if any.
 - c) To receive payment for settlement of my claim and all payment be made payable to the workshop for cost of repairs and other uninsured losses.
 - d) To sign discharge voucher on my behalf.
3. I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report to be required for repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for the extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
4. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insures of the other vehicle is concerned.
5. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment:
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Dated this 16 (Day) of 12 (Month) 2016 (Year)

Claimant Particulars

Name: Ng Tian Chok
Address: Blk 491D Tampines St 45
#05-236 S(523491)
Tel No.: 96361536

Signature: _____

Authorized Workshop

Workshop: Autolution Industrial Pte Ltd
Claim Officer: Muhammad Husni

Signature
& Co. Stamp:

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

LETTER OF CLAIM FOR UNINSURED LOSS

Insurance Company: AXA Insurance (S) Pte Ltd

Date: _____

Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir,

Subject: Accident involving vehicle number SJC3583E & SKK7945P
at Slip Road from Pasir Ris Dr 8 to Pasir Ris Dr 1 on 22/07/2016.

I am the owner of Vehicle Number SJC3583E which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing Registration Number SKK7945P, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess Payment for OD Claim	\$ _____
Loss of Usage (\$\$/day) for <u>3</u> days	\$ <u>240</u>
Car Rentals as per Invoice Attached	\$ _____
Search Fee	\$ _____
Others <u>Cost of repairs</u>	\$ <u>1836.67</u>
Total Claim Amount	\$ <u>2076.67</u>

Enclosed please find copies of GIA Report, Invoices and Certificate of Insurance for your necessary review.

Kindly reply me within 14 days from the date hereof, or alternatively let me have the full and final settlement for all uninsured loss which amounted to \$ 2076.67, failing which I will have to recover all losses via legal action. Please also note your prompt action will help to reduce the claim cost.

Yours sincerely



Name : Ng Tian Hock

Address: Blk 491D Tampines St 45
#05-236 S523491

Tel. No: 9636 1536