



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 : SLS9580R

Our Ref : TPDS18074- SLH6013P

18th July 2018

By Postage

AXA INSURANCE SINGAPORE PTE LTD

8 shenton Way #27-01

AXA Tower

Singapore 068811

Attention: Motor Claims Department

Dear OIC,

**ACCIDENT INVOLVING VEHICLE: SLH6013P AND SLS9580R ALONG TAMPINES AVE 10
FILTER TO TAMPINES AVE 5 ON 30/03/2018**

We are the authorized repair workshop for the owner of motor vehicle no. **SLH6013P**, which is involved in the captioned accident with your insured vehicle **SLS9580R**. 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\$ 9,202.00	(inclusive GST)
2	12Days LOU @ \$100	S\$ 1,200.00	
3	LTA search fee	S\$ 7.45	
		<u>S\$ 10,409.45</u>	

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 0012

For Complete VMS Pte Ltd

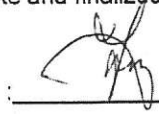
To: Complete VMS Pte Ltd
176, Sin Ming Drive,
#03-14, Sin Ming Autocare Complex
Singapore 575721

LETTER OF AUTHORIZATION

RE: ACCIDENT BETWEEN 84H 6013P / 86S P580R (Vehicle Numbers)
ON 30/3/2018 (Date of Accident) AT Tampines Ave 10 Filter to Tampines
Ave 5

1. I/We, the owner of vehicle no. 84H 6013P 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

LEE HWEE HUAN

Date

30/3/18

- Company Stamp (if applicable) : _____

Email:



redefining / insurance

CLAIM REF : S8M00CIB
INSURED : LIM FUNG HUEE

DISCHARGE VOUCHER

We/I (LEE HWEE HUAT. S1684842E) hereby agree to accept the sum of dollars **Nine Thousand and Nine Hundred Only** (S\$ 9,900.00) paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. **SLS 9580R** as a result of an accident along **TAMPINES AVE 10 FILTER TO TAMPINES AVE 5** on **30/03/2018** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SLH 6013P**.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. **SLS 9580R** in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. **SLS 9580R**.

Dated this 17 day of 11 2018

Claimant's Signature : 

NRIC no./ Company Stamp : S1684842E

Occupation/ Business : Technician

Address : 197 Rivervale Drive #17-703 (540197)

Telephone No. : 92364316

Witness's Name : Gan Li Hui

Witness's Signature : 

Witness's NRIC No. : S8780056C

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



AXA INSURANCE (S) PTE LTD
8 SHENTON WAY #27-01
AXA TOWER, SINGAPORE 068811

Tax Invoice : VM013868

Invoice Date : 19/11/2018
Vehicle Num. : SLH6013P
Make/Model : HONDA VEZEL 1.5X A
Mileage(Km) :
PO/NO/RO# :
Ref./Remark : S8M00CIB

S/N	Quantity	Particular	Unit Price	Amount S\$
		COST OF REPAIR AS AGREED AT		8,600.00

SingDollars : Nine Thousand Two Hundred Two Only

A handwritten signature in black ink, appearing to be a stylized 'A' or 'R'.

COMPLETE VMS PTE LTD

Total S\$: 8,600.00
GST S\$: 602.00
Amount Due S\$: 9,202.00
=====

Terms : 30 Days



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

Print Date/Time : 31 Mar 2018 / 11:02:40

Receipt Date/Time : 31 Mar 2018 / 11:02:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180331-000270

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SLS9580R				
As at 30 Mar 2018/00:00:01				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SLS9580R Enquiry Fee 20180331110138258474	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				
	20180331110158806	Direct Debit: eNETS Debit (Internet Banking)		7.45
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.