

To: AXA Insurance Pte Ltd

Singapore 068811

AXA Tower

8 Shenton Way #24-01

ZOOM AUTOWERKS PTE LTD

130 Bedok Reseroir Road,

#08-1339 Singapore 470130

email: zoomautowerks@gmail.com | Contact: 9450 7920

Co. Reg No.: 201725603G

INVOICE

Invoice No.

: ZI0000046

Date

: 15/5/2018

VRN

: SLD 4551 L

DOA

Make & Model: Toyota Sienta : 31/3/2018

Terms

: COD

S/N.	Description	Qty	U/P	Amt
	Repair & Respray Accident Affected Portions			10,500.00
2	Loss of Rental			1,100.00
3	ITA Search Fee			7.45

\$11,607.45 TOTAL:

I agree to the price as listed above and confirm that goods are received in good condition.



(by Zoom Autowerks Pte Ltd) (Customer's Signature)



CLAIM REF

: S8M00CIA

INSURED

: FAUZIAH BINTE ISMAIL

DISCHARGE VOUCHER

We/I, LOW LEONG CHAI, NRIC NO.S1249204I hereby agree to accept the sum of dollars ELEVEN THOUSAND SIX HUNDRED SEVEN AND CENTS FORTY FIVE ONLY (\$\$11,607.45) 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. SLV 7964P as a result of an accident along PIE TOWARDS JURONG on 31/04/2018 of which we/I were/was the driver/ owner/hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLD 4551L.

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. <u>SLV 7964P</u> 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. <u>SLV 7964P.</u>

Dated this	day ofUNIV	2018
Claimant's Signature	: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-
NRIC no./ Company Stamp	:	_
Occupation/ Business	:	_
Address	: 561 Cha Chu rang North 6 =	#11-86 S(6805B1)
Telephone No.	:	_
Witness's Name	: <u>Cai Gianwen</u> , Elin	-
Witness's Signature	:	-
Witness's NRIC No.	: s89014991	-

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