



redefining / insurance

CLAIM REF : S8M00I40  
INSURED : LIM CHONG KOON

DISCHARGE VOUCHER

We/I, CHONG CHEE HOE, NRIC NO. S6934593Z hereby agree to accept the sum of dollars FOUR THOUSAND TWO HUNDRED ONLY (S\$4,200.00) 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. SJZ 3403X as a result of an accident along MAJU AVENUE on 21/08/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLU 45T.

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. SJZ 3403X 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. SJZ 3403X.

Dated this 24 day of January 2018.

Claimant's Signature

: [Signature]

NRIC no./ Company Stamp

: S6934593Z

Occupation/ Business

: SALES

Address

: BHK 627 NAGIR RIV DR3 #12-330 J(510627

Telephone No.

: 98331225

Witness's Name

: Gan Li Hui

Witness's Signature

: [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 #24-01  
AXA TOWER, SINGAPORE 068811

Tax Invoice : VM014062

Invoice Date : 24/01/2019  
Vehicle Num. : SLU45T  
Make/Model : BMW 520i  
Mileage(Km) :  
POWO/RO# :  
Ref./Remark : S8M00140

S/N	Quantity	Particular	Unit Price	Amount S\$
		COST OF REPAIR AS AGREED AT		3,250.00

SingDollars : Three Thousand Four Hundred Seventy-Seven & Cents Fifty Only

A blue ink signature, likely of a representative from Complete VMS Pte Ltd.

Total S\$ :	3,250.00
GST S\$ :	227.50
Amount Due S\$ :	3,477.50
	=====

Terms : 30 Days

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 SLU 45T / SJZ 3403X (Vehicle Numbers)  
ON 21/05/2018 (Date of Accident) AT Maju Ave.

1. I/We, the owner of vehicle no. SLU 45T 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 : Chong Chee Hoe

Date : 21/5/2018

Company Stamp (if applicable) : \_\_\_\_\_

Email: \_\_\_\_\_