



Vermogen ACE Pte Ltd

1 Bukit Batok Crescent
#05-23 Wcega Plaza
Singapore 658064
Co. Reg No.: 201606023C GST Reg No.: 201606023C
Tel: 6694 4919 Fax: 6694 4929
Email: vermogenace@gmail.com



60104403

Yr Ref : CB7553D
Our Ref : SLQ6217X

3 0 1 9 4 5 7 0 0 6 - - -

15 AUGUST 2018

Without Prejudice

Attn: Motor Claim Dept

AXA INSURANCE (S) PTE LTD
8 Shenton Way,
#27-01/02 AXA Tower
Singapore 068811

Dear Sir/Mdm,

**Accident involving SLQ6217X & CB7553D on 22/06/2018 16:20 hrs at along SOPHIA ROAD
INFRONT OF PEACE CENTRE**

We refer to the above said accident.

As instructed, we are claiming the following as stated below:-

1. Cost of repair	\$	17,419.60
2. Loss of use (\$100 x 16 days)	\$	1,600.00
3. Surveyor Fee	\$	1,037.00
4. GIA search fee	\$	2.00
Total	\$	20,058.60

We enclosed herewith relevant document as stated below:-

1. Accident report
2. Final Repair Bill
3. Letter of authority
4. Surveyor report
5. GIA search receipt

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

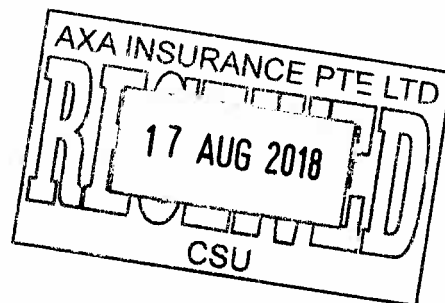
Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thank you.

Best Regards,



Pila (Claim Dept)
Vermogen ACE PTE LTD
Tel: 6358 3031 | Fax: 6694 4929
Email: pila@vermogen-group.com





Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23
WCEGA PLAZA S(658064)
TEL : 6694 4919 FAX : 6694 4929
CO & GST REG NO : 201606023C

Tax Invoice: 19873

AXA Insurance Singapore Pte.Ltd.

8 Shenton Way,
#27-01/02 AXA Tower
Singapore 068811

Tel: +65 6880 4741 Fax: +65 6880 4838

Bill Date: 15/8/2018

Vehicle No: SLQ6217X

Vehicle Model: MIT LANCER EX

Date of Accident: 22/06/2018

Claim No:

Attn: Motor Claims Dept

S/N	QTY	Descriptions	Unit Price	Amount S\$
1		Lumpsum repair		16280.00

E. & O.E.

Total S\$ 16280.00

GST 7% S\$ 1139.60

Amount Due S\$ 17419.60



for Vermogen ACE Pte Ltd



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-097795
Date of Request: 27/06/2018

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd
Blk B, 44 Benoi Rd
Singapore 629904

Dear Sir/Madam,

Enquiry Date 27/06/2018
Enquiry By Lim Jian Zhi, Edmond
TP Vehicle No. CB7553D
Accident Date 22/06/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
CB7553D	AXA Insurance Pte Ltd	01/08/2017-31/07/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-097795

Date of Request: 27/06/2018

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd
Blk B, 44 Benoi Rd
Singapore 629904

Dear Sir/Madam,

Enquiry Date 27/06/2018
Enquiry By Lim Jian Zhi, Edmond
TP Vehicle No. CB7553D
Accident Date 22/06/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

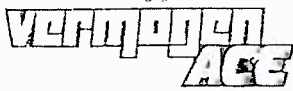
Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA 5(658064)
TEL : 6694 4919 FAX : 6694 4929
Email : vermogenace@gmail.com
REG No : 201606023C

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLQ6217X, CB7553D
& SKR6263T ALONG SOPHIA ROAD
INFRONT OF PEACE CENTRE ON
22/06/2018, 1620HRS.

I/We LCRF PTE LTD UEN/NRIC NO. 201624597K owner of Vehicle No. SLQ6217X, hereby authorise M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to forward the claim for damages sustained in the above accident to the third party driver and /or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in consideration of you giving up your repairer's lien. I/We agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my /our behalf) shall accept this as my/our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject liability, I/We will fully be responsible for the repair costs and other incidentals.

I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event of the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.



Owner Signature
(Company Stamp if applicable)

TO:

Dear Sirs,

CLAIMANT:

ACCIDENT INVOLVING SLQ6217X, CB7553D and SKR6263T on 22/06/2018 At 1620HRS .

I/WE LCRF PTE LTD, am/are the registered Owner of Vehicle No. SLQ6217X .

Please note that I have assigned all compensation monies due -to me/us in the above said accident to **Vermogen ACE Pte Ltd**.

I/We, hereby authorize you to release **all** compensation monies pertaining to the above said accident to **Vermogen ACE Pte Ltd** and forward your settlement cheque to **Vermogen ACE Pte Ltd** whom I/we had authorized to collect the said compensation monies ..

Thankyou.



Signature of Claimant

(company Stamp, if applicable)

Name : LCRF Pte Ltd

NRIC No. : _____

Date : 27/6/18