



COMPLETE VMS PTE LTD *The Premier One-Stop Vehicle Accident Claims Centre*  
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Your Ref : SJX180T  
Our Ref : TPDS18097 - SKC5137K

8th September 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: SKC5137K AND SJX180T ALONG JUNCTION OF  
WOODLANDS DRIVE 40 & WOODLANDS AVE 4 ON 27/07/2018**

We are the authorized repair workshop for the owner of motor vehicle no. **SKC5137K**, which is involved in the captioned accident with your insured vehicle **SJX180T**. 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\$ 4,547.50	(inclusive GST)
2	5Days Rental @ \$200	S\$ 1,000.00	
3	GIA search fee	S\$ 29.00	
		<u>S\$ 5,576.50</u>	

We enclosed herewith the following documents to support the claims:-

- a. GIA Report/Rental invoice
- b. Proforma invoice/GIA 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



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

10 SEPT 2018

**NG GUAN CHENG SIMON**  
65 ROSEWOOD DRIVE  
#05-30  
SINGAPORE 737875

Dear Sir/ Mdm

**OUR REF : CC4/ASM18014466/Kpa3**  
**YOUR REF : P2128392 (SJX 180T)**  
**ACCIDENT INVOLVING SJX 180T AND SKC 5137K ALONG/AT WOODLANDS DR 4**  
**TWDS WOODLANDS ST 53 ON 27/07/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from COMPLETE VMS PTE LTD acting on behalf of the owner of SKC 5137K against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to [chewht@lkkauto.com](mailto:chewht@lkkauto.com) within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6742 3197 or email us at [chewht@lkkauto.com](mailto:chewht@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: [chewht@lkkauto.com](mailto:chewht@lkkauto.com)

Cc     *AXA Insurance Pte Ltd*  
         *(Motor Claims Dept)*

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

**LETTER OF AUTHORIZATION**

RE: ACCIDENT BETWEEN SKC5137K / SJX180T (Vehicle Numbers)  
ON 27/7/2018 (Date of Accident) AT Junction of Woodlands Drive 40 & Woodlands Ave 4

1. I/We, the owner of vehicle no. SKC5137K 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 :

Cheong Kwee Ying

Name :

Cheong Kwee Ying

Date :

12-8-18

Witness's Name & Signature

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

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



redefining / insurance

CLAIM REF : S8M00RAK  
INSURED : NG GUAN CHENG SIMON

DISCHARGE VOUCHER

We/I, **CHEONG KWEE YING**, NRIC NO. **S2532794B** hereby agree to accept the sum of dollars **FIVE THOUSAND ONLY (\$5,000.00)** 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. **SJX 180T** as a result of an accident along **JUNCTION OF WOODLANDS DR 40 & WOODLANDS AVE 4** on **27/07/2018** which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SKC 5137K**.

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. **SJX 180T** 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. **SJX 180T**.

Dated this 1 day of 12 2018

Claimant's Signature : 

NRIC no./ Company Stamp : S2532794B

Occupation/ Business : \_\_\_\_\_

Address : 767 Woodlands Circle # 08-338 S 730767

Telephone No. : 96918388

Witness's Name : Darren Chiu Kay Meng

Witness's Signature : 

Witness's NRIC No. : S8021898B

# 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 : VM013903

Invoice Date : 01/12/2018  
Vehicle Num. : SKC5137K  
Make/Model : VOLKSWAGEN JETTA  
Mileage(Km) :  
PO/NO/RO# :  
Ref./Remark :

S/N	Quantity	Particular	Unit Price	Amount S\$
		COST OF REPAIR AS AGREED AT		4,178.50

SingDollars : Four Thousand Four Hundred Seventy-One Only

COMPLETE VMS PTE LTD

Total S\$ : 4,178.50  
GST S\$ : 292.50  
Amount Due S\$ : 4,471.00  
=====

Terms : 30 Days



35 Eden Grove, Singapore 539085  
Co. Reg. No.: 200717924R

# INVOICE

No: 2178

To: CHEONG KWEE YING

c/o Complete VMS Pte Ltd

Date: 8. Sep. 2018

Vehicle No: SJV6086D

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Rental for 5 days	\$200.00	\$1,000.00
	13/8/2018 to 18/8/2018		
	Reference: SKC5137K		

Cheques should be crossed and made payable to "COMPLETE LEASING PTE LTD"

TOTAL

\$1,000.00

I/ We hereby confirm the order

for COMPLETE LEASING PTE LTD

Authorized Signature & Company's Stamp

Order checked & accepted by



35 Eden Grove, Singapore 539085  
Co.Reg. No.: 200717924R

SKC537K

VEHICLE RENTAL AGREEMENT

STA No: 002104

HIRER'S PARTICULAR

Name : (as in I/C) Cheong Kwee Ying  
NRIC / Passport No: S2532794B  
Address: \_\_\_\_\_

ADDITIONAL DRIVER'S PARTICULARS

Name : (as in I/C) Zaccheus Lee Kai Sen  
NRIC / Passport No: \_\_\_\_\_  
Address: \_\_\_\_\_

REMARKS

Veh. No: SV6086D Replace Veh. No: \_\_\_\_\_  
Mileage Out: \_\_\_\_\_ Mileage Out: \_\_\_\_\_  
Out : Date 13/8/2018 Out : Date \_\_\_\_\_  
Out : Time 2:30pm Out : Time \_\_\_\_\_

RENTAL CHARGES		
Daily	5 @ \$ <u>200/-</u>	\$ (1000.00)
Monthly	@ \$	
Delivery Charges @ \$		For
Others	@ \$	
SUB TOTAL \$		(1000.00)

PETROL: Empty, 1/8, 1/4, 3/8, 1/2, 5/8, 3/4, 7/8, Full

INSURANCE EXCESS PAYABLE ON CLAIM

Hirer is responsible for the first \$ \$2000 - excess  
for Collision / Damages to 1st party (i.e.) COMPLETE LEASING P/L  
vehicle (inc. windscreen) and also first \$ \$2000 - excess  
for Collision / Damages to 3rd party's vehicle for each and every  
accident / damages.

Hirer's Signature: \_\_\_\_\_

Cheong Kwee Ying

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.

IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR USE IN SINGAPORE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT FROM THE COMPANY COMPLETE LEASING PTE LTD
- IN THE EVEN OF AN ACCIDENT, THE HIRER OF AUTHORIZED DRIVER;  
(i) shall report all accidents involving the said vehicle to the owner immediately,  
(ii) shall NOT admit liability or sign any settlement documents with any 3rd parties
- THIS AGREEMENT IS SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE SIDE

EXCESS:  
ADDITIONAL \$2500  
FOR 22 TO 27 &  
ABOVE 65 YEARS OLD

DATE IN	TIME IN	CHECKED BY	SIGNATURE OF HIRER / DRIVER
<u>18/8/2018</u>	<u>2:10pm</u>	<u>[Signature]</u>	<u>Cheong Kwee Ying</u>



## TAX INVOICE

Our Ref No: GR-18-122706  
Date of Request: 10/08/2018

Your Ref No: WALK IN CHIU KM

COMPLETE VMS PTE LTD  
176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX  
SINGAPORE 575721

Dear Sir/Madam,

Your Vehicle No: SKC5137K  
Date of Accident: 27/07/2018  
Place of Accident: WOODLANDS DR  
Involving Vehicle No: SJX180T

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-18-122708

Date of Request: 10/08/2018

Your Ref No:

WALK IN CHIU KM

COMPLETE VMS PTE LTD  
176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX  
SINGAPORE 575721

Dear Sir/Madam,

Date of Accident: 27/07/2018

Vehicle No: SKC5137K

Place of Accident: JUNCTION OF WOODLANDS DR 40 & WOODLANDS AVE 4

Involving Vehicle No: SJX180T

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJX180T	JUNCTION OF WOODLANDS DR 40 & WOODLANDS AVE 4	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque