



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJL 918X (Insd veh)	Model:
	SLN 1044B (TP veh)	
Date of Accident/ Time:	09/08/2018	

Repair Estimate	: \$	
Final Repair Cost	: \$	2,625.76
Loss of Use	: \$	240.00 04 days at \$ 60.00 per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	2.00
Others:	: \$	
	: \$	
Final Settlement Sum	: \$	2,867.76

Payee Name : Autolution Industrial Pte Ltd

Is Third Party Workshop GIA Registered? [ X ] YES [ ] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	BOLA Liability: _____ 100 (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		


## NOTE:


1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

  
AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408622  
TELEPHONE: 6490 9068 FAX: 6346 7111  
Signature of workshop representative / Workshop stamp  
Name of Representative:  
Date:

  
Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Hamsah Saad  
Date: 20/6/2019

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date:

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408622  
TELEPHONE: 6490 9068 FAX: 6346 7111

**AUTOLUTION INDUSTRIAL PTE LTD**

In Association with Tan Chong Motor Sales Pte Ltd  
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483  
Business Reg. No.: 199500871W  
GST Reg. No.: M2-8920338-9



**TAX INVOICE**

GST REG: M2-8920338-9

NAME : AXA INSURANCE PTE LTD  
ADDRESS : 8 SHENTON WAY  
TELEPHONE : #27-01 AXA TOWER S(068811)  
MODEL : 68804741  
ENGINE NO : FRLARBZJ11UEA--A--  
CHASSIS NO : HRA2409600A  
VEHICLE NO : SJNFEAJ11U1924649  
SLN1044B

INVOICE NO. :  
INVOICE DATE : W32146958  
TERMS : 18-JUN-2019  
DATE REC'D : CREDIT  
SA/SE : 02-MAY-2019  
JOB NO : ELMER  
MILEAGE : HG802716  
YOUR REFERENCE : 043772  
INS/IC/EA/0465/18

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
1	LABOUR		
1	LABOUR CHARGES TO RAPAIR RH SIDE SILL, RENEW FRT RH FENDER & FRT RH DOOR		400.00
2	CHARGES TO SPRAY PAINTING SAME		500.00
3	RENEW FRT RH WHEEL RIM, TIRE AND BALANCING		NC
4	REMOVE AND TRANSFER FRT RH DOOR MECHANISH TO THE NEW FRT RH DOOR		NC
5	APPLY SEALANT TO FRT RH DOOR		NC
	<b>SUBTOTAL</b>		<b>900.00</b>
	<b>PARTS</b>		
1	RH FRT FENDER WHEEL ARC MOULDING		386.40
	Qty:1 @ \$483.00 each (Disc:20.00% After Disc:\$386.40each)		
2	FRT RH WHEEL ALUMINUM RIM		1231.90
	Qty:1 @ \$1231.90 each (Special Nett Item)		
	<b>SUBTOTAL</b>		<b>1618.30</b>
	<b>REMARKS</b>		
1	THIRD PARTY DIRECT SETTLEMENT		
2	INSURED VEHICLE NO SJL918X		
	<b>Insurance Co : AXA INSURANCE PTE LTD</b>		

DOLLARS:

*mbvllg*  
WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

**CUSTOMER**

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

**VEHICLE NO :**

RELEASE BY



www.tanchong.com

# AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd  
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483  
Business Reg. No.: 199500871W  
GST Reg. No.: M2-8920338-9



## TAX INVOICE

GST REG: M2-8920338-9

NAME : AXA INSURANCE PTE LTD  
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MODEL : 68804741  
ENGINE NO : FRLARBZJ11UEA--A--  
CHASSIS NO : HRA2409600A  
VEHICLE NO : SJNFEAJ11U1924649  
SLN1044B

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INVOICE DATE : W32146958  
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INS/IC/EA/0465/18

Page 2

### JOB DESCRIPTION

Credit terms 30

AMOUNT

Policy No..... : -  
Claim Type ... : DIRECT SETTLEMENT / THIRD PARTY CLAIM  
DOA..... : 09-AUG-2018  
Our Ref..... : INS/IC/EA/0465/18  
Surveyor..... : SURVEYOR FROM INSURANCE CO

LABOUR	:	900.00
PARTS	:	1618.30
SUBTOTAL	:	2518.30
ADD. DISCOUNT	:	64.32
TOTAL	:	2453.98
GST (7%)	:	171.78
AMOUNT DUE	:	2625.76

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)  
TWO THOUSAND SIX HUNDRED TWENTY  
FIVE AND CENTS SEVENTY SIX ONLY.

WORKSHOP MANAGER

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CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

18-05-2019

10:09:09

SLN1044B (HG802716/W32146958)

## LETTER OF AUTHORITY AND INDEMNITY

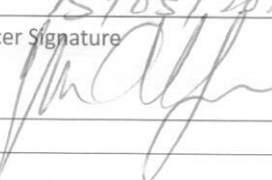

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng kee Road, Singapore 159097
- ☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

**Type of Claim:**

- ☒ Third Party (Direct Settlement)
- ☐ Own Damage (Recovery Claim)

**ACCIDENT INVOLVING VEHICLE REGISTRATION No.** SLN1044B **AND** ON 09/08/2018 **AT** JUNCTION OF NICOLL HIGHWAY AND MOUNT BATTEN

1. I, the owner of vehicle no. SLN1044B hereby instruct you and authorise you to act for me with respect to the following: -
  - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
  - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
  - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
  - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
  - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
  - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>LAWRENCE ALPHONSUS LEE KOK HAN</u>		Company Name <u>AUTOLUTION INDUSTRIAL PTE LTD</u>	
Address <u>BLK 503 TAMPINES CENTRAL</u>		Claim Officer's Name <u>EMER ALFONSO</u>	
Telephone No <u>1 # 09-289 81 (520503)</u>		Telephone No <u>9645 0084</u>	
Date <u>15/05/2019</u>	Email	Date <u>15/05/2019</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature	
			

**Autolution Industrial Pte Ltd**

Tan Chong Motor Sales Pte Ltd's Authorised Dealer  
19 Ubi Road 4  
Singapore 408623  
Tel (65) 64909666 / 67038680  
Fax (65) 68467483  
Business Reg. No.: 199500871W

DATE: 18.6.2019

YOUR REF: \_\_\_\_\_

OUR REF: INS/IC/EA/0465/18

The Motor Claims Department

AXA INSURANCE PTE LTD

ATTENTION TO CLAIMS OFFICER :

MOTOR CLAIM MANAGER

Dear Sir/ Madam,

Accident Involving:

MY CLIENT VEHICLE SLN1044B AND YOUR INSURED VEHICLE JL918X

Accident Date:

9/8/2018 TIME 17:40

Place and time of accident:

JUNCTION OF NICOLL HIGHWAY AND MOUNTBATTEN

RE: Direct Settlement for the Vehicle Number.

SLN1044B

On behalf of the owner of Motor Vehicle No.

SLN1044B

,which was involved

in the captioned accident

The Vehicle was surveyed by your appointed suveyor at **AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623**

and I based my claims on his recommendation for

SGD \$ 2867.76

being the repair cost and period of repair for

3

days.

(Strictly on a Without Prejudice Basis)

As the accident was cause by the negligent act of your insured

SJL918X

I am submitting this claim for your

consideration

COST REPAIR

SGD \$

2,625.76

COST OF LESS

3

DAYS (S) SGD\$

\$80

/DAY

SGD \$

240.00

(Please refer to authorization letter

GIA REPORT FEES (SGD\$ 12.00 FOR SEARCH FEE &amp; SGD\$ 15.00 FOR EACH

SGD \$

REPORT FEE

LTA SEARCH /SURVEY FEE

SGD \$

2.00

COST OF CAR RENTAL

DAY(S) SGD \$

SGD \$

SGD \$

TOTAL AMOUNT

SGD \$

2,867.76

We enclose herewith the following documents to support my claims,

- |                               |                          |
|-------------------------------|--------------------------|
| A. AUTHORIZATION LETTER       | E. FINAL REPAIR BILL (S) |
| B. LTA SEARCH                 | F. GIA REPORT (S) RESULT |
| C. INSURANCE CERTIFICATE ETC. | G. LETTER OF DEMAND      |
| D. CAR RENTAL INVOICE         |                          |

Kindly look into this matter and let me hear from you on the settlement of the owner's claims as soon as possible. Thank you.

Yours Faithfully

Elmer Alfonso

Service Executive

Tel: 67038691 HP: 96450084

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623

TAN CHONG  
INTERNATIONAL

www.tanchong.com





RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE6 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

## TAX INVOICE

Our Ref No: GR-18-123044  
Date of Request: 12/08/2018

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd  
911, Bukit Timah Road  
Singapore 589622

Dear Sir/Madam,

Enquiry Date: 12/08/2018  
Enquiry By: Eric Koh Yong Lang  
TP Vehicle No: SJL918X  
Accident Date: 09/08/2018

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:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque