AUTHORISATION TO ACT

I We. Nor Raihan Binte Juman the Third party claimant" of Blk 120
Marsiling Rise #10-56 (address), owner of SKB 4859 Y (vehicle no.) hereby
(address), owner of >KD 4071) (vehicle no.) hereby
authorize VIN'S MOTOR PTE LTD ("the workshop") to act for me with respect
to my claim for repair costs and or rental and/or loss of use ("claim") for my vehicle no.
SKB4859 Ythat was damaged pursuant to the accident which occurred on 17/12/18 (date)
along BKE towards Woodlands (location) involving
vehicle no's XD 5789 B ("the accident").
I further authorize the workshop to settle my above mentioned claim in a manner that
they deem fit and the workshop is further authorized to receive payment further to
settlement of my claim with payment cheque, s being made in favour of the workshop.
I further acknowledge that any settlement the workshop may reach on my behalf is on a
Without prejudice and without admission of liability basis insofar as the driver fowner
insurers of the other vehicle/s is concerned.
v 11
Dated this (day) of Pecember (month) 20 18 (year)
Muramby.
Signed by "the third party claimant" (with company stamp if applicable) Signed by "the workshop" (with company stamp)
(with company stamp if applicable) (with company stamp)



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	XD 5189B	(Insd veh)	
50-4586; II) 0-100-4500; - 00-450	SKB 4859Y	(TP veh)	Model: MERCEDES BENZ C180 KOMPRESSOR
Date of Accident/ Time:	17/12/2018 / 12:55		

Repair Est	imate	:\$	13,246.60	
Final Repa	ir Cost	:\$	7,971.50	
Loss of Us	e	: \$	- days at \$ per da	·
Rental (if a	any)	:\$	900.00 9 days at \$100.00 per da	
LTA / GIA	Search Fee	:\$	2.00	
Others:		:\$	-	-
		:\$		
Final Settl	ement Sum	:\$	8,873.50	
	ne : VIN'S AUTOMOTIVE GE			
Is Third Pa	arty Workshop GIA Register	ed?	[x] YES [] NO (Kindly indicate below)	
A)	For Non GIA Registere	d Work	shop: Agreed Liability(%)	
в)	For GIA Registered Wo	orkshop	: BOLA Applicable: Yes/ No BOLA Scenario No: 15	
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.

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Tan Jin Lei

14/05/2019

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

Signature of workshop representative / workshop stamp Name of Representative: **Lhong Chin Lint**

Date: 14/05/2019

vco

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

Date:



Sin Ming Autocity, 160 Sin Ming Drive #03-03 Singapore 575722

6453 2121 (4 lines) / 6458 1111 (24 hrs)

6459 9795 / 6459 0433

admin@vinsautogroup.com.sg

www.vinsautogroup.com.sg

Our Ref:

TP/122018/3720

Accident date: 17/12/2018

Your Ref:

XD5189B

Tax Invoice: VM20194004

Date:

17/04/2019

MOTOR CLAIM DEPARTMENT AXA INSURANCE (S) PTE LTD 8 Shenton Way #27-01 AXA Tower Singapore 068811

ESTIMATE COST OF REPAIRS TO

Vehicle No. : SKB4859Y Model: Mercedes C180

To supply spare parts

To remove and refix rear seat cushion & roof lining

To remove and refix rear undercarriage

To check wheel alignment

To repair rear damage

To spray painting

Total amount as agreed at lump sum repair Add 7% GST

7,450.00 521.50

7,971.50

VIN'S MOTOR PTE LTD

Please issue Cheque to: Vin's Motor Pte Ltd

Please transfer to: Vin's Motor Pte Ltd

UOB Current Account A/C No: 451-307-638-4

CAR RENTAL PTE LTD

OFFICIAL RECEIPT

n Ming Drive, Sin Ming AutoCity, #03-03, Singapore 575722. 53 2121 (4 Lines) Fax: 6459 9795 g. No.: 199201997H

No: 12037

ved from	halid Bi	n Awang		2
	One thou	usand Six	hundred	5
twenty	dollars	only		
payment of	rental	SFC2004P	(18/12 -	28/12)
	<u></u>			
28/12/1	8		13	
1620.	00		10	

CAR RENTAL PTE LTD

Sin Ming AutoCity, 160 Sin Ming Drive #03-03, Singapore 575722

Tel: 6453 2121 (4 Lines) Fax: 6459 9795

Co. Reg. No.: 199201997H

RENTAL AGREEMENT

	1	(\sim	()	
No:	- 1	6	/	7	/
		\circ	-	\sim	-

Make/Model Vehicle No. Usage 523; BMW SFC ZOO4 P Self Drive Private-Hire

Date: 18.17.7018

100 E A 100 E	HIRER'S F	PARTIC	ULARS	
Name : KHA	LID BEEN	BIN	AWANG	
Address: BLK	120 MARS	ILING	RISE	
#	10-56			
r	5)730120			15.
Email:				
Telephone (Home)	:			
(Office)	:			
(H/P)	: 9109	109		
NRIC or Passport No	.: 568195	427		
Nationality	: Singapo	rean		
Date of Birth	: 24.05 .1	968	Age:	
Driving Licence No.	: 5681954	22	Expires :	
Туре 3	: Local/Int	ı	ssued by : TP	
Driving Experience	: SINCE ?	ZI Dec	1991	
PDVL No.	:			

	(ir dineren	t from Hirer)
Name :		
Address :		
Email :		
Telephone (Home)	:	-
(Office)	:	
(H/P)	:	
NRIC or Passport No.	:	
Nationality	:	
Date of Birth	:	Age:
Driving Licence No.	:	Expires :
Туре	: Local/Int'l	Issued by :
Driving Experience	:	
PDVL No.	:	

DRIVER'S PARTICULARS

			CHA	RGES		
					\$	cts
9	Day(s)	@\$	80	/ day	1620	00
	Week(s)	@\$		/ week		
	Month(s)	@\$		/ month		
Collision	Damage Wa	iver (CD	W)			
Malaysia	Entry Charge	es				
Others:						
Total:						-
Security	Deposit (Cas	h/Cheque):)		
Grand To	otal				1620	00
Recipien	t's Signature:	•				
Date:						
	S	ECUR	TY DEF	OSIT REF	UND	
Security	Deposit Refu	NAME AND ADDRESS OF THE OWNER, TH				
Recipien	t's Signature:					E

VEHICLE CONDITION CHECK
I/We declare that the above particulars are true and correct in every respect, a

have checked the vehicle and affirm that there are no other defects (if any besides those listed in the diagram above. I/We have read and understood the terms and conditions of the hire agreement printed overleaf.

Stamp & Signature of Hirer

Signature of Driver (if different from Hirer)

Date

Date_

Date Out	18.12.2018		Date In	28/12/18	
Time Out	12.15	AMT PM	Time In	4.07	AM / EM
Mileage at delivery / pick up			Mileage on returnin	9	
Fuel level at delivery / pick up			Fuel level on return	ing	
Hire period expires on	at	. If unstated, rer	ntal period will be calculated	based on a 24 hr timeframe from th	e time of collection of vehicle.
Surcharge of fuel will be at S\$	per 1/4 ta	ank. There will be no refu	und for excess fuel upon retu	irn of the vehicle.	



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-18-194775

Date of Request:

18/12/2018

Your Ref No:

Online Purchase

Vin's Motor Pte Ltd 160 Sin Ming Drive, #03-03 Sin Ming AutoCity Singapore 575722

Dear Sir/Madam,

Enquiry Date

18/12/2018

Enquiry By

Raymond Teo Yun Loong

TP Vehicle No.

XD5189B

Accident Date

17/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XD5189B	AXA Insurance Pte Ltd	01/09/2018-31/08/2019	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.

This is a computer generated document and requires no signature.



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

TAX INVOICE

Our Ref No:

GR-18-194775

Date of Request:

18/12/2018

Your Ref No:

Online Purchase

Vin's Motor Pte Ltd 160 Sin Ming Drive, #03-03 Sin Ming AutoCity Singapore 575722

Dear Sir/Madam,

Enquiry Date

18/12/2018

Enquiry By

Raymond Teo Yun Loong

TP Vehicle No.

XD5189B

Accident Date

17/12/2018

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