

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MC20192105  
Claimant Ref: SGX6848Y

We/I, Autoworx House ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 2,800.00 (Global Sum) (repair cost), S\$                      (loss of essential), S\$                      (search fee), vehicle no. SGX6848Y that was damaged pursuant to the accident which occurred on 27/03/2019 (date) at VICOM SIN MING (location) involving vehicle no. 5350S(SHA7678) (insured vehicle). This is pursuant to the inspection conducted on 28/03/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner UNIQUE TOURIST SERVICE PTE LTD ("the third party claimant") of vehicle no. SGX6848Y to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SGX6848Y (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 2,800.00 to Autoworx House.

Dated this 14 day of April 20 20

#### CLAIMANT:

Signature: [Signature]

Name: Dylan Chessa

NRIC: 87713752A

Address: 176 Sin Ming Drive  
#02-01 S575721

Nationality: S'POREAN

Occupation: MANAGER

#### WITNESS:

Signature: [Signature]

Name: LKK Auto Consultants Pte Ltd

NRIC: 199607198R

Address: 51 Ubi Avenue 1  
#01-25 Paya Ubi Ind. Park S(408933)

Nationality:                     

Occupation:

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: MCV2019D0000646  
Claimant Ref: GBH8308U

We/I, Autoworx House ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 2,058.85 (repair cost), S\$ 320.00 (loss of use/rental), S\$ — (search fee), vehicle no. GBH8308U that was damaged pursuant to the accident which occurred on 28/05/2019 (date) at Lorong 35 Geylang (location) involving vehicle no. GBE6548Y (insured vehicle). This is pursuant to the inspection conducted on 19/07/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner EUCONAIR SERVICES PTE LTD ("the third party claimant") of vehicle no. GBH8308U to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to GBH8308U (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 2,378.85 to Autoworx House.

Dated this 14 day of April 2020

#### CLAIMANT:

Signature: [Signature]

Name: Dylan Chan

NRIC: 87718732A

Address: 126 Sin Ming Drive  
#02-01 3575721

Nationality: Singaporean

Occupation: Manager

#### WITNESS:

Signature: [Signature]

Name: LKK Auto Consultants Pte Ltd

NRIC: 199607198R

Address: 51 Ubi Avenue 1  
#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:





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## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKK 4032T (Insd veh)	Model: HYUNDAI ELANTRA
	SKX 619J (TP veh)	
Date of Accident/ Time:	27/10/2019	

Repair Estimate	: \$		
Final Repair Cost	: \$	1,600.00	
Loss of Use	: \$	300.00	6 days at \$50.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,902.00	

Payee Name : AUTOWORX HOUSE

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

A)	For Non GIA Registered Workshop:	Agreed Liability	100(%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del>	BOLA Scenario No: 27
	BOLA Liability: _____ (%)	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.



Signature of Workshop representative / Workshop stamp

Name of Representative: Dylan Chew

Date: 4/3/2020



Signature of Witness / Workshop stamp (if applicable)

Name of Witness: William Lim

Date: 04/03/2020

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date:



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## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLL 5488M (Insd veh)	Model: Volkswagen Passat (1798cc)
	SKL 9056L (TP veh)	
Date of Accident/ Time:	08/10/2018	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	6,960.00	
Payee Name : Autoworx House			
Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____	
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

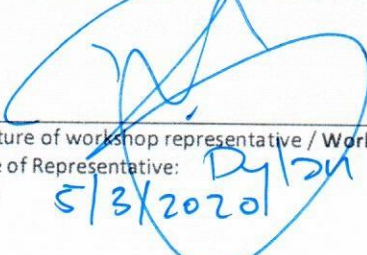
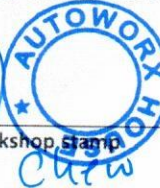


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We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

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

			
Signature of workshop representative / Workshop stamp		Signature of Witness / Workshop stamp (if applicable)	
Name of Representative: <u>Dylan Chew</u>		Name of Witness: <u>William Lim</u>	
Date: <u>5/3/2020</u>		Date: <u>5/3/2020</u>	

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



# AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: [claims.autoworxhouse@gmail.com](mailto:claims.autoworxhouse@gmail.com)

•TEL: 6452 8211 •FAX: 6451 7420

## Direct Settlement THIRD PARTY CLAIM

Your ref: D19002115MFSH

Our ref: SGX 6848 Y

INDIA INTERNATIONAL INSURNACE PTE LTD

Attn: Officer In Charge

(Motor Claim Department)

06/11/2019

Dear Sir,

### RE : ACCIDENT INVOLVING SGX 6848 Y & SHA 7678 Z ON 27/03/2019.

We have been authorized by UNIQUE TOURIST SERVICE PTE LTD, the registered owner of vehicle number SGX 6848 Y, which was involved in the above accident and at the material time to make a 3<sup>rd</sup> party claims against vehicle number SHA 7678 Z.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	2,400.00
Loss of Use (9days x \$100.00) 1 Sunday involved, 2 days PRI.	S\$	900.00
Search Fee	S\$	7.45
Total	S\$	3,307.45

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,



Autoworx House

# AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 64528211 FAX: 64517420


Registration No. 5296929B

INVOICE

5376

INDIA INTERNATIONAL INSURANCE PTE LTD

6/11/2019

QUANTITY	PARTICULARS	AMOUNT (\$)
	<u>RE : SGX 6848 Y / TOYOTA ALTIS</u>	
	Lump sum repair for the above mentioned vehicle.	2,400.00
		
	Total	2,400.00

[> Back to OneMotoring](#)

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Mar 2019 / 15:47:08

Receipt Date/Time : 27 Mar 2019 / 15:47:08

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190327-003180

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHA7678Z				
As at 27 Mar 2019/13:45:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHA7678Z Enquiry Fee 20190327153839299038	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20190327154543961	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

[Print Receipt](#)[OK](#)[Save as PDF](#)