



WITHOUT PREJUDICE

Our Ref: SJR 8043K

Your Ref: SHC 5503Y – S9M01OMXMC/SAW

Originally Submitted : 14th September 2020

REVISED : 23rd November 2021

ATTN: LKK Auto Consultants Pte Ltd

INSURER: AXA Insurance Pte Ltd

Dear Cecilia,

Accident Involving: SJR 8043K and SHC 5503Y

Date of Accident: 26 May 2019

Location of Accident: Serangoon Central towards Boundary Road Slip Road

We refer to the aforementioned accident and hereby re-submit our claim as below:

Cost of Repair Agreed	\$	3,000.00	Revised 23-11-21
Add Loss of Rental	\$	720.00	6 Days - Inv#L190620
Add Loss of Use	\$	240.00	3 Days
Total	\$	3,720.00	
Add Search Fee	\$	36.45	
GRAND TOTAL	\$	3,756.45	

Kindly pay the Grand Total Amount of **\$3,756.45** to:

Team AutoPro Pte Ltd

160 Sin Ming Drive #02-12

Sin Ming AutoCity

Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you.


Regards
Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com

To : **Team AutoPro Pte Ltd**
CRN : **201811621K**
located at : **385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718**

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: SJR 8043 K
and SHC 5503 Y and
and and
@ Serangoon Central twds Boundary Road Slip Road
dated 26/5/2019

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date: 13/06/2019



redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC5503Y (Insd veh)	Model:
	SJR8043K (TP veh)	HYUNDAI AVANTE
Date of Accident/ Time:	26.05.2019	

Repair Estimate	: \$	7,091.76	GLOBAL SUM	
Cost of Repair	: \$			
Rental	: \$			days at \$ per day
Loss of income (if any)	: \$			days at \$ per day
LTA / GIA Search Fee	: \$			
Others:	: \$			
Final Settlement Sum	: \$	3,700.00		
Payee Name: TEAM AUTOPRO PTE LTD				
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)				
A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)		
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>27</u>		
	BOLA Liability: _____(%)	Assessed Liability (*): _____(%)		
<i>* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.</i>				
Remarks:				

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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.
- 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: *LTG*
Date: *25/11/2021*
no: 201811621

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: *David Seow / SXXXXZ96F*
Date: *25/11/2021*

Signature of AXA's surveyor & stamp /representative
Name of AXA's surveyor /Representative:
Date: *25/11/2021*

AXA Insurance Pte Ltd (Company Reg No.: 199031512M)
8 Shenton Way #24-01 AXA Tower Singapore 068811
AXA Customer Centre #B1-01

My execution of this Discharge Voucher is solely for my claim for Property Damage & nonprejudicial to any other claims arising from the same accident.



160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956
teamautoffice@gmail.com / teamautopl@gmail.com

THIS IS YOUR INVOICE

Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.

INVOICE DATE: 12-Jan-21

INVOICE NOS: TAP8043K-19/1457

Your Reference: SJR 8043K

Date Of Accident: 26-05-19

Billed To: AXA Insurance Singapore Pte Ltd

On Behalf Of: Asset Limo

Invoice Type: 3rd Party PD Claim

INVOICE TOTAL IN SGD

\$ 3,000.00

DESCRIPTION	AMOUNT (\$\$)
Lump Sum Amount Payable for Supply of Spare Parts & Labour Pertaining to Accident Repair of: <u>SJR 8043K</u>	\$ 3,000.00
Discount	\$ -
Amount Due	\$ 3,000.00

COMMENTS

1. Total payment due in 30 days.
2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
3. Please include our invoice number at the back of your cheque.

For Team AutoPro Pte Ltd



Signature & Stamp

PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)

Page 1 of 1

UEN:53309913K

18 Sin Ming Lane
#06-31
Midview City
Singapore 573960

BILL TO:

Team AutoPro Pte Ltd
385 Sin Ming Drive
#01-02 Vicom Inspection Centre
Singapore 575718

DATE:

20/6/19

INVOICE #

L190620

SUBTOTAL	\$	720.00
----------	----	--------

PAID BY

TOTAL	\$	720.00
-------	----	--------

RECEIVED BY
ASSET LIMO

Thank You For Your Business!

ASSET LIMO RENTAL AGREEMENT

ALRA/2019 06/11

HIRER'S PARTICULAR		Vehicle No / Model	Rental Vehicle No / Model								
Name: <u>Koh Yuet Yau</u>		<u>SJR 8043 K</u> <i>Hyundai Avante</i>	<u>SJM 2959 J</u>								
NRIC/Passport No: <u>S1821037A</u>		Date / Time Out: <u>11/6/19</u>	Date / Time In: <u>17/6/19</u>								
Driving Licence No: _____ Exp: _____		Fuel Tank Level									
Address: <u>Blk 172B Edgevale Plains #13-480</u> <u>S(822172)</u>											
Tel: <u>81804525</u>											
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES									
Name: _____		TOTAL S\$									
NRIC/Passport No: _____		Hour @ _____ per hour	<u>\$ 720</u>								
Driving Licence No: _____ Exp: _____		<u>6</u> Days @ <u>\$120</u> per days									
Address: _____		Weeks @ _____ per week									
Tel: _____		Months @ _____ per month									
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Additional Payable: _____									
		SUBTOTAL Payable: <u>\$ 720</u>									
		DEPOSIT AMOUNT PAID	DEPOSIT AMOUNT REFUNDED / Date								
		Mode of Payment									
		ADDITIONAL REMARKS									
Physical Damage Excess <table border="1"> <tr> <td>Singapore - Own Damage</td> <td>-</td> </tr> <tr> <td>Singapore - 3rd Party Damage</td> <td>\$2,500</td> </tr> <tr> <td>Malaysia (If applicable)</td> <td>-</td> </tr> <tr> <td>For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age</td> <td>-</td> </tr> </table>		Singapore - Own Damage	-	Singapore - 3rd Party Damage	\$2,500	Malaysia (If applicable)	-	For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	-	Acknowledgement 	
Singapore - Own Damage	-										
Singapore - 3rd Party Damage	\$2,500										
Malaysia (If applicable)	-										
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	-										
HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.											
IMPORTANT NOTE : 1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign. 2. Only persons above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle. 3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of Asset Limo. 4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited. 5. In case of accident, the hirer shall report to Asset Limo immediately. If there are bodily injuries, a police report must be made within 24 hours		Authorized Signatory On Behalf of Asset Limo 									

TAX INVOICE

Our Ref No: GR-19-086115

Date of Request: 30/05/2019

Your Ref No: WALK IN KO

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: SJR8043K

Date of Accident: 26/05/2019

Place of Accident: SERANGOON CENTRAL

Involving Vehicle No: SHC5503Y

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.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-086116

Date of Request: 30/05/2019

Your Ref No: WALK IN KO

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 26/05/2019

Vehicle No: SJR8043K

Place of Accident: SERANGOON CENTRAL TOWARDS BOUNDARY RD SLIP RD

Involving Vehicle No: SHC5503Y

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\$)
SHC5503Y	SERANGOON CENTRAL TOWARDS BOUNDARY RD SLIP RD	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

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 May 2019 / 12:46:07

Receipt Date/Time : 27 May 2019 / 12:46:07

SJR 8043K (m)

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190527-001349

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 - SHC5503Y As at 26 May 2019/13:40:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC5503Y Enquiry Fee 20190527124527383374	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				
	xxxxxxxxxxxx5916	Credit Card: Visa/MasterCard		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



Re:RE: Status of claim

Type

 Question

Message

HI, pls offer lump sum \$3,700 for settlement.

Reply