

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 (**Email**) main@completevms.com.sg

(Web) www.completevms.com.sg

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Your Ref: SH8011Z

Our Ref : TPDS19096 - XE320R

19th July 2019

By Postage

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street #04 #05 IOB Building Singapore 049711

Attention: Motor Claims Department

Dear OIC,

## ACCIDENT INVOLVING VEHICLE: XE320R AND SH8011Z ALONG SLE TOWARDS BKE

We are the authorized repair workshop for the owner of motor vehicle no. XE320R which is involved in the captioned accident with your insured vehicle SH8011Z. 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

1	Cost of Repair as agreed with surveyor			
2	5days of Loss of USE@ \$450.00	S\$	46,010.00	(inclusive GST)
3	ITA C	S\$	2,250.00	331)
	Total	S\$	7.45	
		S\$	48,267.45	
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We enclosed herewith the following documents to support the claims:-

- a. Proforma Invoice
- b. Rental agreement
- c. Lta search fee

Kindly look into the matter and let us hear from you on the settlement of our customer's

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

For Complete VMS Pte Ltd

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

## LETTER OF AUTHORIZATION

RE:	ACCIDENT BETWEEN XE 370 R CH 80112 (CLK > 8 7 8 X (Vehicle Numbers)
	ACCIDENT BETWEEN XE 3 XD R CH 80112 (CLK 78 78X (Vehicle Numbers)  ON 15 6 709 (Date of Accident) AT SLE towards BKE block Mandai exit
1.	I/We, the owner of vehicle no 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 negoitate and finalized with Third Party for my property damages
Signatu	Witness's Name & Signature
Name	:_ Hebre
Date	15 06 19
	Company Stamp (if applicable)
Email:	