



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLH 4247U (Insd veh)	Model: HONDA VEZEL HYBRID SENSING 1.5X AUTO
	SLR 423B (TP veh)	
Date of Accident/ Time:	22/06/2019 20.00	

Repair Estimate	: \$		
Final Repair Cost	: \$	9,200.00	
Loss of Use	: \$	-	days at \$ per day
Rental (if any)	: \$	1,400.00	14 days at \$100.00 per day
LTA / GIA Search Fee	: \$	7.45	
Others: 3rd party report fee	: \$	29.00	
	: \$		
Final Settlement Sum	: \$	10,600.00	(GLOBAL SUM)

Payee Name: **TEAM AUTOPRO PTE LTD**

Is Third Party Workshop GIA Registered? [] YES [X] 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: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		

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/TORTEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

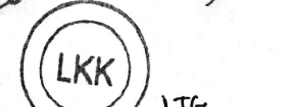
Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

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: 
Name of Representative: Lim Hui Lee
Date: 13/04/2020

Signature of Witness / Workshop Stamp (if applicable)
Name of Witness: Peachy
Date: 13/04/2020

Signature of AXA's surveyor/representative: 
Name of AXA's surveyor /Representative: LKK
Date: 14/04/2020

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



WITHOUT PREJUDICE

Our Ref: SLR 423B
Your Ref: SLH 4247U

26th August 2019

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AXA Insurance Pte Ltd

Dear Vivian,

Accident Involving: SLR 423B and SLH 4247U
Date of Accident: 22 June 2019
Location of Accident: BKE Towards Woodlands After Mandai

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

Cost of Repair as agreed	\$ 9,200.00	
Add Loss of Rental	\$ 1,680.00	14 Days - Inv#TAP423B-118/0309 ACTUAL - 16 Days : 2+3 Days PRS (24/25/26/27/28 Jun) + 9 Repair Days Agreed (1/2/3/4/5/6/8/9/10/11 Jul) + 2 Sunday (30 Jun, 7 Jul)
Total	\$ 10,880.00	
Add 3rd Party Report Fee	\$ 29.00	
Add LTA Search Fee	\$ 7.45	
GRAND TOTAL	\$ 10,916.45	

Kindly pay the Grand Total Amount of **\$10,916.45** 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: teamautooffice@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: teamautooffice@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.: SLR 423 B
and SLH 4247 U (B) and SHA 8278 M (C)
and
@ BKE TWDS WOODLANDS AFTER MANDAI

dated 22/06/2019

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,

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

KELVIN CHANG (MR)

Manager

Vehicle Solutions

Total Vehicle Solutions Department

Claimant Signature & Co's Stamp (if applicable)

28/06/2019

Date:

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX PLUS
Comprehensive**

Certificate No. G 300048733 MCY

Excess : SGD1,500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SLR423B
2. **Name of Policyholder**
Hitachi Capital Asia Pacific Pte. Ltd.
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
28/07/2018
4. **Date of Expiry of Insurance**
27/07/2019
5. **Persons or Classes of Persons entitled to drive***
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. **Limitations as to Use ***
Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired
The Policy does not cover
(1) Use for racing pace-making reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers



Michael W Gourlay
Chief Executive Officer



RECORDS MANAGEMENT CENTRE

**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-19-106468
Date of Request: 03/07/2019

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: SLR423B
Date of Accident: 22/06/2019
Place of Accident: BKE
Involving Vehicle No: SHA8278M, SLH4247U

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
GST Amount	14.02
Total Amount Due (GST Inclusive)	0.98
	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-19-106469

Date of Request: 03/07/2019

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: 22/06/2019

Vehicle No: SLR423B

Place of Accident: BKE TOWARDS WOODLANDS AFTER MANDAI

Involving Vehicle No: SHA8278M

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\$)
SHA8278M	BKE TOWARDS WOODLANDS AFTER MANDAI	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