



**mbm wheelpower**  
DARE TO BE

Your ref : SHD3624P  
Our ref : SMK2751R

27th August 2019

**India International Insurance Pte Ltd**  
64 Cecil Street  
#04-02, IOB Building  
Singapore 04911

TEL: 6347 6100

Attn: Motor Claims Dept

**WITHOUT PREJUDICE**

Dear Sir / Mdm,

**Accident involving SHD3624P and SMK2751R along Jurong East MRT Station Near Taxi Stand on 05/08/2019 at 18:50hrs**

We refer to the above said accident.

Our investigation reveals that you are the insurers of the vehicle SHD3624P at the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final repair invoice
- 2 Authorisation Letter

We are instructed to claim the following

1 Costs of Repair - Part by Part - ( \$1,095.00+ 7% gst)	\$ 1,171.65
2 Loss of use (\$100.00 x 6 days)	\$ 600.00

**Grand Total: \$ 1,771.65**

Please kindly let us know whether you are prepared to settle our client's claim.

Thanks & Warmest Regards,

Ivy Lwi  
HP: 8588 3198  
[ivy.lwi@mbmwheelpower.com.sg](mailto:ivy.lwi@mbmwheelpower.com.sg)

MBM Wheelpower Pte Ltd  
160 Sin Ming Drive #06-02  
Sin Ming Autocity Singapore 575722  
Customer Service Hotline 6262 8888  
[www.mbmwheelpower.com.sg](http://www.mbmwheelpower.com.sg)  
Company Registration Number: 200204110W  
GST Registration Number: M90368446L



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**To:** India International Insurance Pte Ltd

64 Cecil Street  
#04-02, IOB Building  
Singapore 049711

TEL: 6347 6100

**Attn:** Motor Claims Dept

**Tax Invoice:** 61739

**Date:** 27/8/2019

**Vehicle No.:** SMK2751R

**Make / Model:** Honda Fit

**Chassis No.:** GP51341083

**Engine No.:** LEB1449910

**Year of Make:** 2018

**Accident Date:** 5/8/2019

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S/N	DESCRIPTION	Amount S\$
1	COSTS OF REPAIR - PART BY PART	\$ 1,095.00

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Total :	\$	1,095.00
7% GST:	\$	76.65
<b>Amount Due S\$</b>	<b>\$</b>	<b>1,171.65</b>

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For & on behalf  
MBM WHEELPOWER PTE LTD

Prepared by: Ivy Lwi

MBM Wheelpower Pte Ltd  
160 Sin Ming Drive #06-02  
Sin Ming Autocity Singapore 575722  
Customer Service Hotline 6262 8888  
[www.mbmwheelpower.com.sg](http://www.mbmwheelpower.com.sg)  
Company Registration Number: 200204110W  
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## LETTER OF AUTHORISATION

DATE : \_\_\_\_\_

TO : MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02, SIN MING AUTOCITY, SINGAPORE 575722

FROM : GOH WEE KIONG, JASON (NAME OF OWNER/POLICYHOLDER)

CLAIM VEHICLE NO. : SMK 2751 R

ACCIDENT DATE : 5/8/2019

LOCATION : JURONG EAST MRT STATION NEAR TAXI STAND

OTHER VEHICLE(S) : SHD 3624 P

1 I hereby authorise MBM WHEELPOWER PTE. LTD. to :-

- a. Proceed with the repair (the repair) to the above accident (the accident) damaged vehicle (the vehicle); and

( ) Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and / or bodily injury sustained as a result of the accident from third party and / or resolved  
**(Claim against Own Insurer)**

✓ Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and / or bodily injury sustained as a result of the accident from third party and / or third party insurer in question until the claim is wholly completed, settled and / or resolved.  
**(Claim against Third Party)**

2 I confirm that MBM's authorisation shall include without limitation paying for all the relevant reports / documents, corresponding and negotiating with the insurer / third party and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the claim and, any or all such other tasks concerning the settlement, resolution and / or completion of the claim.

\_\_\_\_\_  
Where authorising party is not vehicle owner and policyholder

EXCEPT :-

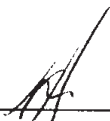
- a. Such as matters or task that the insurer / third party and / or the law requires me to personally attend to ; and
  - b. The submission of the claim to the insurer (Where applicable)
- 3 I understand if I submit a claim of whatever nature to my own insurer [ **FOURTEEN DAYS (14 days)** ] after the accident (or such other time stipulated by my own insurer and / or the law), such claim will not or may not be accepted by my own insurer.
- 4 I further confirm and accept that :-
- a. To the extent permitted by laws :-
    - i) I will indemnify and keep MBM indemnify in connection with or arising from the claim ; and
    - ii) That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold MBM liable for losses / damages of whatever nature arising or in connection with the claim.
  - b. MBM does not guarantee and never represent that the insurer / third party will fully indemnify me for the damage and / or the repair's cost and, that I shall be and continue to be liable to MBM for the whole of the repair's cost.
- 5 As the extend to which the insurer / third party will indemnify me or be liable is not conclusive, I agree to place a deposit of \$ \_\_\_\_\_ (excluding GST) for the repair's cost.
- 6 I agree and accept MBM deposit refund policy, If the final successful percentage of indemnification / contribution / liability from or of the insurer / third party in respect of the repair's cost to me ;-
- a. **50% and below - NO REFUND**
  - b. **100% - FULL REFUND**

- 7 I shall inform and forward to MBM all correspondence and letters received by me from the insurer / third party, any other insurer, solicitors governmental authorities and / or, any other relevant party.
- 8 I shall fully co-operate with and act expeditiously on any requests by MBM, particularly the signing / endorsement / execution of any "Discharge Voucher", failing which I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
- 9 In any case if the claim is repudiated by the insurer of the third party, I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
- 10 I shall not :-
- a. respond to correspondence and letter; and
  - b. negotiate agree or accept any other from the insurer / third party or any other relevant party; without consultation of and expressed approval from MBM WHEELPOWER PTE. LTD.
- 11 In consideration hereof (including without limitation MBM's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to MBM WHEELPOWER PTE. LTD. All proceeds of the claim for :-
- a. the repair's costs and
  - b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis and expenses in connection with the accident, repair and / or claim; which MBM shall be further entitled to apportion in its absolute discretion with any excess being paid by MBM to me as it deems fit in its absolute discretion.
- 12 I further confirm that payment to MBM or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.

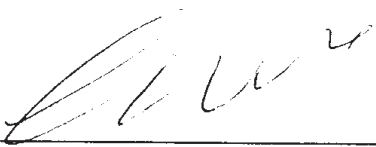
13 I understand and agree that MBM will not be liable if:

- a. the delay of receiving parts is caused by suppliers
- b. the Loss of Use/Loss of income claim amount provided by the insurer of the third party is lower than desired and that MBM will not top up to the expected amount.

14 MBM has the right not to disclose any correspondences to the client.

  
\_\_\_\_\_  
Owner & Policyholder's Signature / Company Stamp (if applicable); or  
Authorising party's Signature / Company Stamp (if applicable)

Name : GOH WEE KIONG, JASON  
NRIC No. : S8614250C  
Address : \_\_\_\_\_

  
\_\_\_\_\_  
Witness's Signature  
Name : CASSANDRA  
NRIC No. : \_\_\_\_\_



WITHOUT PREJUDICE to:

(a) Insurers' Subrogated Claim and/or

(b) Any Personal Injury Claims

[Note: This Notice ~~supersedes~~ any

Inconsistencies found in this

Discharge Voucher]

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKL1090P	(Insd veh)	Model: HONDA SHUTTLE HYBRID-1.5 (A)
	SMH2835Z	(TP veh)	
Date of Accident/ Time:	29/01/2019		

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)	: \$	4,490.00	

Payee Name : MBM WHEELPOWER 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: _____		

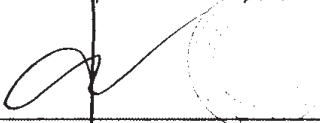
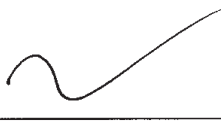
#### NOTE:

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	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: <u>My [w]</u>	Name of Witness: <u>Shu [w]</u>
Date: <u>11/1/19</u>	Date: <u>11/1/19</u>

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: