



Your Ref: SJL6261S
Our Ref : TPDS19139 - SGE6414R

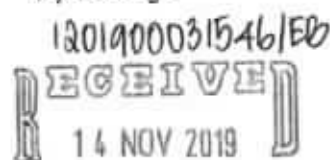
5th November 2019

FWD SINGAPORE PTE LTD
6 Temasek Boulevard #18-01
Suntec Tower
Singapore 038986

Attention: Motor Claims Department

Dear OIC,

By Postage



FWD Singapore Pte Ltd

ACCIDENT INVOLVING VEHICLE: SGE6414R AND SJL6261S ALONG PIE TOWARDS CHANGI BEFORE EXIT 26B - UPPER BUKIT TIMAH ON 17/10/2019

We are the authorized repair workshop for the owner of motor vehicle no. **SGE6414R** which is involved in the captioned accident with your insured vehicle **SJL6261S**. 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 your consideration on behalf of the owner/claimant.

1	Cost of Repair as agreed with surveyor	S\$ 3,477.50	(Inclusive GST)
2	7days of Loss of Use \$100	S\$ 700.00	
3	LTA Search fee	S\$ 7.45	
	Total	S\$ 4,184.95	

We enclosed herewith the following documents to support the claims:-

- a. Proforma Invoice
- b. LTA search fee

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

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 SGE 6414R / SGL 6261S (Vehicle Numbers)
ON 17/10/2019 (Date of Accident) AT PIE towards Changi before exit
Y6B - Upper Bukit Timah

1. I/We, the owner of vehicle no. SGE6414R 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 negotiate and finalized with Third Party for my property damages

Signature



Witness's Name & Signature

Name

Ng Boon Shing

Date

18/10/19

Company Stamp (if applicable) :

Email:

RELEASE

Claim Reference:	TP / 1201900031546
Surveyor's Reference:	CC4/FWD19018428/Kpb3
TP Reference:	TPDS19139 – SGE6414R

We, COMPLETE VMS PTE LTD ("Workshop") hereby agree and confirm that we are authorized by the owner ("Claimant") of motor vehicle SGE6414R ("Vehicle") to accept the sum of \$3,844.95 being the amount claimed for \$3,477.50 (repair costs), \$360.00 (loss of rental/ use), \$ - (loss of income), \$7.45 (disbursement) as compensation for the loss of or damage to the Vehicle, as a result of an accident ("Accident") which occurred on 17/10/2019 (date of accident) at / along PIE TWDS CHANGI BEFORE EXIT 26B – UPPER BUKIT TIMAH (location) involving vehicle no/s. SGE6414R and SJL6261S.

This is pursuant to the inspection conducted on 21/10/2019 (date) at the Workshop.

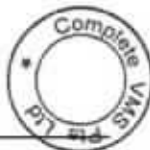
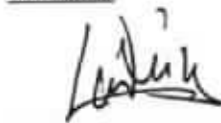
We confirm that this acceptance is in full and final settlement of all claims arising from the damage to the Vehicle (whether now or hereafter to become manifest), to the intent that FWD Singapore Pte. Ltd. and all other persons, in particular the driver of SJL6261S be absolutely and finally exonerated and discharged from all claims of every nature and kind whatsoever which have been made or which may be made in respect of this Accident.

We also declare that we are authorized by the Claimant to receive the above compensation and we have full authority to make the claim as set out above and to settle the matter on behalf of the Claimant in any manner we deem fit.

This settlement is reached on a without prejudice and without admission of liability basis. As such, this Release is not to be construed as an admission of liability on the part of FWD Singapore Pte Ltd, their policyholder and / or authorised driver and shall not be used as evidence in any claims and / or action which may be lodged by any of them.

Dated this 29 day of Jan. 2020

CLAIMANT



[Signed by the "Workshop" with Co. Stamp]

For and on behalf of the "Claimant"



KSC

[FWD's appointed surveyor with Co. Stamp]

For and on behalf of FWD Singapore Pte. Ltd.

This indemnity is signed without prejudice
to my rights to claim for compensation
for my personal injury.

COMPLETE VMS PTE LTD

176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, S575721
Tel: 6455 0012 Fax: 6554 0012 Email: main@completevms.com.sg
Business Reg. No. 200416180E GST Reg. No.: 200416180E



FWD SINGAPORE PTE LTD
6 TEMASEK BOULEVARD, #18-01
SUNTEC TOWER 4 SINGAPORE 038986

Tax Invoice : VM015088

Invoice Date : 29/01/2020
Vehicle Num. : SGE6414R
Make/Model : TOYOTA COROLLA 1.6
Mileage(Km) :
PO/WO/RO# :
Ref./Remark : CC4FWD19018428/Kpb3

S/N	Quantity	Particular	Unit Price	Amount S\$
		COST OF REPAIR AS AGREED AT		3,250.00

SingDollars : Three Thousand Four Hundred Seventy-Seven & Cents Fifty Only



COMPLETE VMS PTE LTD

Total S\$: 3,250.00
GST S\$: 227.50
Amount Due S\$: 3,477.50
=====

Terms : Cash

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Oct 2019 / 11:15:12

Receipt Date/Time : 18 Oct 2019 / 11:15:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191018-001005

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SJL6261S

As at 17 Oct 2019/00:00:01

Insurance Co: FWD SINGAPORE PTE. LTD.

1 Insurance Enquiry - SJL6261S

Enquiry Fee

20191018111357330387

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

xxxxxxxxxxxx2417 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.