



# 華明噴漆廠 HUA MENG SPRAY PAINTING WORKSHOP

AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883  
Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date: 08/05/2020

AXA Insurance Pte Ltd

Attn: Motor Claims Dept

**ACCIDENT ON 17.12.2019 INVOLVING VEHICLE SJW 8996 J & PC 2792 D ALONG  
T-JUNCTION OF PASIR RIS CENTRAL TWDS PASIR RIS DRIVE 3**

With regards to the above, we are writing on behalf of the registered owner of vehicle SJW 8996 J which was involved in the above mentioned accident.

We are informed that the above accident was caused solely by the negligence of your insured vehicle PC 2792 D. As a result of the accident, our client's vehicle was damaged and our client had instructed us to submit his claims for loss and expenses, particulars of which are follows:

1) Repair cost	\$	6,200.00
2) Loss of rental-\$120 X 07 days	\$	840.00
3) LTA search	\$	7.49
<b>Total</b>	<b>\$</b>	<b>7,047.49</b>

We hereby enclosed herewith the following documents for your consideration of the above claim.

a) Final Repair Bill Of SJW 8996 J

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

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1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883  
TEL: 6747 8064, 6746 5519 FAX: 6743 4896

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP



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Reg. No.: 254678/00M



Your Ref :

Our Ref :

8/5/2020

Date:.....

VEHICLE NO :SJW 8996 J  
MAKE / MODEL :TOYOTA WISH  
NAME :OH CHOON KIAT  
ADDRESS :BLK 469 PASIR RIS DRIVE 6  
#12-436  
S 510469

**FINAL REPAIR BILL FOR VEHICLE NO:SJW 8996 J**

TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR  
REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING  
(LUMPSUM REPAIR)

\$ 6,200.00

**SINGAPORE DOLLARS:SIX THOUSAND TWO HUNDRED ONLY**



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Dec 2019 / 15:16:07

Receipt Date/Time : 17 Dec 2019 / 15:16:07

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191217-002498

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 - PC2792D				
As at 17 Dec 2019/13:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - PC2792D Enquiry Fee 20191217151502789550	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				
	20191217151531294	Direct Debit: eNETS Debit (Internet Banking)		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.



## DAWN ENTERPRISES

21 Seletar West Farmway 1  
Singapore 798125  
Tel: 63832661 Fax: 64842836  
Reg No.430058/00D

SJW 8996J  
Nº 37113

### RENTAL AGREEMENT

DATE

17/12/19

#### HIRER'S PARTICULARS

Name Oh Choon Kiat  
Address Blk 469 Pasir Ris Drive 6  
#12-436  
Singapore 510469  
I/C or Passport No. S 1768398E Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Driving Licence No. \_\_\_\_\_ Date Passed \_\_\_\_\_  
Tel: (HP) 98523810 (Residence) \_\_\_\_\_

#### DRIVER'S PARTICULARS

Name \_\_\_\_\_  
Address \_\_\_\_\_  
I/C or Passport No. \_\_\_\_\_ Country \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Driving Licence No. \_\_\_\_\_ Date Passed \_\_\_\_\_  
Tel: (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_

#### IMPORTANT NOTES:

- 1 No Insurance Coverage if the driver is below 24yrs old or less than 2 years driving licence.
- 2 This vehicle is licenced to carry 2000 passengers only.
- 3 Hirer is liable to pay first \$ 2000 as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
- 4 For usage to Malaysia subject to higher excess all claims of S\$5,000.00 and different rental rate
- 5 Please notify our office should there be any accident involving this hired vehicle within 24 hrs
- 6 No refund will be given for vehicle returns early.
- 7 No refund will be given for petrol left in vehicle.
- 8 Hirer is liable to pay all parking fee and traffic summonses.
- 9 Vehicles to be return during office hour only.
- 10 No Service on Public Holiday and Sunday.

#### CHARGES

7 Day at \$ 120.00 per days \$840.00  
Day at \$ \_\_\_\_\_ per week  
Day at \$ \_\_\_\_\_ per month

TOTAL AMOUNT

\$840.00

AMOUNT PAID

\$840.00

BALANCE DUE

Days Extension From

To

Amount Deposit (refundable) \$

#### SCHEDULE

#### MODEL

SMQ 6581G

T / AHIS

Date

Time

Mileage

17/12/19

24/12/19

FROM

17/12/19

TO

24/12/19

I/we have read and understood the terms and conditions above and hereby agreed to abide

Hirer's Signature

Driver/Gurantor's Signature

DAWN ENTERPRISES





## DAWN ENTERPRISES

21 SELETAR WEST FARMWAY 1

SINGAPORE 798125

TEL: 6383 2661 FAX: 6484 2836

REG. NO. 430058/00D

No. 20333

### OFFICIAL RECEIPT

Date, 24/12/19

Received from

Oh Choon Kiat

the sum of Dollars

Eight hundred forty only

being Payment Of

SMA 6581 G (17/12/19 - 24/12/19)

DAWN ENTERPRISES

\$

840/-

Cash/Cheque No.



WITHOUT PREJUDICE  
TO OUR CLIENT'S PERSONAL INJURY  
CLAIM (PRESENT OR FUTURE) WHICH IS  
EXPRESSLY RESERVED

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PC 2792D (Insd veh)	Model: Toyota Wish (1987cc)
	SJW 8996J (TP veh)	
Date of Accident/ Time:	17/12/2019	

Repair Estimate	: \$	12,580.17	
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)	: \$	6,700.00	

Payee Name : Hua Meng Spray Painting Workshop

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/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.

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Signature of workshop representative / Workshop stamp  
Name of Representative: Albert Tan Li Hua  
Date: 18/05/2020

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Chock Jing Yee  
Date: 18/05/2020



Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 19/05/2020

## AUTHORISATION TO ACT

I/We, OH CHOON KIAT ("the third party claimant") of  
Blk 469 Pasir Ris Drive 6 # 12-436 S (510469) (address),  
owner of SJW8996J (vehicle no.) hereby authorise **HUA MENG SPRAY PAINTING**  
**WORKSHOP** ("the workshop") to act for me with respect to my claim for repair costs and/or  
rental and/or loss of use ("claim") for my vehicle no. SJW8996J that was damaged pursuant  
to the accident which occurred on 17/12/2019 (date) along T-junction of Pasir Ris Central  
towards Pasir Ris Rd (location) involving vehicle no/s Pc 2792D ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem  
fit and the workshop is further authorized to receive payment further to settlement of my claim  
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 19 (day) of 12 (month) 2019 (year)

X

Signed by "the third party claimant"  
(with company stamp if applicable)

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Signed by "the workshop"  
(with company stamp)