



WITHOUT PREJUDICE

Our Ref: SBU 2626Y

Your Ref: YN 8800K

25th April 2020

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

Dear Cecilia,

Accident Involving: SBU 2626Y and YN 8800K
Date of Accident: 15 February 2020
Location of Accident: PIE Slip Road towards Paya Lebar

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

Cost of Repair as agreed	\$	5,150.00	
TOTAL LOR/U DAYS	10 DAYS	2+1 Days PRS (15 Sat/16 Sun/17 Feb) + 1 Day Resurvey (18 Feb) + 5 Repair Days Agreed (19/20/21/22/24 Feb) + 1 Sunday (23 Feb)	
Add Loss of Rental	\$	840.00	7 Days - TAP2626Y-244/0761
Add Loss of Use	\$	240.00	3 Days
Total	\$	6,230.00	
Add LTA Search Fee	\$	7.45	
GRAND TOTAL	\$	6,237.45	

Kindly pay the Grand Total Amount of **\$6,237.45** to:

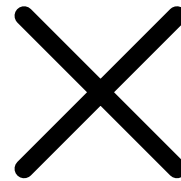
Team AutoPro Pte Ltd
160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautooffice@gmail.com

Thank you.



Regards
Adel (Ms)



PROFORMA INVOICE

ATTENTION:

Teo Hwee Sian (Zhang Huixian)

PI Number	P2004-0813
PI Date	25-Apr-2020
Vehicle No.	SBU 2626Y
Accident Date	15-Feb-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SBU 2626Y	COR Lump Sum		\$ 5,150.00

Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 5,150.00
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Authorized Signature



To : Team AutoPro Pte Ltd
CRN : 201811621K
located at : 160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: SBU2626Y
and TW 8800K and
and and
@ Ship road from PIE to paya Lebar Road
dated 15/02/2020

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,



Claimant Signature & Co's Stamp (if applicable)

Date: 15/02/2020



160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956
teamautoffice@gmail.com / teamautopl@gmail.com

THIS IS YOUR INVOICE

Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.

INVOICE DATE: 22-Feb-20

INVOICE NOS: TAP2626Y-244/0761

Your Reference: SBU 2626Y

Our Reference: SKL 1557K, SJU 1949C

Billed To: Teo Hwee Sian (Zhang Huixian)

Address: 479 Segar Road #15-388 S'670479

Invoice Type: Rental

INVOICE TOTAL IN SGD

\$ 840.00

DESCRIPTION	AMOUNT (\$S)
Leasing of Vehicle Number: SKL 1557K, SJU 1949C	\$ 840.00
Rental Rate Per Day: \$120.00	
Rental Duration: 7	
Commencement Date: 15/2/2020	
Ceasement Date: 22/2/2020	
Discount	\$ -
Amount Due	\$ 840.00

COMMENTS

1. Total payment due in 30 days.
 2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
 3. Please include our invoice number at the back of your cheque.
- Free Upgrade

For Team Autopro Pte Ltd



Signature & Stamp

PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)
Page 1 of 1



RENTAL AGREEMENT

RA/2020 02/244a

HIRER'S PARTICULAR		Vehicle No / Model		Rental Vehicle No / Model																					
Name: <u>Teo Hwee Sian</u>		<u>SBU 2626Y Opel Astra</u>		<u>SKL1557K VW Jetta.</u>																					
NRIC/Passport No: <u>S7924701D</u>		Date / Time Out:		Date / Time In:																					
Driving Licence No: _____ Exp: _____		<u>15/02/2020 14:30</u>		<u>19/02/2020 1130am</u>																					
Address: <u>479 Seleg Road #15-388 S(670479)</u>		Fuel Tank Level 																							
Tel: <u>9785 8304</u>																									
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES																							
Name: _____		<table border="1"> <tr> <td>Hour</td> <td>@</td> <td></td> <td>per hour</td> <td></td> </tr> <tr> <td>4 Days</td> <td>@</td> <td>\$120</td> <td>per days</td> <td>\$480</td> </tr> <tr> <td>Weeks</td> <td>@</td> <td></td> <td>per week</td> <td></td> </tr> <tr> <td>Months</td> <td>@</td> <td></td> <td>per month</td> <td></td> </tr> </table>			Hour	@		per hour		4 Days	@	\$120	per days	\$480	Weeks	@		per week		Months	@		per month		TOTAL S\$
Hour	@					per hour																			
4 Days	@				\$120	per days	\$480																		
Weeks	@					per week																			
Months	@					per month																			
NRIC/Passport No: _____																									
Driving Licence No: _____ Exp: _____																									
Address: _____																									
Tel: _____		Additional Payable: _____																							
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		SUBTOTAL Payable: <u>\$480</u>																							
		DEPOSIT AMOUNT PAID		DEPOSIT AMOUNT REFUNDED / Date																					
		Mode of Payment																							
		ADDITIONAL REMARKS																							
Physical Damage Excess		Acknowledgement		HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.																					
Singapore - Own Damage	\$2,000																								
Singapore - 3rd Party Damage	\$2,000																								
Malaysia (If applicable)	\$8,000																								
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 (Additional)																								
IMPORTANT NOTE :				<u>19 Feb 2020</u> HIRER Signature / Date																					
1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.																									
2. Only persons above 23 years of age with more than 2years driving experience, authorised, licensed and signing this agreement may drive the vehicle.																									
3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of TeamAutoPro Pte Ltd.																									
4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.																									
5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours																									
		Authorized Signatory On Behalf of TeamAutoPro Pte Ltd																							



RENTAL AGREEMENT

RA/202002/244b

HIRER'S PARTICULAR		Vehicle No / Model		Rental Vehicle No / Model	
Name: <u>Teo Hwee Sian</u>		<u>SBU2626Y Opel Astra</u>		<u>SJU1949C Mazda6</u>	
NRIC/Passport No: <u>S7924701D</u>		Date / Time Out:		Date / Time In:	
Driving Licence No: _____ Exp: _____		<u>19/02/2020 930am</u>		<u>2.40pm 22/02/2020</u>	
Address: <u>479 Seagar Road #15-388 S670479</u>		Fuel Tank Level 			
Tel: <u>9785 8304</u>					
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES			
Name: _____					TOTAL S\$
NRIC/Passport No: _____		3	Hour @	per hour	
Driving Licence No: _____ Exp: _____			Days @ <u>\$120</u>	per days	<u>\$360</u>
Address: _____			Weeks @	per week	
Tel: _____			Months @	per month	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Additional Payable: _____			
		SUBTOTAL Payable: <u>\$360</u>			
		DEPOSIT AMOUNT PAID		DEPOSIT AMOUNT REFUNDED / Date	
		Mode of Payment			
		ADDITIONAL REMARKS			
		<u>Free upgrade</u>			
Physical Damage Excess		Acknowledgement		HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.	
Singapore - Own Damage	\$2,000			19 Feb 2020 HIRER Signature / Date	
Singapore - 3rd Party Damage	\$2,000				
Malaysia (If applicable)	\$8,000				
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 (Additional)				
IMPORTANT NOTE :					
1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.					
2. Only persons above 23 years of age with more than 2years driving experience,authorised, licensed and signing this agreement may drive the vehicle.					
3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of TeamAutoPro Pte Ltd.					
4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.					
5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours		 Authorized Signatory On behalf of TeamAutoPro Pte Ltd			



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

Print Date/Time : 15 Feb 2020 / 15:34:28

Receipt Date/Time : 15 Feb 2020 / 15:34:28

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200215-001309

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 - YN8800K As at 15 Feb 2020/11:57:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - YN8800K Enquiry Fee 20200215153338116988	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				
	xxxxxxxxxxxx1685	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.



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YN 8800K (Insd veh)	Model: Opel Astrast 999cc
	SBU 2626Y (TP veh)	
Date of Accident/ Time:	15/02/2020	

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)	: \$	5,750.00	

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	100 (%)
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.

Signature of workshop representative / Workshop stamp
Name of Representative: *[Signature]*
Date: 28/04/2020



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: *[Signature]*
Date: 28/04/2020



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 29/04/2020

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



160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956
teamautoffice@gmail.com / teamautopl@gmail.com

THIS IS YOUR INVOICE

Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.

INVOICE DATE:	27-Apr-20
INVOICE NOS:	TAP2626Y-20/0917
Your Reference:	SBU 2626Y
Date Of Accident:	15/2/2020

Billed To: AXA Insurance Singapore Pte Ltd
On Behalf Of: Teo Hwee Sian (Zhang Huixian)
Invoice Type: 3rd Party PD Claim

INVOICE TOTAL IN SGD
\$ 5,150.00

DESCRIPTION	AMOUNT (\$S)
Lump Sum Amount Payable for Supply of Spare Parts & Labour Pertaining to Accident Repair of: <u>SBU 2626Y</u>	\$ 5,150.00
Discount	\$ -
Amount Due	\$ 5,150.00

COMMENTS

1. Total payment due in 30 days.
2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
3. Please include our invoice number at the back of your cheque.

For Team AutoPro Pte Ltd


Signature & Stamp
Reg no: 201811621K

PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.