Your Ref: GZ1493J Our Ref : 150048/01

# **Bukit Batok Driving Centre Ltd**

Postal Address: Blk 34 Sin Ming Drive #01-114

Singapore 575708

Date: 05.10.2017

AXA Insurance Pte Ltd ((L) Motor Claims De9t 8 Shenton Way #24-01 AXA Tower Singapore 068811

Dear Sir/Madam

ACCIDENT INVOLVING SKP3515Y AND GZ1493J ALONG TECK WHYE LANE ON 20.01.2015.

Re-subvil as \$/8/19 to Hsiao Fors.

SKP3515Y I am the owner of the m/vehicle which was involved in the above accident.

My vehicle sustained damages as a result of the said accident and I am now claiming against you for the followings:-

	*			Tota	al:	\$ 462.15
4,	Surveyor report fee	<b>;                                    </b>	9 Q		, ,	\$ -
	Police documents/Search fees					5.35
_		• •				
2.	Loss of use of vehicle at \$ 200	0.00				
		E *		4 *	ъ е	\$ 256.80

Please advise whether you are prepared to settle my claim outlined above. As I have yet to settle my repair bill with my repairers, I hereby authorise my repairers and/or their representatives to negotiate/compromise settlement of above claim on my behalf.

Looking forward to hear from you soon.

Yours faithfully,

encl.

CO. REG. NO: 199402370D GST NO: M2-0123250-3

# TAX CLAIM INVOICE



# 金興(襲)汽車私人有限公司

新民通道(大牌34座)門牌114號

Blk 34 Sin Ming Drive, #01-114, Singapore 575708.

Tel: 6452 7018 (5 Lines) Fax: 6454 9575

Email: service@kkimhin.com.sg

Accident Date : 20-Jan-2015

Date: 05-Oct-2017

NO: 121721

Our Ref: 150048 / ANGIE

PAGE: 1

BUKIT BATOK DRIVING CENTRE LTD C/O AXA INSURANCE PRIVATE LIMITED 8 SHENTON WAY #24-01 AXA TOWER Singapore 068811

FINAL REPAIR BILL FOR HONDA JAZZ 1.3 CVT ABS (2014) SKP3515Y \_\_\_\_\_\_\_

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.

60.00

To putty and respray on affected portions.

180.00

240.00

Add 7% GST:

16.80

Total: SS256.80

\_\_\_\_\_

Singapore Dollars Two Hundred and Fifty Six and Cents Eighty Only

SKP 3575 Y

Text size + -

and Transport Authority

and Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

21 Jan 2015 / 12:16:21

Receipt Date/Time:

21 Jan 2015 / 12:16:21

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-150121-000430

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before	GST Amount	Amount After GST
As at 20 Jan 2015/10:20:00 INSURANCE CO:AXA INSURANCE SINGAPOR Insurance Enquiry - GZ1493J Enquiry Fee	E PTE LTD	GST (S\$)	(S\$)	(S\$)
20150121121505877809		5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	20150121121517506	Direct Debit: eNt	ETS Debit	5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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.

# Letter of Authorization

To Whom It May Concern
Accident on 20th January 2015 involvingSKP3515Y and GZ1493J
AlongTeck Whye Lane
I/We
815 Bukit Batok West Ave 5 S(659085)
owner of Motor Vehicle Registration No_SKP3515Yinsured by
NTUC INCOME INSURANCE CO-OPERATIVE Linder Policy No. 0073346186-10
do hereby authorize M/s K. Kim Hin Auto Pte Ltd as my/our representative with full authority to write, negotiate and settle claim for damages on my/our behalf against the owner and /or driver of Motor Vehicle Regn No. GZ1493J
in regard to the above mentioned accident
I /We also consent to the agreed settlement sum be made in favour of my/our representative,  M/s K. Kim Hin Auto Pte Ltd and the sai  payment be forwarded to them to be construed as full and final discharge of my/our claim.
Owner' Signature & Company Stamp

Date



#### **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:	GZ 1493J (Insd veh)	
	SKP 3515Y(TP veh)	Model: Honda Jazz (1318cc)
Date of Accident/ Time:	20/01/2015	

	* Assessed Liability	to be filled	nly for chain collisions and for cases where BOLA d	oes not apply.				
	BOLA Liability:	(%)	Assessed Liability (*): 100	Assessed Liability (*): 100 (%)				
В)	For GIA Registered Workshop:		BOLA Applicable: <del>Yes</del> / No BC	LA Scenario No: NIL	-			
A)	For Non GIA Registered Workshop:		op: Agreed Liability(	Agreed Liability(%)				
	ame: K Kim Hin Au Party Workshop GIA Regist		d YES [ ] NO (Kindly indicate below	/)				
Final Settlement Sum		:\$	382.15					
		:\$						
Others:		:\$						
LTA / GIA	Search Fee	:\$	5.35					
Rental (if	fany)	:\$		days at \$	per day			
Loss of U	se	:\$	120.00	1 days at \$120	per day			
Final Rep	pair Cost w/GST	:\$	256.80					
Repair Es	stimate	:\$						

#### 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 chiral to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp Name of Representative: Sandra Khung

28 July 2020

Date:

Name of Witness:

Cann

Date:

28.07.20

Signature of Witness / Workshop stamp (if applicable)

KSC Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative:

Date: 29/07/2020