

國際汽車維修
KT MOTORWERK
Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.
(Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177
Email: ktmotorwerk@hotmail.com
Reg. No.: 533734628

Telephone: 98287487
Email: ktmotorwerk@hotmail.com

2-Jun-21

Our Ref: SLH8303P

AXA INSURANCE

Motor Claims Department

NO 8, SHENTON WAY, #24-01
AXA TOWER, S(068811)

Dear Sir/Mdm

**ACCIDENT INVOLVING SLH8303P & SH9931L NEAR TAMPINES CENTRAL 5 ON 16.01.2021/
1915**

Please refer to the above mentioned accident.

We are writing in on the behalf of LIM HENG LEONG
the registered owner of motor vehicle number SLH8303P which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SH9931L** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair (Agree with Surveyor)	\$	4,500.00
2.	Rental@\$180per day X 5 days	\$	900.00
3.	LTA Search	\$	7.45
3.	Third party report search invoice	\$	29.00
TOTAL AMOUNT		\$	5,436.45

We enclsod hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) LTA Search Invoice
- (C) Third party report search Invoice
- (D) Discharge Voucher
- (E) Letter of Authority
- (F) Rental invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.


JOHN
Mobile: 98287487
Email: ktmotorwerk@hotmail.com



國際汽車維修 KT MOTORWERK

Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.
(Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177
Email: ktmotorwerk@hotmail.com
Reg. No.: 53373462B


LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLH8303P AND SM 99312
AT/ALONG 4 Tampines central 5
ON 16 DAY 01 MONTH 2021 YEAR

- a) I/We, the owner of vehicle no. SLH8303P hereby instruct and authorize you to commence repair to the said vehicles.
- b) You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- c) You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- d) Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- e) In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- f) In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- g) If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- h) I/we have read and understand the above statement and agreed.

Dated this 01 day 02 month 2021 year

Signature



Name

Lim Heng Leong

NRIC/ROC No.

S7802622 G

Address

Blk 413, Bedok North Ave 2
21-160, S(460413)

Company Stamp



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SH 9931L (Insd veh)	Model: HONDA VEZEL
	SLH 8303P(TP veh)	
Date of Accident/ Time:	16/01/2021	

Repair Estimate	: \$	11,412.36	
Final Repair Cost	: \$	2,166.75	
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	250.00	5 days at \$100 per day
LTA / GIA Search Fee	: \$	36.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,453.20	

Payee Name : KT MOTORWERK

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>50</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/TORTEASOR 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: <u>John Tee</u> Date: <u>24/06/21</u>	 Lien No.: 533734638	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Jackson</u> Date: <u>24/06/21</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>25/06/2021</u>		

國際汽車維修
KT MOTORWERK
Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.
(Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177
Email: ktmotorwerk@hotmail.com
Reg. No.: 533734628

Telephone: 98287487
Fax: 64485177
Email: ktmotorwerk@hotmail.com

Tax Invoice No : T100007

FINAL REPAIR BILL

Date : 02.06.2021

AXAINSURANCE

Motor Claims Department
NO 8, SHENTON WAY, #24-01
AXA TOWER, S(068811)

Vehicle Number : SLH8303P
Make/Model : HONDA VEZEL
Date of Accident : 16.01.2021

Cost of Repair (Recommended By surveyor)

\$4,500.00

GRAND TOTAL

\$4,500.00

ISSUED BY


Mr John
Mobile: 98287487
Email: ktmotorwerk@hotmail.com



VEHICLE LEASE AGREEMENT

DATE: 1/2/2021

SCHEDULE

This is a lease Agreement made between us, **CARS 88 HIRE PTE LTD** UEN No. 201820615D (hereinafter referred to as the “**Company**” which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 7030 Ang Mo Kio Avenue 5 Northstar @ AMK Singapore 569880 **AND YOU**, the person(s) identified as the “**Hirer**” below (which shall include your successors-in-title and assigns):-

NAME OF HIRER / DRIVER : LIM HENG LEONG
NRIC/PASSPORT/UEN NO. : S7802622G
DATE OF BIRTH : 28/01/1978
ADDRESS : BLK 413 BEDOK NORTH AVE 2 #21-160 S(460413)
TELEPHONE :
EMAIL :

ADDITIONAL DRIVER (IF ANY)

NAME OF DRIVER :
NRIC/PASSPORT NO. :
DATE OF BIRTH :
ADDRESS :
TELEPHONE :
EMAIL :

*Any change in the above particulars of the Hirer/Driver shall be notified to the Company prior to the change thereof.

1. DESCRIPTION OF VEHICLE (“THE VEHICLE”)

REGISTRATION NO. : SMQ1101S
MAKE/MODEL : VOLKSWAGEN TOURAN 1.6 TDI AT 1T332Z
COLOUR : WHITE
ENGINE NO. : CAYAF2113
CHASSIS NO. : WVGZZZ1TZFW011154

Remarks:

Date, Time and Mileage for Collection: 01-02-2021 (date) 1730 (time) (mileage)

Date, Time and Mileage for Return: 06-02-2021 (date) 1600 (time) (mileage)

Petrol Out: *Empty/1/4 tank/1/2 tank/3/4 tank/Full
(Vehicle must be returned with same level of petrol)

2. PERIOD OF LEASE

For 10 days/weeks/months from 01/02/2021 (“Commencement Date”) to 10/02/2021
[Cars 88 Hire Pte. Ltd.] The Hirer and/or Additional Hirer



3. **LEASE CHARGES FOR RENTAL OF VEHICLE**

Amount S\$_____ per *day/week plus Goods and Services Tax ("GST") (if applicable) ("**Lease Charges**"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

All payments or monies due to "*The Company*" shall be made to its stated address herein or at any such address "*The Owner*" may from time to time communicate to "*The Hirer*". All payments and monies can be paid in CASH and via Bank Transfer to the company on the following bank details stated below:

Name of Bank : DBS BANK LTD
Account Name : CARS 88 HIRE PTE LTD
Account Number : 047-904000-5

4. **SECURITY DEPOSIT**

Amount: S\$_____ (equivalent to Deposit sum plus *one week's/month's lease charge or other agreed sum)

5. **INSURANCE**

The Company will arrange for comprehensive or third party insurance coverage for the driver and the Vehicle against third party liability, and fire, theft and damage to the Vehicle during the Lease Period up to the limits as stated below. Please refer to the insurance policy for the coverage and terms and conditions. You shall be liable for the Excess Amount as stated below. Additional charges will apply for additional insurance coverage.

Driving in Singapore For Driver aged 22 years old or above with min 2 years driving experience	SGD \$3,000.00 (Section I)* SGD \$2,000.00 (Section II)*
Driving in Malaysia For Driver aged 22 years old or above with min 2 years driving experience	SGD \$4,000.00 (Section I)* SGD \$3,000.00 (Section II)*

COLLISION DAMAGE WAIVER (CDW)

OPT-IN \$5 /DAY

☐ YES ☐ NO

Driving in Singapore For Driver aged 22 years old or above with min 2 years driving experience	SGD \$1,000.00 (Section I)* SGD \$500.00 (Section II)*
--	---

[Cars 88 Hire Pte. Ltd.]

The Hirer and/or Additional Hirer



Unnamed Driver Excess

If the vehicle is driven by an unnamed driver, the following **ADDITIONAL** excess will apply:

Under 27 years old and/or above 22 years old with min 2 years driving experience	SGD\$2,000.00*
27 years old and above with min 2 years driving experience	SGD\$1,000.00*

***Subject to Good and Services Tax (GST).**

***Maximum of 2 claims per contract year.**

6. **MAXIMUM MILEAGE**

Maximum Mileage : _____ km
Additional charges : S\$ _____ as per additional
10,000km or part thereof

7. **REMARKS**

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. **The Hirer confirms that he has read, understood and agreed to the Terms and Conditions of this Agreement attached hereto.**

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the **Hirer**

Signed by **Cars 88 Hire Pte. Ltd.**

Name:
Designation:
Company Stamp:

Name:
Designation:
Company Stamp:



EMERGENCY CONTACT DETAILS

NAME: _____
CONTACT NO: _____
RELATIONSHIP: _____

[Cars 88 Hire Pte. Ltd.]

The Hirer and/or Additional Hirer





CARS 88 HIRE PTE LTD
7030 ANG MO KIO AVENUE 5
#02-16 NORTHSTAR @ AMK
SINGAPORE 569880

UEN: 201820615D

Invoice

Invoice No: 00004569
Date: 05/02/2021
Page: 1

Bill To
KT MOTORWERK
3012 BEDOK INDUSTRIAL PARK E
#01-2020
SINGAPORE 489978

Sales Person	P.O. Number	Date Shipped	Shipped Via	Terms
	SMQ1101S			Net 30th after EOM

Description	Car Plate	Car Description	Amount (S\$)
HIRER NAME: LIM HENG LEONG NRIC: S7802622G REPLACEMENT CAR PLATE NO: SLH8303P BILLING PERIOD: 01/02/2021 - 06/02/2021 (5 DAYS) RATE: \$180/DAY	SMQ1101S	VOLKSWAGEN TOURAN	900.00

Memo:

Total: 900.00

> Back to OneMotoring



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

Print Date/Time : 18 Jan 2021 / 12:45:05

Receipt Date/Time : 18 Jan 2021 / 12:45:05

Tax Invoice/Receipt

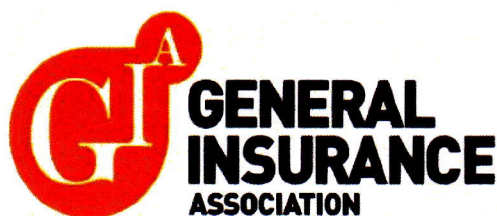
Receipt No. : ITNET-00000-210118-001705

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 - SH9931L As at 16 Jan 2021/19:15:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SH9931L Enquiry Fee 20210118124356978964	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				
	400682XXXXXX7606	eNETS Credit Card		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.



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 19/01/2021

Your Ref No: Vezel SLH8303P

KT MOTORWERK

Dear Sir/Madam,

Date of Accident: 16/01/2021 00:00 (SGT)

Vehicle No: SLH8303P

Place of Accident: Tampines Central 5, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH9931L	Tampines Central 5, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



Service Requests

Messages

Claims



Re:<MANDATE IA> - ACCIDENT INVOLVING SH 9931L & SLH 8303P ON 16/01/2021

Type

Question

Message

PLS PROCEED AS FOLLOWS: COR \$4,333.50 LOR \$500 LTA \$36.45 TOTAL AT 50% \$2,453.20

Reply



PAYNOW AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment will be credited directly into the policyholder/claimant's designated bank account stated below. The Policyholder/claimant has to complete **all fields** of this form and return to:

AXA Insurance Pte Ltd
8 Shenton Way, #24-01 AXA Tower
Singapore 068811

Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)	
Name of Policyholder/Claimant :	KT MOTORWERK
Contact Person :	John Tee
Contact Number :	98287487
Email Address :	ktmotorwerk@hotmail.com
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	

Payee's Paynow Details (Please tick <u>only 1 option</u> & provide the Paynow Details)	
Payee's name as per bank account :	
<input type="checkbox"/> Mobile :	
<input type="checkbox"/> NRIC :	
<input checked="" type="checkbox"/> UEN :	53373462B (KT MOTORWERK)

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the bank account linked to above Paynow account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such Paynow account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such insurance payout once such amounts are credited into the bank account linked to above Paynow account.

This authorisation shall continue in force until I/we have expressly revoked it by notice in writing delivered to you. In the event of a change of PayNow details, I/we shall inform you in writing 30 days in advance before the change.

In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").


Authorised Signature & Company Stamp (as per bank records)



24/06/21
Date (DD/MM/YYYY)