

# BEST Solution Autocare Pte Ltd

53 Ubi Avenue 1, #03-01, Paya Ubi Industrial Park, Singapore 408934

Business Reg. No.: 201626438D

☎ 6744 0777

📠 6744 2377

Date: 18th April 2022, Monday

**M/s AXA Insurance Singapore Pte Ltd**

8 Shenton Way  
#327-01 AXA Tower  
Singapore 068811

Attn: Motor Claims Dept

Dear Sir / Madam,

**ACCIDENT INVOLVING SJY 793U & SHA 400D (YR INSURED) ON 12/02/2021 ALONG PIE  
BRADELL ROAD**

We note that you are the insurer of **SHA 400D**.

We would like to confirm that repairs carry out to our client's vehicle of registration  
no.: **SJY 793U** have been completed of satisfaction. As a result with  
the above-captioned road traffic accident, we therefore propose to claim from you  
as follows:

Cost of repairs	\$	12,000.00
Loss of Use	( \$ 118.00 x 13 Days ) \$	1,534.00

<b>Total:</b>	<b>\$</b>	<b>13,534.00</b>
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Please let us have your reply the soonest possible.

Thank You

  
Authorized Signatory

## LETTER OF AUTHORISATION

ACCIDENT ON : 12/02/2021  
AT/ALONG : Bradell Road  
INVOLVING VEHICLE/S : SJY793U 18 HHA 400D


I/We, (Name) Ang Wei Jian of NRIC No S9228768H hereby authorize Bert Solution Autocare Pte Ltd my repairer, to give all further instructions on my behalf concerning the above said claim and to appoint a solicitor. As such, all future correspondences should be addressed to them.


My repairer is further authorized to receive on my behalf the settlement sum monies.

I confirm in the event that my vehicle is required to be re-inspected and/or if I am required to attend Court proceedings, I agree to comply and extend my co-operation readily. Failing which I will be liable to pay the repair costs, incidentals and all legal costs incurred.

I confirm in the event the Third Party claim is unsuccessful (E.g. In cases whereby the Third Party driver is driving under the influence of alcohol, driving without insurance coverage, driving without license, driving without authorization) I agree to pay for all the repair costs, survey report and incidentals incurred by my repairer.

Dated this 16 day of Feb 20 21

  
\_\_\_\_\_  
Signature or Right Thumb Print

  
\_\_\_\_\_  
Signature or Right Thumb Print

Name : Ang Wei Jian  
NRIC No : S9228768H

Witness Name : Lee Chooi Peng  
NRIC No : S8073195G

\_\_\_\_\_  
Company chop (if applicable)



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHA 400D (Insd veh)	Model: TOYOTA RACTIS
	SJY 793U (TP veh)	
Date of Accident/ Time:	12/02/2021	

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	: \$	12,100.00	GLOBAL SUM
Payee Name: BEST SOLUTION AUTOCARE 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/ <del>No</del> BOLA Scenario No: 28	
	BOLA Liability: (%)	Assessed Liability (*): 100 (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

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

My execution of this Discharge Voucher is only for my claim for Property Damage and not prejudicial to any other claims arising for the same accident

 Signature of workshop representative / Workshop stamp Name of Representative: <u>Sea Peng Liam</u> Date: <u>7/7/2022</u>   LUP	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Lee Chooi Peng</u> Date: <u>7/7/2022</u>
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>08/07/2022</u>	

# BEST Solution Autocare Pte Ltd

53 Ubi Avenue 1, #03-01, Paya Ubi Industrial Park, Singapore 408934

Business Reg. No.: 201626438D

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Date: : 21st Jan 2022, Friday

M/s AXA Insurance Singapore Pte Ltd

8 Shenton Way  
#327-01 AXA Tower  
Singapore 068811

## FINAL REPAIR BILL

Registration No : SJY793U  
Make & Model : TOYOTA RACTIS 1.3X A  
Chassis No : SCP1000054797

Spare Parts & Repair Cost of the mentioned vehicle as per surveyor's  
Finalization S\$ 12,000.00

**Total Amount** S\$ 12,000.00

Singapore Dollar : Twelve Thousand Only.

Thank You

Authorized Signature

BEST SOLUTION AUTOCARE PTE LTD



Re:RE: Re:<MANDATE IA>

Type

 Question

Message

REVISED \$12,100.00 ALL IN

Reply





redefining / insurance

### GIRO CREDIT 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:	BEST SOLUTION AUTOCARE PTE LTD
Contact Person:	MS LEE
Contact Number:	85880777
Email Address:	cwiping@carway.com.sg
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	
Particulars of Policyholder/Claimant's Bank Account	
Name of Bank:	DBS
Bank Code:	7171
Bank Branch Code:	003
Bank Account Number:	003-942916-9
Name of Account Holder:	BEST SOLUTION AUTOCARE PTE LTD

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such bank 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 above bank 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 bank account, 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").

*Leall*



Authorised Signature & Company Stamp (as in bank records)

7/7/2022

Date