

COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre 176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721 (Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Your Ref

: SHB6639M

Our Ref

: SLE5422P

28 May 2021

By Postage

AXA INSURANCE PTE LTD 8 Shenton Way #24-01 AXA Tower Singapore 068811

Attention: Motor Claim Department

Dear Sir / Mdm,

Accident Involving SLE5422P and SHB6639M on 9/4/2021 along Upper Boon Keng Road at about 09:00hrs.

We are the authorized repair workshop for the owner of motor vehicle no. SLE5422P which is involved in the captioned accident with your insured vehicle SHB6639M. The vehicle owner has requested and authorized us to assist him in presenting his / her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of driving, we are submitting these claims for your consideration on behalf of the owner / claimant.

Cost of Repair as agreed with surveyor S\$1,177.00

3 days of Loss of Rental @ S\$150.00 S\$450.00

LTA Search fee S\$7.45

Total S\$1,634.45

We enclosed herewith the following documents to support the claims:-

Performa Invoice

Rental Agreement

LTA Search fee

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner / claimant.

Yours Faithfully,

Lihui

Complete VMS Pte Ltd

Complete VMS Pte Ltd 176, Sin Ming Drive, #03-14, Sin Ming Autocare Complex Singapore 575721 To:

LETTER OF AUTHORIZATION

RE:	ACCIDENT BETWEEN SLE 5422P SHB 6639M (Vehicle Numbers)
	ACCIDENT BETWEEN SLE 5422P SHB 6639M (Vehicle Numbers) ON 09/04/21 (Date of Accident) AT Upper Boon Keng Road
1.	I/We, the owner of vehicle no. SLE 54.22 hereby appoint you to act for me to repair and recover damages sustained to my vehicle in the above accident from the third party driver and / or his / her insurers.
2.	In this respect, I/We have authorized you to repair, correspond, negotiate and settle on my behalf, all claims against the parties involved in the subject accident. All final financial awards in my favor pertaining to the subject accident claim are to be paid to Complete VMS Pte Ltd.
3.	By way of this Letter of Authorization, I/We also further authorized you to sign all Discharge Vouchers and any other related documents in settlement of the subject accident claims. I/We hereby undertake to ratify and reaffirm such signing of Discharge Vouchers and/or documents from any third party insurers by us.
4.	During the settlement process with the third party insurers / drivers, you may act fully on my behalf and all negotiations and correspondences given by you to the third party insurers / driver are as it given directly from me. With regards to the settlement of the above subject accident claim, I/We agree and undertake to ratify all correspondences and negotiations given by you to the third party insurers / driver and further agree and undertake to be bound by all acts performed or carded out by you.
5.	I/We understand that should the subject accident claims fail or not able to reach an amicably settlement with the third party insurers or driver, I/We will have to appointed a solicitors by way or signing a warrant to act in present of the appointed solicitor to further pursue the matter and to commence legal proceedings in Court in my/our name against the third party driver and/or his employers (if applicable). I/We further agrees that should I/We fails or disagrees to appoint a solicitors at that stage, I/We shall be fully liable for all costs incurred to you until that point of time.
6.	I/We further confirm my/our understanding that I/We shall render my/our full co-operation pertaining to the settlement of the subject accident and method of repair adopted shall be in accordance to the standard practices of the industry and will be at the full discretion of you.
7.	I/We hereby agree that upon settlement of the above subject accident claim, I/We are required to sign Discharge Voucher/s issued by the third party insurers. After which all settlement monies shall be used to settle all costs and fee incurred to carry out the above subject accident repairs and claims. This settlement monies shall constitute a full discharge of your payment obligation to us.
8.	Any indemnity / discharge voucher signed by the workshop is without prejudice to my rights to claim for compensation for my personal injury (if any). Complete WMS Pte Ltd is only authorized to negoitate and finalized with Third Party for my property damages
Signat	ure : 9/
Name	Witness's Name & Signature
Date	13/04/21
	Company Stamp (if applicable):
Email:	: joann.tan@yahoo.com.sq



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 6639M (Insd veh)	
	SLE 5422P (TP veh)	Model: MAZDA 5 (1998cc)
Date of Accident/ Time:	09/04/2021 09:00	

vehau ez	timate	:\$	5,538.57		
Final Rep	air Cost	:\$			
Loss of U	se	:\$		days at \$	per day
Rental (if	any)	:\$		days at \$	per day
LTA / GIA	Search Fee	:\$			
Others:		:\$			
		:\$			
Final Sett	lement Sum	:\$	1,400.00	(global sum)	
13 111114 1	arty workshop dia neg	istered? [] YES	[X] NO (Kindly indicate below		
A)	For Non GIA Regi	stered Workshop:	Agreed Liability100	(70)	
A) B)	For GIA Registere		BOLA Applicable: Yes/ No BO		5
		ed Workshop:		OLA Scenario No: _1	5
	For GIA Registers BOLA Liability:	ed Workshop:(%)	BOLA Applicable: Yes/ No BO	OLA Scenario No: 15	5

NOTE:

- 1. 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.
- 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.

Signature of workshop representative / Workshop stamp Name of Representative: Gan U kui

Date: 24 | 4 | 2021

rer

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

LKK

Date: 29/09/2021

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Dawn Chin

Date: 29 4 707

This indemnity is signed without prejudice to my rights to claim for compensation for my personal injury.

TAX INVOICE

AXA Insurance Pte Ltd 8 Shenton Way #24-01 AXA Tower SINGAPORE 068811 Invoice Date 29 Sep 2021

Account Number

Invoice Number INV-VM016999

Reference SLE5422P / DOA:9/4/2021

GST 200416180E



Complete VMS Pte Ltd 176 Sin Ming Drive, #03-14, Sin Ming Autocare SINGAPORE SINGAPORE 575721 SINGAPORE

Description	Quantity	Unit Price	Discount	Amount SGD
Cost of Repair As Agreed At	1.00	1,021.08		1,021.08
Loss of Rental (Not Subject to GST)	1.00	300.00		300.00
LTA Search Fee (Not Subject to GST)	1.00	7.45		7.45
			Subtotal	1,328.53
	Tota	l Local supply of goods	s and services 7%	71.48
			Total No Tax 0%	0.00
		1	nvoice Total SGD	1,400.01
		Total N	et Payments SGD	0.00
		P	Amount Due SGD	1,400.01

PayNow / SGQR



Due Date: 13 Oct 2021



176 Sin Ming Drive #03-07 S575721 Co. Reg. No.: 200717924R

	INVOICE			
		No:	2691	
To:	Lye Kok Wee			
	c/o Complete VMS Pte Ltd	Date:	27.May	,.2021
		Vehicle No:	SLX8	373C
QTY	DESCRIPTION		UNIT PRICE	AMOUNT
1	Rental for 3 days		\$150.00	\$450.00
	13/04/2021 to 16/04/2021			
	Ref: SLE5422P			
Cheque	s should be crossed and made payable to "complete leasing PTE LTD"	TOTAL		\$450.00
1/30/			2.24.4	
i/ we n	ereby confirm the order	for COMPLE	TE LEASING	PTE LTD
			4	
Authori	zed Signature & Company's Stamp	Order check	ked & accepte	d by



35 Eden Grove, Singapore 539085 Co.Reg. No.: 200717924R

VEHICLE RENTAL AGREEMENT

STA No:

002747

HIRER'S PARTICULAR	Veh. No:31×8373 C Replace Veh. No:
Name: (as in I/C) Lye Kok Wee	Mileage Out: Mileage Out:
NRIC / Passport No: 58115071J	Out: Date 13/04/5/ Out: Date
Tel & Address: B/K 436A Fernvale Road #12-188 Spore 791436 HP: 91002933	Out: Time 4: 45pm Out: Time
	RENTAL CHARGES
ADDITIONAL DRIVER'S PARTICULARS	Daily 3 @\$ 150.00 \$450.00
Name (as in UC)	Monthly @\$
Name : (as in I/C)	Delivery Charges @ \$
NRIC / Passport No:	Others @\$
Tel & Address:	SUB TOTAL \$ 460.00
	PETROL: Empty , 1/8 , 1/4 , 3/8 , 1/2 , 5/8 , 3/4 , 7/8 , Full
REMARKS	INSURANCE EXCESS PAYABLE ON CLAIM ### Page 15
	for Collision / Damages to 1st party (i.e.) COMPLETE LEASING P/L
	vehicle (inc. windscreen) and also first \$ \$ 2 0 0 0 - excess
	for Collision / Damages to 3rd party's vehicle for each and every
	accident / damages.
	decident, damages.
	Hirer's Signature:
I/We agreed to the terms and conditions above, overleaf and t driving license(s) is/are current and not disqualified from driving	hat all information given are true & correct in all respect. My/Our
IMPORTANT	

- 1. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 2. VEHICLE IS STRICTLY FOR USE IN SINGAPORE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT FROM THE COMPANY COMPLETE LEASING PTE LTD
- 3. IN THE EVEN OF AN ACCIDENT, THE HIRER OF AUTHORIZED DRIVER;
 - (i) shall report all accidents involving the said vehicle to the owner immediately,
- (ii) shall NOT admit liability or sign any settlement documents with any 3rd parties

4. THIS AGREEMENT IS SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE SIDE

EXCESS:
ADDITIONAL \$2500
FOR 23 TO 27 &
ABOVE 65 YEARS OLD

DATE IN	TIME IN	CHECKED BY	/
16/04/21	5:40 pm	12	SIGNATURE OF HIRER / DRIVER

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

12 Apr 2021 / 14:43:15

Receipt Date/Time: 12 Apr 2021 / 14:43:15

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210412-002449

Previous Receipt No.:

S/N Item Description/ Business Transaction Referen No.	се	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHB6639	ЭМ			
As at 09 Apr 2021/00:00:01				
Insurance Co: AXA INSURANCE PTE	LTD			
1 Insurance Enquiry - SHB6639M				
Enquiry Fee		7.00	0.49	7.49
20210412144247799663		7.00	0.40	7.46
	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			
	9hbnfmdm- -3J8933561C8214347	į	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.

8/17/2021 VendorEngage





Re:RE: Re:RE: Re:<MANDATE IA>

Туре

Question

Message

ALL SURVEY IS ON WP NO FINALIZATION: COR: \$1,100W/GST LOR \$300 LTA \$7.45 TOTAL \$1,407.45 *TP RENTED **HUNDAI ELANTRA AD 1.6**

Reply