



COMPLETE VMS PTE LTD  
176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.cometevms.com.sg

The Premier One Stop Vehicle Accident Claims Centre

Your Ref : SHB2324Y  
Our Ref : SKP2731X

20 August 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 SKP2731X and SHB2324Y on 23/4/2021 along Swiss Club Road at about 18:40hrs.**

We are the authorized repair workshop for the owner of motor vehicle no. SKP2731X which is involved in the captioned accident with your insured vehicle SHB2324Y. 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\$1,337.50
2 days of Loss of Use @ S\$100.00	S\$200.00
LTA Search fee	S\$7.45
Total	S\$1,544.95

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

Performa Invoice

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

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

### LETTER OF AUTHORIZATION

RE: ACCIDENT BETWEEN SKP 2731X / SHB 2324Y (Vehicle Numbers)  
ON 23/04/2021 (Date of Accident) AT Along Swiss Club Road

1. I/We, the owner of vehicle no. SKP 2731X 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 if 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 of 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 VMS Pte Ltd is only authorized to negotiate and finalized with Third Party for my property damages

Signature : 

Name : Tang Wee Lip

Date : 6/8/2021

Email : lys.mymail@gmail.com



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 2324Y	(Insd veh)	Model: NISSAN NOTE - 1198CC
	SKP 2731X	(TP veh)	
Date of Accident/ Time:	23/04/2021 / 18:40		

Repair Estimate	: \$	2,524.50	
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	: \$	1,170.00	Global Sum (all in)
Payee Name : COMPLETE VMS PTE LTD			
Is Third Party Workshop GIA Registered? [ ] YES [ x ] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability <u>80</u> (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>NIL</u>	
	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: Gan Li Hui  
Date: 8/11/2021

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Damon Chiu  
Date: 8/11/2021



Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 10.11.21

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  
10 Nov 2021

Account Number

Invoice Number  
INV-VM017192

Reference  
SKP2731X / DOA:23/4/2021

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	996.78		996.78
Loss of Use (Disbursement)	1.00	96.00		96.00
LTA Search Fee (Disbursement)	1.00	7.45		7.45
Subtotal				1,100.23
Total Local supply of goods and services 7%				69.77
Total No Tax 0%				0.00
Invoice Total SGD				1,170.00
Total Net Payments SGD				0.00
Amount Due SGD				1,170.00

Due Date: 24 Nov 2021

PayNow / SGQR





:S1M038WS - MANDATE APPROVAL

Type

Question

Message

COR + LOU \$1457.50 80% = \$1166 LTA search \$7.45 Total \$1173.45

Reply