



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 : SH6343D
Our Ref : SMJ6864C

14 June 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 SMJ6864C and SH6343D on 12/5/2021 along Marsiling Mall Multi Storey Car Park Level 3 at about 11:30hrs.

We are the authorized repair workshop for the owner of motor vehicle no. SMJ6864C which is involved in the captioned accident with your insured vehicle SH6343D. 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\$2,621.50
4 days of Loss of Rental @ S\$150.00	S\$600.00
LTA Search fee	S\$7.45
Total	S\$3,228.95

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


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

LETTER OF AUTHORIZATION

RE: ACCIDENT BETWEEN SMT 6864C / SH 6343 D (Vehicle Numbers)
ON 12/05/2021 (Date of Accident) AT Marsiling Mall Multi Storey
car park Level 3

1. I/We, the owner of vehicle no. SMT 6864C 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 : 

Witness's Name & Signature : 

Name : Foong Chee Hoe

Date : 18/05/21

Company Stamp (if applicable) : _____

Email : andyfch@gmail.com



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SH 6343D (Insd veh)	Model: TOYOTA SIENTA
	SMJ 6864C (TP veh)	
Date of Accident/ Time:	12/05/2021	

Repair Estimate	: \$	10,556.59	
Final Repair Cost	: \$	2,500.00	W/GST
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	400.00	4 days at \$ 100 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,907.45	

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>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>24</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* 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.


Signature of workshop representative / Workshop stamp
Name of Representative: Lim Li Hui
Date: 13/9/2021


Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Danny Chin
Date: 13/9/2021


Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 07/09/2021

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
13 Sep 2021

Account Number

Invoice Number
INV-VM016926

Reference
SMJ6864C / DOA:12/5/2021

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	2,336.45		2,336.45
Loss of Rental (Not Subject to GST)	1.00	400.00		400.00
LTA Search Fee (Not Subject to GST)	1.00	7.45		7.45
Subtotal				2,743.90
Total Local supply of goods and services 7%				163.55
Total No Tax 0%				0.00
Invoice Total SGD				2,907.45
Total Net Payments SGD				0.00
Amount Due SGD				2,907.45

Due Date: 27 Sep 2021

PayNow / SGQR



Order checked & accepted by



176 SIN MING DRIVE

#03-07 S575721

35 Eden Grove, Singapore 539085

Co.Reg. No.: 200717924R

SMJ 6864C

VEHICLE RENTAL AGREEMENT

STA No: 002758

HIRER'S PARTICULAR

Name : (as in I/C) Fong Chee YeeNRIC / Passport No: S7043919JTel & Address: BK 980C Buangkok Crescent# 11-71, Spore 533980HP: 9430 0208

ADDITIONAL DRIVER'S PARTICULARS

Name : (as in I/C) _____

NRIC / Passport No: _____

Tel & Address: _____

REMARKS

Veh. No: SMC 1099P Replace Veh. No: _____

Mileage Out: _____ Mileage Out: _____

Out : Date 18/05/21 Out : Date _____Out : Time 9:25am Out : Time _____

RENTAL CHARGES		
Daily	<u>4</u> @ \$ <u>150.00</u>	<u>\$600.00</u>
Monthly	@ \$	
Delivery Charges @ \$		<u>FOC</u>
Others	@ \$	
SUB TOTAL \$		<u>600.00</u>

PETROL: Empty, 1/8, 1/4, 3/8, 1/2, 5/8, 3/4, 7/8, Full

INSURANCE EXCESS PAYABLE ON CLAIM

Hirer is responsible for the first \$ \$2000 - excessfor Collision / Damages to 1st party (i.e.) COMPLETE LEASING P/L vehicle (inc. windscreen) and also first \$ \$2000 - excess

for Collision / Damages to 3rd party's vehicle for each and every accident / damages.


Hirer's Signature: 

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.

IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 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
- IN THE EVENT OF AN ACCIDENT, THE HIRER OF AUTHORIZED DRIVER;
 - shall report all accidents involving the said vehicle to the owner immediately,
 - shall NOT admit liability or sign any settlement documents with any 3rd parties
- 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	 SIGNATURE OF HIRER / DRIVER
<u>21/05/21</u>	<u>3:39 pm</u>		

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 May 2021 / 09:22:00

Receipt Date/Time : 15 May 2021 / 09:22:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210515-000330

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SH6343D

As at 12 May 2021/00:00:01

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SH6343D
Enquiry Fee
20210515092127709365

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			-0.04
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Total Amount Payable			7.45
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Paid By

4ekjnmma- -3C329288P68917003	Credit Card	7.45
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Total		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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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.



Re:RE: Re:<MANDATE IA>

Type

? Question

Message

ALL SURVEY IS ON WP, TP CAN CHOOSE AXA IN HOUSE FOR SURVEY FOR REPAIRS FINLAIZATION: REVISED
OFFER AS FOLLOWS: COR \$2,500 w/GST LOR \$400 LTA \$7.45 TOTAL \$2,907.45

Reply