

# Zero Gravity

2 Kaki Bukit Ave 2

#01-25 Kaki Bukit Autohub Singapore 417921

Tel: 67412845 Fax: 67412170

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12/08/2021

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

Sirs / Madams

RE: ACCIDENT INVOLVING VEHICLE(S) SGR9643H & SHA7908K ALONG KOVAN CITY  
CARPARK ON 16/05/2021.

We understand that you are the insurer of vehicle SHA7908K.

I/We wish to inform you that my/our vehicle SGR9643H have been completed repairs to my/our satisfaction by ZERO GRAVITY. I/We therefore propose to claim from you as follows:

1. Cost of Repair	S\$4300.00
2. LTA Search Fee	S\$7.45
3. Loss of Rental (S\$150.00 x 4 Days)	S\$600.00
4. Total	S\$4907.45

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

Tiffany

## LETTER OF AUTHORITY

ACCIDENT ON: 16/05/2021

INVOLVING VEHICLE(S) NO.: SGR 9643H & SHA 7908K

AT/ALONG: Kovan City Carpark

I, CHELLADURAI KALAIMATHI NRIC No/Co Reg. No.: S7081157Z of

APT BLK 373, HOUGHANG ST 31, #04-61 Singapore 530373

Owner/Driver of motor vehicle registration no: SGR 9643H insured by

INSURANCE LTD

MS GREAT EASTERN GENERAL under policy no: 2021-V0103786-VDP do hereby authorize **m/s Zero Gravity** ("my Repairer") of 2 Kaki Bukit Ave 2, # 01-25 Kaki Bukit Autohub, Singapore 417921, to act as my representative in my claim against my insurance and/or against the owner(s) / driver(s) of motor vehicle(s) registration no(s): SHA 7908 K in respect of the above-mentioned accident.

I also hereby authorize my repairer to proceed repair to my vehicle, give all further instructions on my behalf concerning the said claim and as such, all future correspondences should be addressed to my repairer.

My repairer is further authorized to receive on my behalf monies claims, correspondence and to give a valid discharge and I also hereby appoint my repairer as my attorney and to sign any discharge voucher or any other documents in connection with this matter on and for my behalf.

I confirm that in the event of unsuccessful claim against the negligent party and/or my own insurer (if only under comprehensive cover) for the damages caused to my vehicle, I agree to pay for all the costs and incidentals incurred by my repairer.

I the above-mentioned vehicle owner/driver hereby affirm the above-mentioned statement to be true and correct.

Date this 17 day of 05 Year 2021

Signature : C. Kalaimathi  
(Company Stamp if applicable)

Full Name : CHELLADURAI KALAIMATHI

NRIC No : S7081157Z

Contact No : (HP) 9858 2767 (O) 63377526 (H) 8300 8005





### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHA 7908K (Insd veh)	Model: MERCEDES BENZ C180
	SGR 9643H (TP veh)	
Date of Accident/ Time:	16/05/2021	

Repair Estimate	: \$	8,967.50	
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	: \$	3,800.00	GLOBAL SUM
Payee Name : ZERO GRAVITY			
Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability 80 (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: <del>Yes</del> 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:

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		Signature of Witness / Workshop stamp (if applicable)
Name of Representative: Yen YEE		Name of Witness: Wang Ru
Date: 15/10/21		Date: 15/10/2021
		
Signature of AXA's surveyor/representative:		
Name of AXA's surveyor /Representative:		
Date: 15/10/2021		





# ZERO GRAVITY

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67412845 Fax No: +65 67412170

Email: zero\_gravity@singnet.com.sg

Reg.No.: 52888887X

## FINAL REPAIR BILL

No. : SO-000019

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

Attention: Motor Claim Department

TEL : 63387288

FAX : 63382522

Your Ref. : SHA7908K  
Vehicle No. : SGR9643H  
Make & Model : MERCEDES C180  
Chassis No. : WDD2050402R253552  
Engine No. : 27491030863072  
Accident Date : 16/05/2021  
Policy No. : 2021-V0103786-VDP  
Date : 12/08/2021  
Page : 1 of 1

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price S\$	Amount S\$
1	Lumpsum	1.0 X	4,300.00	4,300.00

SINGAPORE DOLLAR FOUR THOUSAND THREE HUNDRED ONLY

E. & O.E



Total	S\$	4,300.00
Discount	S\$	0.00
Net Total	S\$	4,300.00

Terms: C.O.D.

Customer's Signature/Co. Stamp

ZERO GRAVITY

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise it is assumed that this bill is accepted as correct.





# ZG PTE LTD

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67477100

Buss.Reg.No.:201317155Z

## HIRER'S PARTICULARS

I/We CHELLADURAI KALAIMATHI

If Different From

of BLK 373, HOUGAN ST 31, #09-61, SG-530373

## Section ①

S07081157Z Tel: 9858 2767

Hereinafter called "the Hirer" hereby confirm having agreed to hire this day from ZG PTE LTD. Hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be help reposable for:-

### 1) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$2500 to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire of loss resulting from theft and destruction of the Vehicle.

### 2) COMPREHENSIVE MOTOR VEHICLE COVERAGE

A) If the Rental Vehicle is damaged or destroyed while it is in the possession the Renter, Renter agrees to pay any required Insurance deductible.

B) Renter will be responsible for the full amount of the excess not exceeding \$2000 for own damages and \$1500 for third party claims upon reporting of any accidents.

3) Only persons above 22 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the Vehicle whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof.

Vehicle Regn No : <u>SGX3433G</u>		Rental Agreement: NO. : <u>C0033</u>	
Section ① Hirer's And/Or Driver's Particulars		Date & Time OUT: <u>17/05/2021</u> <u>05:15pm</u>	
Name: <u>GOVINDASAMY CHELLADURAI</u> <u>CHELLADURAI</u>		Date & Time IN: <u>21/05/2021</u> <u>06:00pm</u>	
Address: <u>BLK 373, HOUGAN ST 31,</u> <u>#09-61</u> <u>SG-530373</u>		Chargeable	Rates Amount
Mobile No.: <u>98582767</u>		<u>4</u>	Days @ \$150.00 \$600.00
I/C No./Passort No: <u>32664114D</u> <u>39770736G</u>			Weeks @\$
Type of I/C :/Passort: <u>PINK IC</u> <u>PINK IC</u>			Months @\$
Driving Licence No: <u>32664114D</u> <u>39770736G</u>			Surcharge @\$
Pass Date: <u>07/11/2003</u> <u>16/10/2017</u>			
Date of Birth: <u>04/01/1962</u> <u>06/10/1997</u>			
Place of Issue: <u>SINGAPORE</u>			
a)Third Party Only Policy Excess \$2500/-			
b)Comprehensive Policy Excess \$3500/-		Insurance :	
Vehicle Must Be Returned To Owner's Office By:		Total Charge:	<u>\$600.00</u>
Remarks:		Security Deposit	
		Total Payable	
		Amount Paid	
		Delivery Fees	
IMPORTANT!		Collection Fees/Misc.	
For Singapore Use only		Extra Hours @\$	
Fuel Tank OUT (E) (%) (%) (%) (%) (%) (%) (%) (F)		Rates Do Not Include Fuel	
Fuel Tank IN (E) (%) (%) (%) (%) (%) (%) (%) (F)		Refuelling	
Vehicle No: <u>1)</u>	From:	To:	
Vehicle No: <u>2)</u>	From:	To:	
Tools <u>Spare Tyre</u>	Accessories	Total Additional Charges	
Vehicle Issued By:			
Vehicle Collected By:			
NOTE:		Grand Total	
HIRER AND /OR DRIVER IS LIABLE FOR ALL PARKING , TRAFFIC AND SMOKY EXHAUST VIOLATION		<u>\$600.00</u>	

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING

Date : 17/05/2021

Sign:

C. Kalaimathi



# ZG PTE LTD

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67477100

Reg.No.: 201317155Z

## Invoice : I-010118

ZERO GRAVITY

2 KAKI BUKIT AVE 2  
#01-25 KAKI BUKIT AUTOHUB  
SINGAPORE 417921

TEL : 67412845

FAX : 67412170

Date In : 16/09/2021

Date Out :

Vehicle Num. : SGX3433E

Make/Model : SUZUKI SX4

Mileage(KM) : 0

PO/WO/RO# :

Ref./Remark : C0033

S/N	Quantity	Particular	U/ Price S\$	Amount S\$
1	4.0	DAY RENTAL FEE REMARKS: START: 17/05/2021 05:15PM END: 21/05/2021 06:00PM	150.00	600.00

SINGAPORE DOLLAR SIX HUNDRED ONLY

**E. & O.E**

<b>Total</b>	S\$	<b>600.00</b>
<b>Discount</b>	S\$	<b>0.00</b>
<b>Net Total</b>	S\$	<b>600.00</b>

**Terms: Net 7 days**

Customer's Signature/Co. Stamp

ZG PTE. LTD.

**Notes :**

All cheques should be crossed and made payable to ZG PTE. LTD.

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise it is assumed that this bill is accepted as correct.





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

Print Date/Time : 17 May 2021 / 17:42:13

Receipt Date/Time : 17 May 2021 / 17:42:13

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210517-003186

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - SHA7908K

As at 16 May 2021/11:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHA7908K  
Enquiry Fee  
20210517174048873565

7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

518834XXXXXX7004	eNETS 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:RE: Re:RE: Re:<MANDATE IA>

Type

 Question

Message

REVISED AT \$3,800.00 (ALL-IN) AND MAINTAIN

Reply





redefining / standards

## GIRO CREDIT AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment Service fees will be credited directly into the Service Provider's designated bank account stated below. The Service Provider has to complete all fields of Section A and the completed form must be returned by post/hand to:

AXA Insurance Pte Ltd  
8 Shenton Way #27-01 AXA Tower, Singapore 068811  
Attn:

<b>Section A: Service Provider Details</b> (To be completed by the Service Provider of AXA Insurance Pte Ltd)	
Name of Service Provider (Company):	ZERO GRAVITY
Contact Person:	Stanley Yeo
Telephone:	67412845/67477100
Email Address:	zero_gravity@singnet.com.sg
(An auto-prompt email from the bank will be sent to this email address once this form has been processed by AXA Insurance Singapore Pte Ltd and the payment has been credited)	
<b>Particulars of Service Provider Bank Account</b> (Bank code and Branch code can be found at the bottom of cheque)	
Name of Bank:	OCBC BANK
Bank Code:	7339
Bank Branch Code:	512
Bank Account Number:	512074923001
Name of Account Holder:	ZERO GRAVITY

I/We hereby authorize AXA Insurance Pte Ltd to credit service payments due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand, any sum which should not have been 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 service payments once such amounts are credited into above bank account.

This authorization shall continue in force until I/we have expressly revoked it by notice in writing to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before such change.

楊宜

Authorised Signature & Company Stamp (as in bank records)

22/10/2020

Date





### 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 :	ZERO GRAVITY
Contact Person :	Stanley Yeo
Contact Number :	67412845/67477100
Email Address :	zero_gravity@singnet.com.sg
(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 :	ZERO GRAVITY
<input type="checkbox"/> Mobile :	
<input type="checkbox"/> NRIC :	
<input checked="" type="checkbox"/> UEN :	52888887X

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").

楊宜

Authorised Signature & Company Stamp (as per bank records)

22/10/2020

Date (DD/MM/YYYY)