

國際汽車維修
KT MOTORWERK
Blk 3012 Bedok Ind. Park E #01-2020 Singapore 489978.
(Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177
Email: ktmotorwerk@hotmail.com
Reg. No.: 53373462B

Telephone: 98287487
Email: ktmotorwerk@hotmail.com

05th March 2022

Our Ref: SLC4848L Your Ref No.: CC4/ASM21007037/Apa3

AXA INSURANCE PTE LTD

Motor Claims Department

8 Shenton Way, #24-01 AXA Tower, Singapore 068811

Dear Sir/Mdm

**ACCIDENT INVOLVING SLC4848L AND SHD3259K AT LORONG 1 TOA PAYOH TOWARDS
BRADDELL MRT AT 23/06/2021 @1550HRS**

Please refer to the above mentioned accident.

We are writing in on the behalf of HENG CHENG WEI, BRANDON
the registered owner of motor vehicle number SLC4848L which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SHD3259K** As a result of which, our client have suffered loss and and expenses.

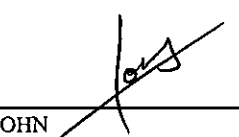
We are instructed by our client to claim for :

1. Cost of Repair (Agree with Surveyor)	\$7,500
2. Loss of use @ 6 days/ \$100	\$600.00
3. Search Fee	\$7.45
4. Third party report	\$29
TOTAL AMOUNT	\$ 8,136.45

We enclsloed hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) Discharge Voucher
- (C) Letter of Authority
- (D) Search Fee
- (E) Third Party Report

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.



JOHN
Mobile: 98287487
Email: ktmotorwerk@hotmail.com

國際汽車維修
KT MOTORWERK


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LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLC4848L **AND** SHD3259K
AT/ALONG LORONG 1 TOA PAYOH TOWARDS BRADDELL MRT
ON 23 **DAY** 06 **MONTH** 2021 **YEAR**

- a) I/We, the owner of vehicle no. SLC4848L hereby instruct and authorize you to commence repair to the said vehicles.
- b) You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- c) You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- d) Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- e) In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- f) In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- g) If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- h) I/we have read and understand the above statement and agreed.

Dated this 24 day 06 month 2021 year

Signature : 
Name : Heng Cheng Wei, BRANDON
NRIC/ROC No. : S8808533G
Address : 455 Bukit Timah Road
#06-01 (r) 259750

Company Stamp



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHD 3259K (Insd veh)	Model: MERCEDES BENZ CLA180 - 1595cc
	SLC 4848L (TP veh)	
Date of Accident/ Time:	23/06/2021	

Repair Estimate	: \$	22,265.99	
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 (Global Sum)	: \$	7,450.00	
Payee Name : KT MOTORWERK			
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/ 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 Name of Representative: John Date: 07-04-2022	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: Jackson Date: 07-04-22
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 07/04/2022	

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Reg. No.: 53373462B

Telephone: 98287487
Fax: 64485177
Email: ktmotorwerk@hotmail.com

Tax Invoice No : T1000113

FINAL REPAIR BILL

Date : 05.03.2022

AXA INSURANCE PTE LTD

Motor Claims Department
8 Shenton Way, #24-01
AXA Tower
Singapore 068811

Vehicle Number : SLC4848L
Make/Model : MERC CLA180
Date of Accident : 23.06.2021

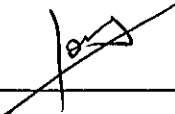
Cost of Repair (Recommended By Suveryor)

\$7,500

GRAND TOTAL

\$ 7,500.00

ISSUED BY


Mr John
Mobile: 98287487
Email: ktmotorwerk@hotmail.com



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

Print Date/Time : 23 Jun 2021 / 17:02:44

Receipt Date/Time : 23 Jun 2021 / 17:02:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210623-003192

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD3259K				
As at 23 Jun 2021/15:50:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD3259K			
	Enquiry Fee	7.00	0.49	7.49
	20210623170155078960			
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				
	400682XXXXXX7606	eNETS 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.



**GENERAL
INSURANCE
ASSOCIATION**

RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 24/06/2021

Your Ref No: SLC4848L

KT MOTORWERK

Dear Sir/Madam,

Date of Accident: 23/06/2021 00:00 (SGT)

Vehicle No: SLC4848L

Place of Accident: Lor 1 Toa Payoh, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHD3259K	Lor 1 Toa Payoh, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.