

**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

11th Oct 2021

Our Ref : SKC825R Your Ref No.: YN5886H

**AXA INSURANCE PTE LTD**

**Motor Claims Department**

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

Dear Sir/Mdm

**ACCIDENT INVOLVING SKC825R AND YN5886H ALONG 590 SERANGOON RD**

Please refer to the above mentioned accident.

We are writing in on the behalf of the registered owner of motor vehicle number MR CHIN YOCK YEN  
SKC825R 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 **YN5886H** 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)	\$6,400.00
2.	Rental	\$600.00
<b>TOTAL AMOUNT</b>		<b><u>\$ 7,000.00</u></b>

We enclsloed hereby the following documents for your consideration :

- ( A ) Final Repair Bill
- ( B ) Discharge Voucher
- ( C ) Letter of Authority
- ( D ) Rental Invoice

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

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

## LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SKC825R AND YN 5886H  
AT/ALONG 590 Perangin Road  
ON 24 DAY 06 MONTH 2021 YEAR

- a) I/We, the owner of vehicle no. SKC825R 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 26 day 06 month 2021 year

Signature : 

Name : Chin Yock Yen

NRIC/ROC No. : S788 6733G

Address : Blk 690B Woodlands Drive

75 #15-166 S732690

Company Stamp



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YN 5886H (Insd veh)	Model: BMW 523 I - 2497cc
	SKC 825R (TP veh)	
Date of Accident/ Time:	24/06/2021	

Repair Estimate	: \$	17,079.24	
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)	: \$	6,800.00	
Payee Name : KT MOTORWERK			
Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)	
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:

- 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: <u>John Teo</u> Date: <u>12-10-2021</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Jackson</u> Date: <u>12.10.2021</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>13/10/2021</u>	

**國際汽車維修**  
**KT MOTORWERK**  
Blk 3012 Bedok Ind. Park E #01-2020 Singapore 469878.  
(Bedok North Ave. 4) Tel: 98287487 Fax: 6448 5177  
Email: ktmotorwerk@hotmail.com  
Reg. No.: 53373462B

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

Tax Invoice No : T100054

**FINAL REPAIR BILL**

Date : 11.10.2021

**AXA INSURANCE PTE LTD**

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

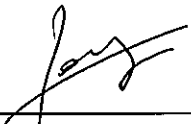
Vehicle Number : SKC825R  
Make/Model : BMW 523I  
Date of Accident : 24.06.2021

---

Cost of Repair (Recommended By Suveryor)	\$ 6,400.00
------------------------------------------	-------------

<b>GRAND TOTAL</b>	<u><u>\$ 6,400.00</u></u>
--------------------	---------------------------

ISSUED BY

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





### 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**

<b>Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)</b>	
Name of Policyholder/Claimant :	KT MOTORWERK
Contact Person :	John Tee
Contact Number :	98287487
Email Address :	KT MOTORWERK@hotmail.com
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	

<b>Payee's Paynow Details (Please tick <u>only 1 option</u> &amp; provide the Paynow Details)</b>	
Payee's name as per bank account :	KT MOTORWERK
<input type="checkbox"/> Mobile :	
<input type="checkbox"/> NRIC :	
<input checked="" type="checkbox"/> UEN :	53373462B

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").

Authorised Signature & Company Stamp (as per bank records)

12.10.2021  
Date (DD/MM/YYYY)