



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 : SLV6961D
Our Ref : SMZ3423C

7 December 2021

By Postage

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04/#05 IOB Building
Singapore 049711

Attention: Motor Claim Department

Dear Sir / Mdm,

Accident Involving SMZ3423C and SLV6961D on 23/11/2021 along Lentor Ave Towards Yishun at about 12:05:00hrs.

We are the authorized repair workshop for the owner of motor vehicle no. SMZ3423C which is involved in the captioned accident with your insured vehicle SLV6961D. 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\$2,033.00
3 days of Loss of Rental @ S\$150.00	S\$450.00
LTA Search fee	S\$7.45
GIA Search fee	S\$29.00
Total	S\$2,519.45

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

Performa Invoice
Rental Agreement
LTA Search fee
GIA Report 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 SM2 3423 C SLV 6961 D (Vehicle Numbers)
ON 23/11/2021 (Date of Accident) AT Lentor Ave Towards Yishun.

1. I/We, the owner of vehicle no. SM2 3423 C 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 : Tay Ann Ji

Date : 24/11/2021

Company Stamp (if applicable) : _____

Email: : angie-tay 88 @ yahoo . com .

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MFL2021D0005120
Claimant Ref: SMZ 3423C

We/I, COMPLETE VMS PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 2,033.00 (repair cost), S\$ 300.00 (loss of use/rental), S\$ 36.45 (search fee), vehicle no. SMZ 3423C that was damaged pursuant to the accident which occurred on 23/11/2021 (date) at LENTOR AVE TOWARDS YISHUN (location) involving vehicle no. SLV 6961D (insured vehicle). This is pursuant to the inspection conducted on 30/11/2021 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TAY ANN JI ("the third party claimant") of vehicle no. SMZ 3423C to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SMZ 3423C (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 2,369.45 to COMPLETE VMS PTE LTD.

Dated this 18 day of 20

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

Gan Li Hui

NRIC:

S8780056C

Address:

176 Gin Ming Drive

#03-14 8575721

Nationality:

Malaysian

Occupation:

Finance & Admin Manager

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

51 UBI AVE 1 #01-25 PAYA LEBAR IND'L PARK

SINGAPORE 408933

Nationality:

Occupation:

This indemnity is signed without prejudice
to my rights to claim for compensation
for my personal injury.

TAX INVOICE

India International Insurance Pte Ltd
64 Cecil Street
#04/#05 IOB Building
SINGAPORE 049711

Invoice Date
18 Feb 2022

Account Number

Invoice Number
INV-VM017664

Reference
SMZ3423C / DOA:23/11/2021

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	1,900.00		1,900.00

Subtotal	1,900.00
Total Local supply of goods and services 7%	133.00
Total No Tax 0%	0.00
Invoice Total SGD	2,033.00
Total Net Payments SGD	0.00
Amount Due SGD	2,033.00

Due Date: 04 Mar 2022

PayNow / SGQR





176 Sin Ming Drive #03-07 S575721
Co. Reg. No.: 200717924R

INVOICE

No: **2737**

To: Tay Ann Ji

c/o Complete VMS Pte Ltd

Date: 6. Dec. 2021

Vehicle No: SMY5482Z

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Rental for 3 days	\$150.00	\$450.00
	29/11/2021 to 1/12/2021		
	Reference: SMZ3423C		

Cheques should be crossed and made payable to "COMPLETE LEASING PTE LTD"

TOTAL

\$450.00

I/ We hereby confirm the order

for **COMPLETE LEASING PTE LTD**

Authorized Signature & Company's Stamp

Order checked & accepted by



176 SIM MING DRIVE
#03-07 S575721

35 Eden Grove, Singapore 539083

Co.Reg. No.: 200717924R

Smz 3423C

002819

VEHICLE RENTAL AGREEMENT

STA No:

HIRER'S PARTICULAR

Name : (as in I/C) Pay Ann Ji

NRIC / Passport No: S8005810A

Tel & Address: 636 Ang Mo Kio Ave 6

105-5173 (560636)

ADDITIONAL DRIVER'S PARTICULARS

Name : (as in I/C) _____

NRIC / Passport No: _____

Tel & Address: _____

REMARKS

Veh. No: SMY5482Z Replace Veh. No: _____

Mileage Out: _____ Mileage Out: _____

Out : Date 29/11/21 Out : Date _____

Out : Time 1045hrs Out : Time _____

RENTAL CHARGES	
Daily <u>2</u> @ \$ <u>150/-</u>	<u>\$450.00</u>
Monthly @ \$	
Delivery Charges @ \$	<u>Per</u>
Others @ \$	
SUB TOTAL \$	
<u>450.00</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 - excess

for 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 EVEN 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>1/12/21</u>	<u>1900hrs</u>	<u>[Signature]</u>	

> Back to OneMotoring



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

Print Date/Time : 24 Nov 2021 / 10:15:27

Receipt Date/Time : 24 Nov 2021 / 10:15:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211124-000830

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 - SLV6961D				
As at 23 Nov 2021/00:00:01				
Insurance Co: INDIA INT'L INS PTE LTD				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLV6961D			
	Enquiry Fee	7.00	0.49	7.49
	20211124101407285836			
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				
512972XXXXXX8071		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.



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: 27/11/2021

Your Ref No: SMZ3423C - 23112021

Complete VMS Pte Ltd

Dear Sir/Madam,

Date of Accident: 23/11/2021 00:00 (SGT)

Vehicle No: SMZ3423C

Place of Accident: Lentor Ave, 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\$)
SLV6961D	Lentor Ave, 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.

Print Received Message

This mail is associated with :

***SMZ3423C (MFL2021D0005120)**

[SLV6961D]

TP

TAY ANN JI

Nov 23 2021 12:00AM

[GRAB RENTALS PTE LTD]

COMPLETE VMS PTE LTD

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 07/02/2022 11:19 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (\$2369.45) - SMZ3423C - Claim Handler: Zuhaidah Bte Samsuri

Approved:2369.45.