

# Erofia Motor Trading Pte Ltd

1 Kaki Bukit Avenue 6 #02-62  
AutoBay @ Kaki Bukit  
Singapore 417883  
Tel: 67527740 Fax: 67528669  
E-Mail: [erofia@singnet.com.sg](mailto:erofia@singnet.com.sg)  
Co Registration No: 201202259N

Our Ref: EMT1961/22/lt/JTE5013

WITHOUT PREJUDICE

Your reference: To Be Advised

BY HAND TO LKK

27 January 2022

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

Dear Sir

Re: **ACCIDENT INVOLVING SHB4498R AND JTE5013 ON 08 JANUARY 2022**

We are instructed by our client Vasudevan A/L Nadarajah to claim damages against your insured SHB4498R in connection with a road traffic accident on 08 January 2022 at about 19.45hrs Along Orchard Road with our client's motorcycle registration number JTE5013

As a result of the accident, our client's motorcycle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

|    |                                                    |                   |
|----|----------------------------------------------------|-------------------|
| 1. | Final Repair Bill as per surveyor's recommendation | S\$1,800.00       |
| 2. | Loss of Use (6 days x S\$20.00/day) Repair + PRI   | S\$ 120.00        |
|    | Total to Claim                                     | <hr/> S\$1,920.00 |

Attached final repair bill for your early process of our claim

Thank you

Yours faithfully  
Erofia Motor Trading Pte Ltd

Teo Hwa Heng



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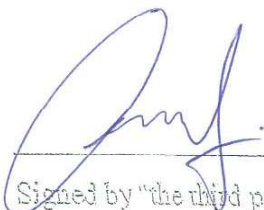
## AUTHORISATION TO ACT

I/We, Vasudevan A/L Nadarajah ("the third party claimant") of  
564 Fasa 2 Persiaran Muhibbah Jaya 25 Tmn Muhibbah Jaya (address), owner of  
JTE 5013 (vehicle no.) hereby authorize Erofia Motor Trading Pte Ltd ("the  
workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of  
use ("claim") for my vehicle no. JTE 5013 That was damaged pursuant to the  
accident which occurred on 08 01 2022 (date)  
Along Orchard Road (location) involving vehicle no/s  
SHB 4498 R ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they  
deemed fit and the workshop is further authorized to receive payment further to settlement of my  
claim with payment cheque/s being made in favour of the workshop - EROFIA MOTOR  
TRADING PTE LTD

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the  
other vehicle/s is concerned.

Dated this 10 (day) of 01 (month) 20 22 (year)

  
Signed by "the third party claimant"

(With company stamp if applicable)



  
Signed by "the workshop"

(With company stamp)

Provide always that this discharge of my  
claim for damages relating to the damage to  
my vehicle shall not prejudice or affect or  
preclude me from making a further claim for  
general and special damages for my personal  
injuries sustained in the same accident.



### AXA THIRD PARTY DIRECT SETTLEMENT

|                         |                      |                     |
|-------------------------|----------------------|---------------------|
| Vehicle No:             | SHB 4498R (Insd veh) | Model: YAMAHA Y15ZR |
|                         | JTE 5013 (TP veh)    |                     |
| Date of Accident/ Time: | 08/01/2022           |                     |

|                                                                                                      |                                  |                                                              |                         |
|------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|-------------------------|
| Repair Estimate                                                                                      | : \$                             | 5,067.10                                                     |                         |
| Final Repair Cost                                                                                    | : \$                             | 1,620.00                                                     |                         |
| Loss of Use                                                                                          | : \$                             | 80.00                                                        | 4 days at \$ 20 per day |
| Rental (if any)                                                                                      | : \$                             |                                                              | days at \$ per day      |
| LTA / GIA Search Fee                                                                                 | : \$                             |                                                              |                         |
| Others:                                                                                              | : \$                             |                                                              |                         |
| Final Settlement Sum                                                                                 | : \$                             | 1,700.00                                                     |                         |
| Payee Name : EROFIA MOTOR TRADING PTE LTD                                                            |                                  |                                                              |                         |
| 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: <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:

- 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                               | Signature of Witness / Workshop stamp (if applicable)                               |                                                                                      |
| Name of Representative:                                                             | Name of Witness:                                                                    | Tam Lee Lee                                                                          |
| Date: 01.07.2022                                                                    | Date: 01.07.2022                                                                    |                                                                                      |
|  |                                                                                     |                                                                                      |
| Signature of AXA's surveyor/representative:                                         |                                                                                     |                                                                                      |
| Name of AXA's surveyor /Representative:                                             |                                                                                     |                                                                                      |
| Date: 01.07.2022                                                                    |                                                                                     |                                                                                      |

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

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## INVOICE

| Number  | Date      | Page |
|---------|-----------|------|
| JTE5013 | 27-Jan-22 | 1    |

YOUR REF:  
VEHICLE NO: JTE5013  
MAKE/MODEL: YAMAHA Y15ZR  
NAME: AXA INSURANCE SINGAPORE PTE LTD  
ADDRESS: 8 SHENTON WAY #27-01  
AXA TOWER  
SINGAPORE 068811

### ACCIDENT INVOLVING SHB4498R AND JTE5013 ON 08 JANUARY 2022

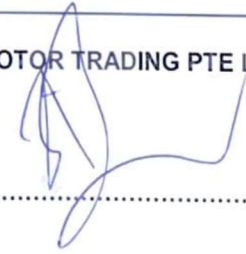
|                                                      |     |          |
|------------------------------------------------------|-----|----------|
| FINAL REPAIR BILL AS PER SURVEYOR'S RECOMMENDATION   | S\$ | 1,800.00 |
| LOSS OF USE (6 DAYS X \$20.00/DAY) REPAIR DAYS & PRI | S\$ | 120.00   |

SUB-TOTAL: S\$ 1,920.00

SINGAPORE DOLLARS: ONE THOUSAND NINE HUNDRED AND TWENTY ONLY

TOTAL : S\$ 1,920.00

EROFIA MOTOR TRADING PTE LTD





&lt;MANDATE IA&gt;

Type

 Information

Message

Hi Please offer as follows: COR \$1,620.00 (w/o GST) LOU \$80.00 (4 days x \$20) Total \$1,700.00 \*Please ensure all documents are in order Thank you Derick

[Reply](#)