

SUPREME AUTO SERVICE PTE LTD

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

•TEL: 6452 8211 •FAX: 6451 7420

Direct Settlement THIRD PARTY CLAIM

Your ref: SH 8252U
Our ref: SLP 5446M

AXA INSURANCE PTE LTD

Attn: Officer In Charge
(Motor Claim Department)

Date:

Dear Sir,

RE : ACCIDENT INVOLVING SLP5446M AND SH8252U ON 19/01/2022.

We have been authorized by VFM PTE LTD,
the registered owner of vehicle number SLP5446M, which was involved
SH8252U in the above accident and at the material time to make a 3rd party claims
against your insured.

The accident was clearly caused by your insured's negligence. We, therefore seeking
compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	1300.00
Rental Fee <u>160 x 5 DAYS</u>	S\$	300.00
Search Fee	S\$	NA
Total	S\$	1600.00

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,



Supreme Auto Service Pte Ltd

To: AXA INSURANCE PTE LTD
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SLP5446M and SH8252U
ALONG/AT NICOLL HIGHWAY TOWARDS KPE SLIP ROAD NEAR LAMP POST 2511
ON 19/01/2022

1. I/We, VFM PTE LTD (NRIC No. 201523773K),
owner/driver of motor vehicle no. SLP5446M & residing at

respectively in consideration of your workshop SUPREME AUTO SERVICE PTE LTD
repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of
repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the
said service of a solicitor to proceed with negotiation with the defaulting party's insurance
company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue
Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the
claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our
assistance as per second paragraph stated herein below:

2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever
reasonable assistance to you including signing all relevant Court's document and attendance in
Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite
request from you, you shall be entitled to claim from me/us the repair costs together with legal
costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain
payment from defaulting party.

3. 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/our claim, you are
authorised to sign any Discharge Voucher or any document to confirm my acceptance of the
settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our
full authority to collect all compensation monies pertaining to the above-mentioned accident from
insurance company or any other party, directly to your workshop M/s
SUPREME AUTO SERVICE PTE LTD

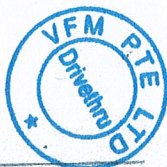
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after
deducing all costs and disbursements incurred should be drawn in your name or my/our name/s (at
your discretion) and will be forwarded to you.

5. This letter of Authorisation is irrevocable.

Signature: 

Name: _____

NRIC NO: _____



Date this 20 day of JAN 2022



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SH 8252U (Insd veh)	Model: HONDA VEZEL 1.5X HYBRID
	SLP 5446M (TP veh)	
Date of Accident/ Time:	19/01/2022	

Repair Estimate	: \$	2,375.60	
Final Repair Cost	: \$	1,200.00	
Loss of Use	: \$	150.00	3 days at \$ 50 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,350.00	

Payee Name : Supreme Auto Service 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: 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:
Date: 12-05-22



Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date: 12-5-22

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 13/05/2022


SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 6452 8211 FAX: 6451 7420
CO. REG. NO. : 19-9404214-H

INVOICE : 17761

AXA INSURANCE PTE LTD

DATE : 9/5/2022

QUANTITY	PARTICULARS	AMOUNT (\$)
	<u>HONDA VEZEL / SLP 5446 M / DOA 19/01/2022</u> Lump sum repair for the above mentioned vehicle.	\$1,300.00
	 Total	\$1,300.00



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:

Section A: Service Provider Details (To be completed by the Service Provider of AXA Insurance Pte Ltd)	
Name of Service Provider (Company):	Supreme Auto Service Pte Ltd
Contact Person:	9736-8619 (Chew Keong)
Telephone:	9736-8619
Email Address:	Chewkeongsupreme@gmail.com
(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)	
Particulars of Service Provider Bank Account (Bank code and Branch code can be found at the bottom of cheque)	
Name of Bank:	UOB
Bank Code:	7375
Bank Branch Code:	007
Bank Account Number:	107 307 7902
Name of Account Holder:	Supreme Auto Service Pte Ltd

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.

Chew Keong



Authorised Signature & Company Stamp (as in bank records)

12-05-22

Date