

MODERN AUTOMOTIVE PTE LTD

BLK 3023A UBI ROAD 1 # 01 - 61

SINGAPORE 408717

GST REG. NO : 200501102H

TEL : 6748-4422 / 6744-4422 FAX : 6-747- 6720

Email: chin@modernautomotive.com.sg

YOUR REF : SHC8906Z (S2M03Y5B)

OUR REF: GBG5006R

Date : 04.07.2022

AXA Insurance Singapore Pte Ltd
8 Shenton Way, #24-01 AXA Tower
Singapore 068811
Tel : 6-880-4833 Fax : 6-880-4838

Attn: Motor Claims Dept

**RE : ACCIDENT INVOLVING GBG5006R & SHC8906Z ON 05.04.2022
ALONG BRADDELL ROAD**

We refer to the above matter.

We have been authorized by our client M/s C&C Management Services to make claim against your insured vehicle No.SHC8906Z in respect of the above accident for the following:

Repair cost	\$	5,564.00	(Incl GST)
Loss of use (\$100 x 6 days)	\$	600.00	
Search Fee	\$	2.00	
Medical fee (Cherie Yeo)	\$	30.00	as per receipt
Medical fee (Cherie Yeo)	\$	16.81	as per receipt
Medical fee (Ong Peh Hong)	\$	30.00	as per receipt
Total :	\$	6,242.81	

Enclosed herewith a copy each of the supporting documents for your perusal.
Kindly process the above and remit the payment to us asap.

Yours faithfully



Modern Automotive Pte Ltd

LETTER OF AUTHORIZATION

Date: 18/4/22

TO WHOM IT MAY CONCERN

Dear Sir,

RE: ACCIDENT INVOLVING VEHICLE

GBG 5006 R / SHC 8906 Z

ON 05/4/22 ALONG Braddell Road

This letter is to authorize **MODERN AUTOMOTIVE PTE LTD** at Block 3023A, Ubi Road 1, #01-61, Singapore 408717 to resolve the above matter.

In respect of this authorization, **MODERN AUTOMOTIVE PTE LTD** has my/our authority to decide on my/our behalf whether to accept any offer of settlement from the third party insurers. I/we also agreed that all payments include Loss of Use to make in favour of **MODERN AUTOMOTIVE PTE LTD**.

MODERN AUTOMOTIVE PTE LTD is also authorized to sign all the required documents include Discharge Voucher from the third party insurers on my/our behalf.

Yours Faithfully



Signature of Owner



Ho Soo Sin / S1686016/G

Name / NRIC



redefining / insurance



CLAIM REF : S2M03Y5B
INSURED : COMFORT TRANSPORTATION PTE LTD

DISCHARGE VOUCHER

We/I, C & C MANAGEMENT SERVICES, NRIC NO.53079353A hereby agree to accept the sum of dollars FIVE THOUSAND NINE HUNDRED EIGHTY SIX ONLY (\$5,986.00) paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. SHC8906Z as a result of an accident along CTE & SLE TOWARDS BRADDELL ROAD on 05/04/2022 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. GBG5006R.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SHC8906Z in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SHC8906Z.

Dated this 25 day of July 2022

Claimant's Signature : [Handwritten signature]

NRIC no./ Company Stamp : [Circular stamp: C&C MANAGEMENT SERVICES, CO. REG. NO. 53079858A, SINGAPORE]

Occupation/ Business : [Blank line]

Address : [Blank line]

Telephone No. : [Blank line]

Witness's Name : MODERN AUTOMOTIVE PTE LTD

Witness's Signature : BLK 3023A UBI ROAD 1 #01-01, SINGAPORE 408717 TEL: 6747 4422 FAX: 6747 6720

Witness's NRIC No. : [Blank line]



redefining / insurance



CLAIM REF : S2M03Y5B
INSURED : COMFORT TRANSPORTATION PTE LTD

DISCHARGE VOUCHER

We/I, CHERIE YEO, NRIC NO. S9244504F hereby agree to accept the sum of dollars FORTY SIX AND CENTS EIGHTY ONE ONLY (\$\$46.81) paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. SHC8906Z as a result of an accident along CTE & SLE TOWARDS BRADDELL ROAD on 05/04/2022 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. GBG5006R.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SHC8906Z in connection directly or indirectly with the said accident and give our/my full and final discharge.

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It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SHC8906Z.

Dated this 25 day of July 2022

Claimant's Signature : [Signature] X

NRIC no./ Company Stamp : S9244504 F

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : MODERN AUTOMOTIVE PTE (P)

Witness's Signature : BLK 3023A UBI ROAD
#01-61, SINGAPORE 408711
TEL: 6747 4422 FAX: 6747 672

Witness's NRIC No. : _____



redefining / insurance



CLAIM REF : S2M03Y5B
INSURED : COMFORT TRANSPORTATION PTE LTD

DISCHARGE VOUCHER

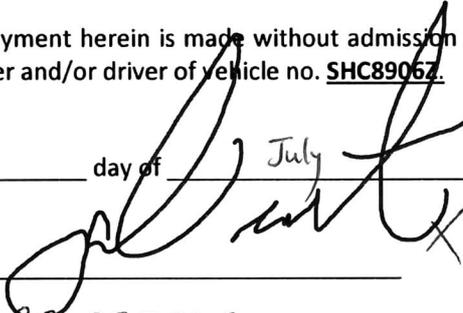
We/I, ONG PEH HONG, NRIC NO. S9038381G hereby agree to accept the sum of dollars **THIRTY ONLY (\$\$30.00)** paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. SHC8906Z as a result of an accident along CTE & SLE TOWARDS BRADDELL ROAD on 05/04/2022 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. GBG5006R.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SHC8906Z in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SHC8906Z.

Dated this 25 day of July 2022

Claimant's Signature : 

NRIC no./ Company Stamp : S9038381G

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : MODERN AUTOMOTIVE PTE LTD

Witness's Signature : 

Witness's Signature : BLK 3023A UBI ROAD

Witness's Signature : #01-61, SINGAPORE 408717

Witness's Signature : TEL: 6747 4422 FAX: 6747 6720

Witness's NRIC No. : _____

MODERN AUTOMOTIVE PTE LTD

BLK 3023A UBI ROAD 1 # 01- 58 / 61 SINGAPORE 408717
TEL : 67474422, 67454422 FAX : 67476720
GST REG. NO : 200501102H

AXA INSURANCE (SINGAPORE) PTE LTD
8 Shenton Way #27-01
Singapore 068811

Attention : Motor Claim Department
Contact : 6338 - 7288 Fax No. : 6880 - 4838

Tax Invoice : TP001745

Date : 04/07/2022
Vehicle Num. : GBG 5006R
Make/Model : NISSAN NV 200-2017
Chassis/Eng# :
Accident Date : 05/04/2022
Claim No. : S2M03Y5B
Reference :
Policy No. : 5125198713

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR : ACCIDENT REPAIR (LUMPSUM)		5,200.00
		Labour Total S\$:		5,200.00

Total S\$: 5,200.00
GST @ 7% S\$: 364.00
Amount Due S\$: 5,564.00
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MODERN AUTOMOTIVE PTE LTD

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SHC8906Z

Date of Accident

05/04/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AXA Insurance Pte Ltd**

Period of Insurance **01/01/2022 - 31/12/2022**

Requested By **HO MEEI HUEY (MODERN AUT...**

Requested Date **18/04/2022 15:11**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

DA Clinic @ Potong Pasir

51 Upper Serangoon Road #01-53, The Poiz Centre, Singapore 347697
Tel: +65 3165 0139
Potong Pasir Healthcare Pte. Ltd. UEN: (201834890D)



Patient: CHERIE YEO
IC: S9244504F
ID: 616902

Date of Visit: 05 Apr 2022
Date Created: 05 Apr 2022
MC: #147909

Medical Certificate

This is to certify that the patient is Unfit for Work/Duty from 05 April 2022 to 07 April 2022 for 3 days.

Time of attendance: 06:47pm

Dr Andrew Fang
M16576Z

Dr Andrew Fang

Note: This medical certificate is not valid for absence from court.

DA Clinic @ Potong Pasir
Potong Pasir Healthcare Pte Ltd
51 Upper Serangoon Road
#01-53, The Poiz Centre
Singapore 347697
Tel.: +65 3165 0139 Email: potongpasir@daclinicgroup.c

DA Clinic @ Potong Pasir

51 Upper Serangoon Road #01-53, The Poiz Centre, Singapore 347697
Tel: +65 3165 0139
Potong Pasir Healthcare Pte. Ltd. UEN: (201834890D)



CHERIE YEO
130 POTONG PASIR AVENUE 1 #01-205
HDB-POTONG PASIR
SINGAPORE 350130

Invoice #516075
Date 05/04/2022
Ref No 616902

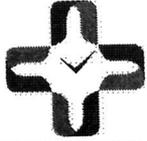
Tax Invoice

Provider: Dr Andrew Fang

Item	Qty	Unit Cost	Sub Total
ANAREX (PARACETAMOL 450 MG + ORPHENADRINE CITRATE 35 MG) TABLET	20	\$0.40	\$8.00
CONSULTATION FEE WEEKDAY	1	\$20.00	\$20.00
Sub-Total:			\$28.00
GST 7%:			\$1.96
Adjustment:			\$0.04
Total:			\$30.00

CHAS	\$18.50	05 Apr 2022
Amex	\$11.50	05 Apr 2022

Outstanding Balance: \$0.00



INTEMEDICAL

INTEMEDICAL POTONG PASIR

51 Upper Serangoon Road, #01-29 The Poiz Centre, Singapore 347697
Tel: (65) 6242 6384 Fax: (65) 6241 4125

MEDICAL CERTIFICATE

MC No: OD-PP0000065417

NAME: CHERIE YEO

NRIC: S9244504F

This is to certify that the above patient name is Unfit for Duty for a period of 1 day
from 29-04-2022 to 29-04-2022 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

James Wu Yipeng
MBBS (Singapore)
Resident Physician


Signature

28/04/2022
Date

INTEMEDICAL POTONG PASIR

51 Upper Serangoon Road #01-29
The Poiz Centre, Singapore 347697
TEL: (65) 6242 6384 FAX: (65) 6241 4125
EMAIL: contact.potongpasir@intemedical.com



INTEMEDICAL POTONG PASIR
 51 UPPER SERANGOON ROAD
 #01-29 THE POIZ CENTRE
 SINGAPORE 347697

SALE

DATE/TIME 28Apr22 15:37:15
 TID: 41002027 STAN: 014396
 MID: 160160352320
 INVOICE#: 012894 BATCH#: 000221
 VISA EXPIRY
 XXXXXXXXXXXXXXXX XX/XX
 APPR CODE: 557712 HOST: DBS
 RRN: 21180014396 PAYWAVE
 TC: 81EEEE3D-91E1240 AID: A00000000310
 Visa Credit
 TR: 0000000000 TSI: 0000

AMOUNT SGD 16.81

NO SIGNATURE REQUIRED
 I AGREE TO PAY THE ABOVE TOTAL
 AMOUNT ACCORDING TO CARD ISSUER
 AGREEMENT

CUSTOMER COPY

DA Clinic @ Potong Pasir

51 Upper Serangoon Road #01-53, The Poiz Centre, Singapore 347697
Tel: +65 3165 0139
Potong Pasir Healthcare Pte. Ltd. UEN: (201834890D)



Patient: ONG PEH HONG
IC: S9038381G
ID: 505660

Date of Visit: 05 Apr 2022
Date Created: 05 Apr 2022
MC: #147908

Medical Certificate

This is to certify that the patient is Unfit for Work/Duty from 05 April 2022 to 07 April 2022 for 3 days.

Time of attendance: 06:46pm

Dr Andrew Fang
M16576Z

Dr Andrew Fang

Note: This medical certificate is not valid for absence from court.

DA Clinic @ Potong Pasir
Potong Pasir Healthcare Pte Ltd
51 Upper Serangoon Road,
#01-53, The Poiz Centre
Singapore 347697
Tel.: +65 3165 0139 Email: potongpasir@daclinicgroup.c

DA Clinic @ Potong Pasir

51 Upper Serangoon Road #01-53, The Poiz Centre, Singapore 347697
Tel: +65 3165 0139
Potong Pasir Healthcare Pte. Ltd. UEN: (201834890D)



ONG PEH HONG
296 PUNGGOL CENTRAL #07-491
PUNGGOL GROVE
SINGAPORE 820296

Invoice #516078
Date 05/04/2022
Ref No 505660

Tax Invoice

Provider: Dr Andrew Fang

Item	Qty	Unit Cost	Sub Total
ANAREX (PARACETAMOL 450 MG + ORPHENADRINE CITRATE 35 MG) TABLET	20	\$0.40	\$8.00
CONSULTATION FEE WEEKDAY	1	\$20.00	\$20.00
Sub-Total:			\$28.00
GST 7%:			\$1.96
Adjustment:			\$0.04
Total:			\$30.00

Amex	\$30.00	05 Apr 2022
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Outstanding Balance: \$0.00