

TSR AUTOMOTIVE PTE LTD

UEN No. 202201279H

160 Sin Ming Drive, #06-15

Sin Ming Auto City, Singapore 575722

Email: tsrteamworks2022@gmail.com

ATTN : MOTOR CLAIM DEPARTMENT (T.P)

WITHOUT PREJUDICE

ADDRESS : AXA INSURANCE SINGAPORE PTE LTD

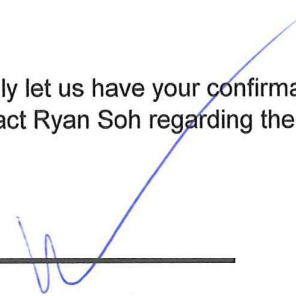
Dear Sir/ Mdm :

Accident involving our vehicle No : 1Q 1838 H & your insure vehicle SHC 1333 YDate Of Accident 25/04/2022 . Along / At Macperson Towards Bendemeer.

Refer to the matter . The accident was caused solely by the negligence of your insured and as a result the following costs and losses had incurred.:

		AMOUNT
1	FINAL REPAIR BILL INCLUDE GST	S\$ <u>\$5050.00</u>
2	SURVEYOR REPORT FEE	S\$ <u>-</u>
3	RENTAL BILL : <u>4 days x \$200 =</u>	S\$ <u>\$800.00</u>
	L.O.U. <u>2 days x \$150 =</u>	<u>\$300.00</u>
4	T.P INSURANCE SEARCH : <u>-</u>	S\$ <u>-</u>
5	OTHER DOCUMENT.: <u>-</u>	S\$ <u>-</u>
TOTAL :		S\$ <u>\$6150.00</u>

Please kindly let us have your confirmation to settle our claim within **30 days**.
Kindly contact Ryan Soh regarding the above matter.



Ryan Soh
Hp : 93825367
Tel : 64535654

LETTER OF AUTHORITY & INDEMNITY

To : TSR AUTOMOTIVE PTE LTD

ACCIDENT INVOLVING VEHICLE NO. YQ 1838 H. AND SHC 1333Y
ALONG Macperson Twds Bendemeer ON 25/04/2022.

1. I/We, the owner of vehicle no. YQ 1838H hereby instruct and authorise you to commence repairs to the said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third 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 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 claim, on my behalf.
4. Upon resolving my/our claim, you are authorised to agree with my/our solicitors on the amount of their professional costs and disbursements for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account.
5. In the event that I/we am/are required to attend at my/our solicitors' office or to attend Court in connection with my/our claim, I/we shall render full co-operation.
6. 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 authorise 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 respect, 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 Costs incurred by you in claiming back for the repair costs by your Solicitors.
7. If for whatever reason, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and 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.
8. In the event that the third party's insurance company send a cheque for the settlement amount directly to you, you have to pay **TSR AUTOMOTIVE PTE LTD** our repair costs and others, which is included in the settlement amount. Failure to do so may result in us commencing legal action against you to recover for our repair costs and others.

Dated this 25 day of 04 2022



LBL CONSTRUCTION PTE LTD

Name
NRIC No.
ROC No. 2XXXX 273C
(company stamp, if applicable)
Address :

Contact No.



Name of Insurers :
Policy No. :
Excess :

- Vehicle Provide -



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 1333Y (Insd veh)	Model: ISUZU NPR85U
	YQ 1838H (TP veh)	
Date of Accident/ Time:	25/04/2022 09:20	

Repair Estimate	: \$	15,700.04	
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	: \$	5,050.00	GLOBAL SUM

Payee Name : TSR AUTOMOTIVE PTE LTD

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability 90 (%)
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/TORTEASOR 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: *Ryan Soh*
Date: 19/07/2022



KSC

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: *DOREEN CHAN*
Date: 19/07/2022



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 19/07/2022

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.



TSR Automotive Pte Ltd

Reg No.: 202201279H PRO FORMA

160 Sin Ming Drive, Sin Ming Auto City #06-15 Singapore 575722

Mobile: +65 9003 0857

Email: tsrteamworks2022@gmail.com

INVOICE NO : TP 1015

21/06/2022

YQ 1838 H

**AXA INSURANCE SINGAPORE PTE LTD
8, SHENTON WAY
27-01 , AXA TOWER
SINGAPORE 068811**

**ISUZU
NPR 85**

Accident Date: 25/04/2022

**Lump Sum Repair, Supply Parts &
Labour .**

\$ 5,050.00

Sub - Total : \$ 5,050.00

Total : \$ 5,050.00

Notes: All cheques must be crossed and make payable to " **TSR Automotive Pte Ltd** ".

Received Vehicle in Good Order

for **TSR Automotive Pte Ltd**



Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
Reg. No: 263102/00M
TOWING SERVICE: 6858 4067 (After 10.30pm)

Truck Rental
Motor Repair
Motor Insurance Claims
Insurance Agent
Dealer In Used Car
Authorised Castrol Service Centre

必甲及罗厘出租
汽车维修
保险赔偿
代理保险
买卖货车
维修服务中心



车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 25/4/2022

Owner: BAN HONG LEE MOTOR SERVICES ("the owner")

Hirer: LBL Construction Pte Ltd

YQ1838H-

Address: _____

NRIC / Co. Reg. No: _____

Tel: _____ Fax: _____ H/P: _____

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: YN 8822 C (Hino Long with canopy)		Agreement No.: 144038	
Driver's Particulars		Odometer: _____	
Name: _____		Date & Time Out: 25/4/2022 @ 11:55am	
Address: _____		Date & Time In: 29/4/2022 9am	
I/C No: _____	Dr/Licence No: _____	Hour @\$ _____	_____
Date of Issue: _____	Occupation: _____	4 Days @\$ 200/ ✓	_____
Date of Birth: _____	Tools: _____	Wks @\$ _____	_____
	Spare Tyre: 2 ✓	Mths @\$ _____	_____

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 2000/ comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$ 3500/ excess for collision/damage to first party, (i.e.) BAN HONG LEE MOTOR SERVICES (including windscreen) plus loss of earning while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable): _____

Sub-Total: _____

Balance To Pay: S\$ 800/ ✓

PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY

BAN HONG LEE MOTOR SERVICES

Authorised Signature



Hirer's Signature

Ban Hong Lee Motor Services

Block 5033, Ang Mo Kio Industrial Park 2, #01-279

(off Ang Mo Kio Avenue 3) Singapore 569536

TEL: 64825577 (3 Lines) FAX: 64825000

UEN: 26310200M

Date: 3rd May 2022

Invoice No: RA144038

Attn:

LBL Construction Pte Ltd

Invoice for Rental

Invoice No.	Duration	Amount
144038 – YN8872C (Hino lorry with canopy)	25/04/2022 to 29/04/2022 (4 days)	\$200 X 4 days <u>Total: \$ 800.00</u>

Dollars: Eight Hundred Only



Re:MANDATE IA

Type

 Question

Message

W/shop is non ARC workshop so pls attempt settlement base on liability 90% with your proposed quantum.

Reply



GIRO CREDIT 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
Robinson Road P.O. Box 1094
Singapore 902144

Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)	
Name of Policyholder/Claimant:	TSR AUTOMOTIVE PTE. LTD
Contact Person:	RYAN
Contact Number:	90030857
Email Address:	tsrteam@worksgroup.com
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	
Particulars of Policyholder/Claimant's Bank Account	
Name of Bank:	UOB
Bank Code:	7375
Bank Branch Code:	066
Bank Account Number:	353-311-747-1
Name of Account Holder:	TSR AUTOMOTIVE PTE. LTD

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so 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 insurance payout once such amounts are credited into the above bank 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 bank account, 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)

08/07/2022

Date (DD/MM/YYYY)