

AHM Performance

NO 1 KAKI BUKIT AVE 6 #02-46 AUTOBAY
SINGAPORE 417883
TEL : 6846 1884 Fax : 6846 1841

Date : 15-08-2022

AXA INSURANCE PTE LTD

Attn: Motor Claims Dept.

Dear Sir/Mdm,

ACCIDENT INVOLVING VEHICLE NO. FZ 7423J AND SHA 6585P
ALONG UBI AVENUE 2 & PAYA LEBAR ROAD JUNCTION ON 18/07/2022 17:30

We understand that you are the insurer of SHA 6585P vehicle.

We wish to inform you that vehicle no. FZ 7423J have been completed repairs
to the owner of car no. FZ 7423J satisfaction by M/s **AHM Performance**.

We therefore propose to claim from you as follows :-

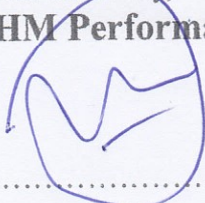
1. Cost of Repair	: S\$ <u>1050</u>
2. Loss of Use/Rental(S\$ <u>30</u> X <u>3</u> days)	: S\$ <u>90</u>
3. LTA Search Fee/GIA Reports	: S\$ _____
4. Others	: S\$ _____
TOTAL AMOUNT	: S\$ <u>1140</u>

Please let us have your reply soonest possible.

Thank you.

Yours faithfully,

AHM Performance




AUTHORISATION TO ACT


I/We, SYED NAJIB BIN SYED HASSAN ("the third party claimant") of BLK 93 PAYA LEBAR WAY #03-3039 (S) 370093 (address), owner of FZ 7423J (vehicle no.) hereby authorize AHM PERFORMANCE ("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. FZ 7423J that was damaged pursuant to the accident which occurred on 18/07/2022 (date) along UBI AVENUE 2 & PAYA LEBAR ROAD JUNCTION (location) involving vehicle no/s SHA6585P ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem 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.

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 10 (month) 2022 (year)


Signed by "the third party claimant"
(with chop if applicable)


Signed by "the workshop"
(with chop)





AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHA 6585P (Insd veh)	Model: HONDA CB400SF M
	FZ 7423J (TP veh)	
Date of Accident/ Time:	18/07/2022	

Repair Estimate	: \$	1,994.00	
Final Repair Cost	: \$	1,050.00	3 days at \$ 25 per day
Loss of Use	: \$	75.00	days at \$ per day
Rental (if any)	: \$		
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum	: \$	1,125.00	

Payee Name: AHM PERFORMANCE

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: Lim Kwang Hong
Date: 10.10.22

Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date: 10.10.22

Signature of AXA's surveyor/representative
Name of AXA's surveyor/Representative:
Date: 10.10.2022

**No. 1 Kaki Bukit Avenue 6 #02-46
AutoBay @ Kaki Bukit Singapore 417883
Tel: 6846 1884 Fax: 6846 1841
Business Registration No: 53057202L**

Business Registration No: 53057202L

BIKE NO: PZ74238

- Goods sold are non returnable & exchangeable
- Deposit are non-refundable
- The Customer shall collect the motorcycle within 3 days upon notification by us on the collection date, failing which the customer shall pay the Company \$30 per day as storage fees.
- Company reserved the rights to dispose the motorcycle at our discretion if the customer failed to collect it within 30 days after being informed on the collection date. We shall not be held responsible or liable for any loss or damages to the motorcycle as a result of this
- All parts and repairs do not carry warranty.

Balance:

for **AHM Performance**



PAYNOW 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 :	AHM PERFORMANCE
Contact Person :	Ah Hong
Contact Number :	9790 7538
Email Address :	ahm.performance@gmail.com
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	

Payee's Paynow Details (Please tick <u>only 1 option</u> & provide the Paynow Details)	
Payee's name as per bank account :	
<input type="checkbox"/> Mobile :	
<input type="checkbox"/> NRIC :	
<input checked="" type="checkbox"/> UEN :	53057202L

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

10/10/2022

Date (DD/MM/YYYY)