

ADVANCE AUTO GARAGE

23 Kaki Bukit Avenue 4, #04-01 Vicom Kaki Bukit Inspection Center,
Singapore 415933

Tel: 9007 9247

Email: advanceag@hotmail.com

UEN: 53395571L

Date : 8 November 2022
Your Ref : SHD7288A
To : AXA Insurance Pte Ltd
Attn : Motor Claims Department
Claim Type : Third Party Claim

Dear Sir/Mdm,

RE: Accident on 19/08/2022 between SLA4085G & SHD7288A at/along AYE(City) after Jurong Town Hall

We refer to the above matter and would like to settle it directly in an amicable manner.

Please find attached copies of the below mentioned for your kind perusal:

- 1) Invoice No. AAGCL-260 @ S\$28,000.00
- 2) Loss of Use @ S\$6,600.00 (33Days x S\$200)
- 3) Authorization to Act
- 4) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issued upon amount finalization.

Thank you.

Yours faithfully,



Xavier Lim

Advance Auto Garage

LETTER OF AUTHORITY

Name : Lee Li Xin
Address : Bik 543 Woodlands Dr. 16 #05-09 S(730543)
:
Contact No :

To (Insurance): AXA Insurance Pte. Ltd.

Dear Sirs,

ACCIDENT INVOLVING SLA4085G AND SHD7288A ON 19/08/2022
AT/ALONG AYE (City) after Jurong Town Hall

I/We, Lee Li Xin, am/are the registered owner of
motor car no. SLA4085G

Please note that I have assigned all compensation monies due to me/us in the above stated accident to **ADVANCE AUTO GARAGE**.

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned accident to **ADVANCE AUTO GARAGE** and forward your settlement cheque to **ADVANCE AUTO GARAGE** whom I had authorized to collect the said compensation monies.

Thank You



Signature of Claimant



Witness By



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHD 7288A (Insd veh)	Model: NISSAN TEANA 2.5L CVT
	SLA4085G (TP veh)	
Date of Accident/ Time:	19/08/2022	

Repair Estimate	: \$	56,493.40	
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 (Global Sum)	: \$	29,700.00	
Payee Name : Advance Auto Garage			
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:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. 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.
3. 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: Xavier Lim Date: 07/11/2022	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: Boh Cui Pin Date: 07/11/2022
  Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 10/11/2022	

Sales Invoice

Advance Auto Garage

23 Kaki Bukit Avenue 4
#04-01 Vicom Kaki Bukit Inspection Center
Singapore 415933
Reg No: 53395571L
(+65) 9007 9247

DATE: 8/11/2022
INVOICE NO.: AAGCL-260
VRN: SLA4085G

Bill To:
AXA Insurance Pte Ltd
8 Shenton Way, #24-01 AXA Tower
Singapore 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Description	AMOUNT
ACCIDENT REPAIRS CARRIED OUT AS PER YOUR SURVEYOR RECOMMENDATION	\$28,000.00
LUMP SUM	
LOSS OF USE 33 DAYS @\$200/DAY	\$6,600.00
Total:	\$34,600.00

- * All prices stated are in SGD
* Please make all cheques payable to Advance Auto Garage
* Car handed over in satisfactory post repair condition



THANK YOU FOR YOUR BUSINESS



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:	Advance Auto Garage
Contact Person:	Xavier Lim
Contact Number:	9007 9247
Email Address:	advanceag@hotmail.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:	Overseas-Chinese Banking Corporation Limited
Bank Code:	7339
Bank Branch Code:	623
Bank Account Number:	623399755001
Name of Account Holder:	Advance Auto Garage

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)



07/11/2022
Date (DD/MM/YYYY)