

SM AUTOMOTIVE

Our Ref : GBD463C
Your Ref : SHD3064E
Date : 26th Sep 2022

1 Kaki Bukit Avenue 6
Blk C #01-43 Autobay@KB
Singapore 417883

AXA Insurance Pte Ltd
Robinson Road
P.O.Box 1094
Singapore 902144

WITHOUT PREJUDICE

Dear Sirs,

RE: ACCIDENT INVOLVING GBD463C & SHD3064E ALONG CLEMENTI AVE 6 SLIP ROAD OF TOH TUCK AVE ON 01.09.2022 @ 08:30HRS

We are instructed by **SALLEH EXPRESS** to claim damages and losses against you in connection with the above captioned road traffic accident which our client's vehicle **GBD463C** was damaged by vehicle **SHD3064E** driven by your insured at the material time.

We are instructed that the said accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

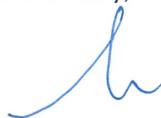
1) Repair Costs (Inc 7% gst)	\$ 8,453.00
2) Loss of Use for 11 days (9 + 2 weekends)	\$ 1,320.00
3) LTA Search Fee	\$ 7.45
	<u>\$ 9,780.45</u>

A copy each of the following supporting document is enclosed:

- 1) Final Repair Bill
- 2) Warrant to Act
- 3) LTA Receipt

Please let us have your cheque for the sum **\$ 9,780.45** made payable to us, **SM AUTOMOTIVE** in the next 14 days.

Yours faithfully,



SM AUTOMOTIVE



LETTER OF AUTHORISATION

SM AUTOMOTIVE

Kaki Bukit Avenue 6

Blk 1 #01-43

Singapore 417883

Dear Sir,

Accident on

01-09-2022 @ 0830hrs

Involving Vehicles

GBD463C x SHD3064E

Along

Clementi Ave 6 slip road at Tish Truck Ave

I/We, the registered owner/driver of vehicle registration no: _____
have involved in the above accident.

GBD463E

I/We hereby authorize **SM AUTOMOTIVE** to commence repairs of the said vehicle forthwith.

I/We agree to assign the whole proceeds of my/our comprehensive/third party claim to you and our solicitor, _____, to act on my/our behalf in respect of the above matter. And if applicable, my/our solicitors shall accept this as my/our irrevocable authority to pay the amount as deemed compensated direct to you after deduction of their costs on a Solicitor and client basis.

I/We undertake to co-operate fully with you and our solicitors to ensure that claim is successful.

I/We also authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in relation with the above claim in my/our absence.

Your kind co-operation in this matter will be much appreciated.

Yours truly,



SALLEH EXPRESS

Owner's Signature

(Company's stamp if applicable)

Name:

Salleh Express

NRIC No.:

52888884J

Date:

08/09/2022

**WITHOUT PREJUDICE to:**

(a) Insurance Subrogated Claim and/or

(b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHD 3064E (Insd veh)	Model: NISSAN NV200 1.5L MT
	GBD 463C (TP veh)	
Date of Accident/ Time:	01/09/2022	

Repair Estimate	: \$	32,605.00	
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)	: \$	9,260.00	
Payee Name : SM AUTOMOTIVE			
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/TORTEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

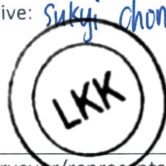
Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

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: Sukyi Chong
Date: 18.10.22



LUP

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Yunli Khoo
Date: 18.10.22



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 18/10/2022

SM AUTOMOTIVE

Block C, 1 Kaki Bukit Avenue 6 #01-43 Singapore 417883

Email: SM_AUTOMOTIVE@HOTMAIL.COM

Tel: (65) 6747 9241 Fax: (65) 6741 7276

RCB No: 53231488C GST Reg No : 53231488C

TAX INVOICE

AXA Insurance Pte Ltd

8 Shenton Way,

#B1-01,

Singapore 068811

Client: SALLEH EXPRESS

Invoice No : SMPL2209-0167

Date : 26-Sep-22

Date of Accident : 1-Sep-22

Vehicle No. : GBD463C

Model Type : NISSAN NV200

Descriptions		Amount
Lump Sum Repair Cost		7,900.00
GST 7%		553.00
Total		8,453.00

SIN DOLLARS: EIGHT THOUSAND FOUR HUNDRED AND FIFTY THREE ONLY





Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Sep 2022 / 15:22:57

Receipt Date/Time : 02 Sep 2022 / 15:22:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220902-002592

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD3064E				
As at 01 Sep 2022/08:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD3064E Enquiry Fee 20220902152135678426	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
434921XXXXXX0206		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.