

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 : YP 22105 & your insure vehicle SH 87162Date Of Accident 03/09/2022 . Along / At 467B Fernvale Link, Singapore 792467.

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>\$1100.00</u>
2	SURVEYOR REPORT FEE	S\$	<u>—</u>
3	RENTAL BILL : <u>1 waiting + 2 working</u> L.O.U. <u>3 days x \$200/day</u>	S\$	<u>—</u> <u>\$600.00</u>
4	T.P INSURANCE SEARCH : <u>—</u>	S\$	<u>—</u>
5	OTHER DOCUMENT.: <u>—</u>	S\$	<u>—</u>
TOTAL :		S\$	<u>\$1700.00</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. YP 2210S AND SH 8716Z
ALONG 467B Fernvale Link, Singapore 792467 ON 03/09/2022.

1. I/We, the owner of vehicle no. YP 2210S 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 03 day of Sept ~~201~~ 2022



[Handwritten signature]



Name Jadia Logistics Pte. Ltd

NRIC No.

ROC No. 200701602H

(company stamp, if applicable)

Address :



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SH 8716Z (Insd veh)	Model: MITSUBISHI CANTER FEB21ER4SDEB
	YP 2210S (TP veh)	
Date of Accident/ Time:	03/09/2022	

Repair Estimate	: \$	3,801.75	
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)	: \$	1,500.00	
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 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/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: *Dyan Soh*
Date: 26/09/22



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: *DOREEN CHAN*
Date: 26/09/2022

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 26/09/2022



TSR Automotive Pte Ltd

PRO FORMA
Reg No.: 202201279H

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

Mobile: +65 9003 0857

Email: tsrteamworks2022@gmail.com

INVOICE NO : TP 1039

14/09/2022

YP 2210 S

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

**MITSUBISHI
CANTER**

Accident Date: 03/09/2022

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

\$ 1,100.00

Sub - Total : \$ 1,100.00

Total : \$ 1,100.00

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

Received Vehicle in Good Order

for **TSR Automotive Pte Ltd**



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:	tsrteamworks2022@gmail.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)

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M)
Robinson Road P.O. Box 1094, Singapore 902144
Customer Centre : 9 North Buona Vista Drive #18-01/06 The Metropolis Tower 1, Singapore 138588
Telephone: +65 6880 4888 - [axa.com.sg](http://www.axa.com.sg)

Internal