



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 : 12 May 2023
Your Ref : SHD7244B
To : HSBC Life (Singapore) Pte. Ltd.
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: Accident on 14/09/2022 between SFQ2232Z & SHD7244B at/along TPE (ECP)

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-313 @ S\$4,100.00
- 2) Loss of Use @ S\$1,200.00 (8 Days x S\$150)
- 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 : Toh Ting Yu
Address : Blk 771 Pasir Ris Street 71 #16-360 S(510771)
: _____
Contact No : _____
To (Insurance): AXA Insurance Pte Ltd

Dear Sirs,

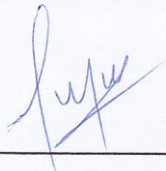
ACCIDENT INVOLVING SFQ 2232Z AND SHD 7244B ON 1A/09/2022
AT/ALONG TPE (ECP)

I/We, Toh Ting Yu, am/are the registered owner of
motor car no. SFQ 2232Z


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

HSBC Life (Singapore) Pte. Ltd.
10 Marina Boulevard,
Marina Bay Financial Centre Tower 2 #48-01,
Singapore 018983
☎ +65 6880 4888
☐ www.hsbclife.com.sg
cc.gi@mail.life.hsbc.com.sg

HSBC Life Third Party Direct Settlement

Vehicle No:	SHD 7244B (Insd veh)	Model:
	SFQ 2232Z (TP veh)	MERCEDES BENZ E 250CGI COUPE (1796cc)
Date of Accident/ Time:	14/09/2022	

Repair Estimate	: \$	10,274.10	
Final Repair Cost	: \$	4,100.00	
Loss of Use	: \$	400.00	4 days at \$100 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum	: \$	4,500.00	
Payee Name: Advance Auto Garage			
Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)			
A) For Non GIA Registered	Agreed Liability 100 (%)		
Workshop:			
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 HSBC Life and their client/tortfeasor in any manner whatsoever.
3. HSBC Life 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 (HSBC Life 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: 13 Jun 2023

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Agatha Lee
Date: 13 Jun 2023

Signature of HSBC Life's surveyor & stamp / representative
Name of HSBC Life's surveyor / Representative:
Date: 20/06/2023

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: 12/5/2023
INVOICE NO.: AAGCL-313
VRN: SFQ2232Z

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	\$4,100.00
LUMP SUM	
Total:	\$4,100.00

- * 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



Paynow Authorisation Form

This form must be completed and returned to HSBC Life (Singapore) 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:

HSBC Life (Singapore) 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 :	90079247
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)	

Payee's Paynow Details (Please tick <u>only 1 option</u> & provide the Paynow Details)	
Payee's name as per bank account :	ADVANCE AUTO GARAGE
<input type="checkbox"/> Mobile :	
<input type="checkbox"/> NRIC :	
<input checked="" type="checkbox"/> UEN :	53395571L

I/We hereby authorise HSBC Life (Singapore) Pte. Ltd. to credit the payment due to me/us to the bank account linked to above Paynow account, and undertake to return to HSBC Life immediately upon demand any sum which shall not be so credited into such Paynow account. I/We agree that HSBC Life 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 HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its 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 HSBC 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 HSBC Life and its 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 HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg. ("Purposes").



Authorised Signature & Company Stamp (as per bank records)



13062023

Date (DD/MM/YYYY)