



AXA Insurance Pte Ltd
C/O LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1
#02-25 Paya Ubi Industrial Park
Singapore 408933

Without Prejudice

SMRT AUTOMOTIVE SERVICES PTE LTD
6 Ang Mo Kio Street 62
Singapore 569140
Tel : 65 6866 2650
Fax : 65 6368 7421
www.smrt.com.sg

Your Ref.: CC3/AXA16018353/K1mb3

Our Ref.: BUS/09/16/5024/KC

Date : 19.06.2019

Dear Sirs,

ACCIDENT INVOLVING SMB108J AND YL2616B ON 26.09.2016

CLAIMS RESPONSE

- ☐ We refer to your letter dated _____ and our letter dated _____
- ☐ We claim on behalf of _____
- ☐ We acknowledge the receipt of your letter/claims dated _____
- ☐ We have forward your claim to our Insurer. They will liaise directly with you.
- ☒ We enclose our documents marked "E" in the list below:
- ☐ Please give us your documents marked "R" in the list below:

<input type="checkbox"/> Police/SAS report of _____	<input type="checkbox"/> Discharge Voucher	<input type="checkbox"/> Others : _____
<input type="checkbox"/> Investigation Results	<input type="checkbox"/> Repair Invoice	_____
<input type="checkbox"/> Photographs	<input type="checkbox"/> Letter of Claims	_____
<input type="checkbox"/> Confirmation of Taxi Rental	<input type="checkbox"/> Survey Report	_____

- ☐ We are looking into this matter and will revert to you.
- ☐ We disclaim our liabilities. The accident was caused by your driver.
- ☐ Without admission of liability, we offer you S\$ _____ all in to settle the case amicably.
- ☐ Please quantify your claims
- ☐ We wish to survey / re-survey your vehicle. Please arrange and let us know the date & time.
- ☐ We have no other alternatives but have to take legal action against you.
- ☐ Your offer of S\$ _____ is accepted. Please let us have your Discharge Voucher.
- ☐ Your offer of S\$ _____ is rejected. Please increase your offer to S\$ _____
- ☒ Please let us have your cheque payable to **SMRT BUSES LTD**
- ☐ Others _____


Karen Chan
for Manager, Claims
Claims Department



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YL 2616B (Insd veh)	Model: Mercedes Benz (11967cc)
	SMB 108J (TP veh)	
Date of Accident/ Time:	26/09/2016	

Repair Estimate	: \$		
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)	: \$	1,430.00	
Payee Name : SMRT BUSES LTD			
Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability: _____ (%)	
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/TORTEFEASOR 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:
Date: Kaun Chan 19.06.19

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: BALDICH
Date: 19.6.19

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


AUTHORISATION TO ACT


I/We, **SMRT BUSES LTD** ("the third party claimant") of **6 ANG MO KIO STREET 62 (S)569140** (address), owner of **SMB 108J** (vehicle no.) hereby authorize **SMRT AUTOMOTIVE SERVICES PTE LTD** ("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. **SMB 108J** that was damaged pursuant to the accident which occurred on **14/02/2015** (date) along **STEVENS ROAD** (location) involving vehicle no/s **YL 2616B** ("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 SMRT BUSES LTD.

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 19 (day) of June (month) 2019 (year)


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


Signed by "the workshop"
(with chop)