



BODYFIX

NO. 10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT
SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 64837432
REG. NO: 53010635C

Our ref: SJM 4304 K

12 DEC 2017

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #27-01 AXA TOWER
Singapore 068811

Attn: Motor Claims Dept.

Dear Sir / Madam

Accident involving SJM 4304 K & SJW 7266 P on 18/11/2017

Our client, **TAY TIAN BOON**, whose motor vehicle **SJM 4304 K** was involved in the above-mentioned accident. He authorized us to act on his behalf in claiming for his cost of repairs, car rental, loss of income and other consequential losses.

Our client also informed us that the above accident was caused by the negligence of your insured driver of motor vehicle **SJW 7266 P**.

Our client is claiming:

1. Cost of repairs	\$1658.50(inclusive GST)
2. Loss of Rental(\$120x3days)	\$360.00
3. Loss of income(\$160x3days)	\$480.00
4. LTA search fee	\$5.35

We enclosed the following documents for your necessary action:

1. Letter Of Authorisation;
2. Discharge voucher;
3. Car rental agreement;
4. Performa Invoice;
5. LTA search receipt;
6. GIA report

We appreciated that you can do a direct settlement as soon as possible.

Yours faithfully


Zhang Yuzhen



Auto
Consultants
Pte Ltd

51 UBI AVE L, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

04 DECEMBER 2017

SITY ZUBAIDAH BINTE JANTAN
BLK 181 PASIR RIS ST 11
#06-24
SINGAPORE 510181

Dear Sir/ Mdm

OUR REF : CC4/AXA17022223/M1pa3
YOUR REF : GA126284 (SJW 7266P)
ACCIDENT INVOLVING SJW 7266P & SJM 4304K ALONG/AT TPE EXIT > PASIR RIS DRIVE 8 ON 18/11/2017

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from Bodyfix acting on behalf of the owner of SJM 4304K against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to chewht@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

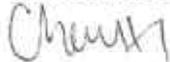
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6742 3197 or email us at chewht@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

Cc *AXA Insurance Pte Ltd*
(Motor Claims Dept)



BODYFIX

10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 6483 7432
Email: bodyfix@singnet.com.sg
REG. NO: 53010635C

22.11.2017.

Our Ref : SJM 4304 K
Your Ref : SJW 7266 P

TAY TIAN BOON
C/o BODYFIX

Attn: Motor Claims Department
AXA Insurance Singapore
8 Shenton Way,
#27-01 AXA Tower
Singapore 068811

Dear Sir/Mdm,

LETTER OF AUTHORITY

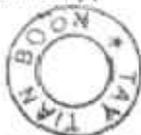
**RE: ACCIDENT INVOLVING SJM 4304 K & SJW 7266 P ON
18.11.2017.**

I, TAY TIAN BOON owner of vehicle no. SJM 4304 K hereby authorize M/s BODYFIX as my authorized representative to write, negotiate and settle claim on my behalf in my claim against the owner and / or driver of vehicle Reg no. SJW 7266 P in respect of the above mentioned accident.

Kindly make payment directly to BODYFIX.

Kindly contact Yuzhen at 62571289 should you have any queries regarding the above.

Yours faithfully,

TAY TIAN BOON.



BODYFIX

10 ANG MO KIO INDUSTRIAL PARK 2A
#04-06 AMK AUTOPOINT SINGAPORE 568047
TEL: 6483 7430/6257 1289 FAX: 6483 7432
Email: bodyfix@singnet.com.sg
REG. NO: 53010635C

22.11.2017.

Our Ref : SJM 4304 K
Your Ref : SJW 7266 P

TAY TIAN BOON
C/o BODYFIX

Attn: Motor Claims Department
AXA Insurance Singapore
8 Shenton Way,
#27-01 AXA Tower
Singapore 068811

Dear Sir/Mdm,

LETTER OF AUTHORITY

**RE: ACCIDENT INVOLVING SJM 4304 K & SJW 7266 P ON
18.11.2017.**

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Kindly make payment directly to BODYFIX.

Kindly contact Yuzhen at 62571289 should you have any queries regarding the above.

Yours faithfully,



TAY TIAN BOON.



redefining / insurance

CLAIM REF : S7M004HJ
INSURED : SITY ZUBAIDAH BINTE JANTAN

DISCHARGE VOUCHER

We/I TAY TIAN BOON, Co Reg No. 53350800/B) hereby agree to accept the sum of dollars [two thousand one hundred thirteen and cents eighty- five only] (S\$ 2,113.85) paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. SJW 7266P as a result of an accident along TPE on 18th November 2017 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SJM 4304K.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SJW 7266P in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SJW 7266P.

Dated this 17 day of MAY 2018

Claimant's Signature : [Signature] 

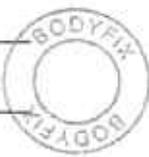
NRIC no./ Company Stamp : S1642019J/53350800B

Occupation/ Business : _____

Address : Tampines ST 83 BIK 870 #10-153 (S) 520870

Telephone No. : 97340255

Witness's Name : Tang Leng Lee

Witness's Signature : [Signature] 

Witness's NRIC No. : S2500384E

BODYFIX

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06

AMK AUTOPOINT SINGAPORE 568047

Tel No. : 62571289 Fax No. : 64837432

E-Mail : bodyfix@singnet.com.sg

Tax Reg. No. : 53010635C Buss. Reg. No. : 53010635C

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

Attention : Motor Claim Department
Contact : 3387288 Fax No. : 8804838

Tax Invoice : AC18009

Date : 16/05/2018
Vehicle Num. : SJM 4304 K
Make/Model : HONDA FIT-2008
Chassis/Eng# : GE61138275
Accident Date : 18/11/2017
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1 PC	SPECIAL NETT ITEMS :		
		REAR BUMPER LOWER LIP		600.00
2.	1 SET	REVERSE SENSOR		220.00
		Special Nett Total S\$:		820.00
		LABOUR :		
		RUST-PROOFING ON THE REAR ACCIDENT AFFECTED PORTIONS		20.00
		TO CHECK, TEST LIGHTING & REVERSE SENSOR WIRING		60.00
		LABOUR TO REPLACE ABOVE PARTS, PANEL BEAT, REPAIR & RE-ALIGN DAMAGE PARTS		300.00
		TO SPRAY PAINT REAR BUMPER, REAR END PANEL & BUMPER LOWER LIP		350.00
		Labour Total S\$:		730.00

SingDollars : One Thousand Six Hundred Fifty-Eight & Cents Fifty Only

E. & O.E.

Total S\$: 1,550.00
GST 7% S\$: 108.50
Amount Due S\$: 1,658.50
=====


for BODYFIX

B & O VEHICLE RENTAL

Tel: 64825577

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
 Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
 Reg. No: 53060835M
 TOWING SERVICE: 9182 8211 (After 10.30 pm)

SJM4304K
 H/fit

车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 22/11/17
 Owner: B & O VEHICLE RENTAL ("the owner")
 Hirer: Tay Tian Boon
 NRIC / Co. Reg. No: S164201PJ
 Tel: _____ Fax: _____ H/P: 97340255
 Address: Blk 820 Tampines St 11 # 10-111 (Smyxto)

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: <u>SGL 872 T</u>		Agreement No.: <u>17463</u>	
Driver's Particulars		Odometer: _____	
Name: <u>Tay Tian Boon</u>		Date & Time Out: <u>22/11/17 2.10pm</u>	
Address: _____		Date & Time In: <u>12:37 / 25/11/17</u>	
I/C No: <u>S164201PJ</u>	Dr/Licence No: <u>164201PJ</u>	Hour @\$ _____	
Date of Issue: <u>30/7/03</u>	Occupation: _____	3 Days @\$ <u>120/</u>	
Date of Birth: <u>19/11/1964</u>	Tools: <u>also see</u>	Wks @\$ _____	
<u>30/7/17</u>	Spare Tyre: <u>one self</u>	Mths @\$ _____	

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 3000/ comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first S\$ 3000/ excess for collision/damage to first party, (i.e.) B & O VEHICLE RENTAL (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable): _____
 Sub-Total: _____
 Balance To Pay: 3360/

PETROL/DIESEL AT YOUR OWN EXPENSE
 FOR LOCAL USE ONLY

B & O VEHICLE RENTAL

 Authorised Signature

 Hirer's Signature

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Nov 2017 / 10:41:29

Receipt Date/Time : 21 Nov 2017 / 10:41:06

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171121-000581

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 - SJW7266P As at 18 Nov 2017/22:55:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SJW7266P Enquiry Fee 20171121103855875074	5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	xxxxxxxxxxxx1269		Credit Card: Visa /MasterCard	5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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.

