

**Asher Sng (LKKAuto)**

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**From:** Asher Sng (LKKAuto)  
**Sent:** Monday, 15 January 2018 12:23 PM  
**To:** 'RAJ.MANE@JOHNCRANE.COM'  
**Subject:** ACCIDENT INVOLVING SKN 7795P AND SJX 6442Z ALONG MALAYSIA CUSTOM QUEUE ON 17/12/2017



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

15 JAN 2018

**MANE RAJENDRA NATHAJI**

Dear Sir/ Mdm

**OUR REF : CC4/ASM17024362/Wea3**  
**YOUR REF : SKN 7795P**  
**ACCIDENT INVOLVING SKN 7795P AND SJX 6442Z ALONG MALAYSIA CUSTOM QUEUE ON 17/12/2017**

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 M/s ALLSWELL MOTOR TRADERS acting on behalf of the owner of SJX 6442Z against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SJX 6442Z. As such, liability is down against us.

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 7 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 [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) within 7 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 6256 3561 or email us at [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com).

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

Yours sincerely,

Asher  
*Case Handler*  
 DID: 6841 6051  
 FAX: 6741 4108  
 Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. AXA Insurance Pte Ltd (AXA)  
 (Motor Claims Dept)

# **Allswell Leasing & Limousine Pte Ltd**

100, Sultan Plaza, #02-41, Singapore 199001  
C/o 25, Defu Lane 9, Singapore 539266

Date: 18/11/19 -

## **Discharge Voucher / Payment Authorisation**

Our Claim reference number: Defu-2604.

Attention: AXA

I/We hereby certify that the repairs to my/our vehicles bearing license number plate: SJX 6442Z which was involved in an accident on 14/12/17 has been completed by **Allswell Motor Traders** to my/our satisfaction.

I/We agreed that all 3<sup>rd</sup> party claim payment to the workshop for repairs, replace and re-spray works shall be made solely to **Allswell Motor Traders** at 25, Defu Lane 9. S 539266

Signature: 

Name: **NG Boon Chin, Edmund**

Company Stamp:





### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SH07796P	(Insd veh)	Model: BMW 320i-2.0 (A)
	SLX0442Z	(TP veh)	
Date of Accident/ Time:	17/12/2017		

Repair Estimate	: \$	834.60	
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 (Gross Sum)	: \$	300.00	
Payee Name :	ALLSWELL MOTOR TRADERS		
Is Third Party Workshop GIA Registered?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)		
A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)		
B) For GIA Registered Workshop:	BOLA Applicable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> BOLA Scenario No: ML		
BOLA Liability: _____ (%)	Assessed Liability (*): 100 (%)		
* 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/TORTFEASOR 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: 19/1/19  
 Date: 19/1/19  
  
 Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date: 19/1/19

Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: TANG CHONG YEE  
 Date: 19/1/19

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-17-192410

Date of Request: 20/12/2017

Your Ref No:

Online Purchase

Allswell Motor Traders  
25 Defu Lane 9  
Singapore 539266

Dear Sir/Madam,

Enquiry Date: 20/12/2017

Enquiry By: Chan Yan Yee

TP Vehicle No: SKN7795P → 53X64422

Accident Date: 17/12/2017

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKN7795P	AXA Insurance Pte Ltd	17/07/2017-16/07/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-17-192410  
Date of Request: 20/12/2017

Your Ref No: Online Purchase

Allswell Motor Traders  
25 Defu Lane 9  
Singapore 539266

Dear Sir/Madam,

Enquiry Date: 20/12/2017  
Enquiry By: Chan Yan Yee  
Vehicle No: SKN7795P  
Accident Date: 17/12/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque