

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

24 JANUARY 2018

CHIN KIN LEONG TERENCE

57 CHISELHURST GROVE SINGAPORE 558640

Dear Sir/ Mdm

OUR REF

: CC4/ASM17024438/Upb3

YOUR REF

: GA294043/1 (SLV 57D)

ACCIDENT INVOLVING SLD 57D/ YP 3878J/ OTHERS ALONG/AT CTE TWDS AYE ON 26/12/2017

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 KIM CHWEE AUTO PTE LTD acting on behalf of the owner of YP 3878J against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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)

AUTHORISATION TO ACT

I/We, Shunxue Builders 1/4 (the thir	d party claimant") of 1030 AMK. Aves
#D8-36 North Stor Building (address), o	owner of 193878J (vehicle no.) hereby
authorize Kim chuse Auto He L	("the workshop") to act for me with respec
to my claim for repair costs and/or rental and/or 90 38785 that was damaged pursuant to the	he accident which occurred on _26/12/17 (date
along CTE TAYE NEW TP	Bradell Exil (location) involving
vehicle no/s SLV STD ("the accident").	
I further authorize the workshop to settle my a deem fit and the workshop is further authorized t claim with payment cheque/s being made in favor	to receive payment further to settlement of my
I further acknowledge that any settlement the without prejudice and without admission of liabil of the other vehicle/s is concerned.	
Dated this (day) of (mo	nth) 20 (year)
Aradhon	TO THE LEGISTRAN
Signed by "the third party claimant"	Signed by "the workshop"

(with company stamp if applicable)

(with company stamp)



This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries calm another their additional toward claim in a later date. Purcher, the sentement rooms haven should not be used as an Evidence to prejude a 10 the authoritis personal injuries cipits andror other uninsured losses claim arising of the subject matter in this action.

AXA THIRD PARTY DIRECT SETTLEMENT

Vehide Na:	SLV 57D (Insd yeh)			
Date of Accident/Time:	YP 3878J	(TP veh)	Model: MITS miss in seen and	
	26/12/2017		Model: MITSUBISHI FEB21ER3SDEB	

_	stimate	:\$	10,754.57	
	pair Cost	:5		
Loss of L		1:5		
Rental (i	A CONTRACTOR OF THE CONTRACTOR	:5		days at \$ per
LTA / GI	A Search Fee	1:5		days at \$ per
Others:		:5		
		15		
Final Set	tlement Sum (Global Sum)	:\$	2,440.00	
Payee N	ame: KIM CHWEE AUTO PTI	CITE		
Is Third F	arty Workshop GIA Registere		X] YES [] NO (Kindly indicate below)	
4}	For Non GIA Registered	Work	thop: Agreed Liability (%)	
3)	For GIA Registered Wo	rkshop:		consele No. 22
	BOLA Liability: 100	(%)	Assessed Liability (*):	(%)
	* Assessed Liability to b	e filled i	only for chain collisions and for cases where BOLA does n	at analy
emarks:			The state of the s	or oppriy.

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 WHATSDEVER.
- 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

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 representable / Population stamp Name of Representative:

Signature of Witness / Workshop stamp (if appli Name of Witness:

TANG JUN ZHONG Name Date: 27/11/19

\$8704986H

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

Date:



RECORDS MANAGEMENT CENTRE

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-17-194256

Date of Request:

26/12/2017

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

26/12/2017

Enquiry By

KCA USER 1

TP Vehicle No.

SLV57D

Accident Date

26/12/2017

quiry Result

tully nesult				
TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.	٦
SLV57D	AXA Insurance Pte Ltd	11/11/2017-10/11/2018	6338 7288	٦

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.

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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-17-194256

Date of Request:

26/12/2017

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

26/12/2017

Enquiry By

KCA USER 1

TP Vehicle No.

SLV57D

Accident Date

26/12/2017

SCRIPTION	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:

[X] GIRO [] Cash [] Cheque