# ELITE AM PTE LTD

280 Woodlands Industrial Park E5, #01-17 Harvest @ Woodlands (S) 757322 Tel: 63397378/86606722 Fax: 63397475

Reg No: 201606209K

GST Reg No: 201606209K

Date: 19/02/2018

OUR REF: TP/SJQ 6945B/18

M/S: AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01

SINGAPORE 068811

Statement Of Claim On Veh No: SJQ 6945B MODEL: CHEVROLET AVEO

LUMP SUM OF REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

\$7,300.00 \$7,300.00 \$7,811.00

LOSS OF USE (\$120 X 16 DAYS) \$1,920.00

\* Pre-repair inspection

\*Inclu weekend

\*Post repair inspection

 LTA SEARCH
 \$2.00

 THIRD PARTY REPORT
 \$29.00

 \$9,762.00

#### Asher Sng (LKKAuto)

From:

Asher Sng (LKKAuto)

Sent:

Monday, 8 January 2018 10:30 AM

To:

'ROLANDRUEDAS@GMAIL.COM'

Subject:

ACCIDENT INVOLVING SJP 8083E AND SJQ 6945B ALONG ORCHARD RD TOWARDS

BRAS BASAH ON 20/12/2017



Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315 O8 JAN 2018

#### **ROLAND FUESTA RUEDAS**

Dear Sir/ Mdm

**OUR REF** 

: CC4/AXA17024519/es3

YOUR REF

: SJP 8083E

ACCIDENT INVOLVING SJP 8083E AND SJQ 6945B ALONG ORCHARD RD TOWARDS BRAS BASAH ON 20/12/2017

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 ELITE AM PTE. LTD. acting on behalf of the owner of SJQ 6945B against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, where your vehicle was involved in a Five (5) vehicle chain collision and your vehicle was the 4th vehicle that rear-ended the Third Party Vehicle SJQ 6945B which in turn had rear-ended SJB 5509M the first vehicle which is GBC 5963Z and we are of the opinion that we cannot be absolved from liability.

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 <a href="mailto:ashersng@lkkauto.com">ashersng@lkkauto.com</a> 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.

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

c.c. AXA Insurance Pte Ltd (AXA) (Motor Claims Dept) Date: 27/12/2017

TO: AXA INSURANCE PTE LTD

# LETTER OF AUTHORITY & INDEMNITY

	INVe, Tan Try Neng	NRIC / Compa	any Registration
	No. <u>\$12433971</u> of (addre	ess) BLK 6846 Jurong WER	y ef 61
	#15-478 (3) 643654 , the regis		
	vehicle SJR 6945 B , here	by authorise M/ Elite AM Pte Ltd	d ("the Repairer")
	to commence repairs to my / our vehicle	and to forward the claim for amo	ong other things,
	the cost of repairs to the owner/ insured	of the Third Party responsible fo	r the said accident
	on (date) 20/12/17 involving	motor vehicle nos. SJP 8083 (	<u> </u>
	along Orchard		
	authorise M/ Elite AM Pte Ltd to sign and not limited to the Discharge Voucher in c		
	I will also render full co-operation	to M/ Elite AM Pte Ltd in the follow	owing situations:
)	Present my car for pre-inspection	, post-inspection and/ or re-insp	ection, should it be
	requested for by the insurance co	ompany.	
	2. I will sign the Discharge Voucher	when presented by the Repaire	r, upon final
	confirmation of liability and quant	um, accepted by the Repairer.	
	3. In the event where I were to rece	ive any cheques from the third p	arties' insurance
	company for the payment of the	repairs, I will forward the said pa	lyment to M/ Elite
	AM Pte Ltd.		

I / We hereby also confirm that I was involved in the said above mentioned accident and that it was not a false or staged accident. I/ We are fully aware and advised that if the above accident was proven to be a false or fraudulent accident, I/ We will be liable to pay for all your damages, expenses and other incidental charges. I/ We will also have to bear your legal costs incurred on an indemnity basis for any legal action which may arise against me/ us with regards to the above incident.

My / Our vehicle is repaired by the Repairer on my/ our own free will and without any threat, inducement and/ or promise.

Signature / Company Stamp

Name:



CLAIM REF

: C0463909

INSURED

: FIESTA RUEDAS ROLAND

#### DISCHARGE VOUCHER

We/I [TAN TEE NENG, NRIC NO. 51213397I] hereby agree to accept the sum of dollars [EIGHT THOUSAND THREE HUNDRED AND NINETY TWO ONLY.] [S\$8,392.00] 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. [SJP 8083E] as a result of an accident along [ORCHARD ROAD] on [20/12/2017] of which we/I were/was the driver/ owner/ hirer/passenger/rider/pillion/ insurer of motor vehicle no. [SJQ 6945B].

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. [SJP 8083E] 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. [SJP 8083E].

Dated this	28	day of	March	2018
Claimant's Signature	X X	M -		
NRIC no./ Company Stamp	X:_2	1213397 ]		
Occupation/ Business		nehaser.		1 11 2/51
Address	X BU	(654C, Ju	rong what st	.61 # 15-478, Spene 643654
Telephone No.	: 9	2785266.	(1	
Witness's Name	:	Hang Pek		
Witness's Signature	ş	Christy		:
Witness's NRIC No.	4	92195388	T	ž

AXA Insurance Pte Ltd (Company Reg. No. 199903512M) 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #81-01

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

## **ELITE AM PTE LTD**

280 Woodlands Industrial Park E5 #01-17 Harvest@Woodlands (S) 757322 Hotline: 8660 6722 Tel: 6339 7378 Fax: 6339 7475 Email: eliteamclaim@gmail.com GST Reg. No: 201606209K

			Tax Invoice: 0	117		
Vessr	s : AXA INSURANCE F	PTE LTD	Date :	2	8/3/	2018
ddre	ss : 8 SHENTON WAY, #	27-01				
	SINGAPORE 068811					
mail	F	Mobile :	Home/Office Tel : _			
No		Description		Qty	,	Amount
	OUR REF : TP/SJQ6945	B/18				
1	COST OF REPAIR	· · · · · · · · · · · · · · · · · · ·		1	\$	7,300.00
_				1		
_					+	
_			7% GST		\$	511.00
			Total			7,811.00

Elite Am Pte Ltd

Customer Signature & Company Stamp



## 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-17-194472

Date of Request:

26/12/2017

Your Ref No:

Online Purchase

Elite AM Pte Ltd 280 Woodlands Industrial Park E5 #01-17 Harvest @ Woodlands Singapore 757322

Dear Sir/Madam,

Date of Accident:

20/12/2017

)/ehicle No:

SJQ6945B

.ce of Accident:

ORCHARD ROAD

Involving Vehicle No:

SJP8083E

olleation for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJP8083E	ORCHARD ROAD		14.00 1	13.08
GST Amount	0.92			
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[X] GIRO [] Cash [] Cheque



## 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-17-194439

Date of Request:

26/12/2017

Your Ref No:

Online Purchase

Elite AM Pte Ltd 280 Woodlands Industrial Park E5 #01-17 Harvest @ Woodlands Singapore 757322

Dear Sir/Madam,

Your Search Criteria:

Date of Accident:

20/12/2017

a of Accident:

ORCHARD ROAD

Client Vehicle No:

SJQ6945B

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



#### 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

### TAX INVOICE

Our Ref No:

GR-17-192943

Date of Request:

21/12/2017

Your Ref No:

Online Purchase

Elite AM Pte Ltd 280 Woodlands Industrial Park E5 #01-17 Harvest @ Woodlands Singapore 757322

Dear Sir/Madam,

**Enquiry Date** 

21/12/2017

Enquiry By

Christy

Vehicle No.

SJP8083E

Accident Date

20/12/2017

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:

[X] GIRO [] Cash [] Cheque

Behind car