

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Tuesday, 20 February 2018 2:04 PM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A; Vivian Lau (LKKAuto)
Subject: ACCIDENT INVOLVING SHB 7715U & SKV 6527L ALONG SHEARES AVE ON 21/12/2017

Transcab Taxi (Singapore)
Trans-cab Services Pte Ltd

Dear Sir/Madam,

OUR REF : CC4/AXA17024665/Gjb3
YOUR REF : VPX/P1680520 (SHB 7715U)

ACCIDENT INVOLVING SHB 7715U & SKV 6527L ALONG SHEARES AVE ON 21/12/2017

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 City Auto Care Pte Ltd** acting on behalf of the owner of SKV 6527L 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 where our vehicle hit third-party from the rear. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of **S\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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 AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg / joyirene@lkkauto.com or deliver it by hand to our Customer Care Centre.

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 authorized driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or cst@axa.com.sg / joyirene@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,
 Joy Irene | Case Handler
 LKK Auto Consultants Pte Ltd
 DID: 6749-5792 | email: joyirene@lkkauto.com | Fax: 6741-4108
 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 675643.
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9828 9288
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920978-4

RE: LETTER OF AUTHORIZATION

Name of owner: TOKYO CENTURY LEASING (S) PTE LTD NRIC: 1979015356

Address: _____

Name of Driver: SALEHAN BIN MASUKI NRIC: S1240397F

Address: BLK 411 CHUA CHU KANG AVE 3 # 03-353

Accident on 21/12/2017 Involving SHB 7715U & SH 24313 and SKV6527L

At/along SHEARER AVE

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle TOYOTA VELLFIRE at my/our request I/We the above owner of Motor Vehicle No: SKV6527L do authorize them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our behalf concerning the said claim and such, all future correspondence should be addressed to the said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a valid discharge voucher or any other documents in connection with this on my/our behalf and for me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of repairs to my motor vehicle.

Owner Signature: _____

Name: _____

Date: _____



Witness Signature: _____

Name: _____

Date: _____

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-60/62 Sin Ming Ind Est
Singapore 675643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)



redefining / insurance

CLAIM REF : C0464740
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I TOKYO CENTURY LEASING (SINGAPORE PTE LTD) CO REG.197901535G hereby agree to accept the sum of dollars [TWENTY FOUR THOUSAND FORTY FIVE] (S\$ 24,045.00) 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. [SHB 7715U] as a result of an accident along [SHEARES AVE] on [21/12/2017] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ Insurer of motor vehicle no. [SKV 6527L].

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. [SHB 7715U] 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. [SHB 7715U]

Dated this 30th day of AUGUST 2018

Claimant's Signature : TOKYO CENTURY LEASING (SINGAPORE PTE LTD)

NRIC no./ Company Stamp : CO REG.197901535G

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : CITY AUTO PTE LTD

Witness's Signature : _____

Witness's NRIC No. : _____

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6890 4888 Fax: +65 6338 2522 Website: www.axa.com.sg



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AXA INSURANCE SINGAPORE PTE LTD

NO. 8

SHENTON WAY

AXA TOWER

SINGAPORE 068811

Attention: Motor Claim Department

Contact : 62208751/62208751

Fax No. :

TAX INVOICE

Tax Invoice : I2018-002703

Date : 10/04/2018

Vehicle No. : SKV6527L

Make / Model : TOYOTA VELLFIRE 2.5 CVT S/R

Mileage (km) : 68117

Chassis No. : JTN6F3DH708000119

Accident Date : 21/1/2018

Claim No. : SHB7715U

Reference : JO201801-0169

Policy No. : MSD/VPCP/17-001930

S/No.	Particular	Quantity	Unit Price	Amount
			S\$	S\$
	LIST ITEMS :			
1	Rear bumper	1.0	587.50	587.50
2	Rear bumper cover LH - upper	1.0	224.20	224.20
3	Rear bumper side retainer	2.0	83.20	166.40
4	Rear bumper upper retainer	1.0	87.70	87.70
5	Rear bumper towing cover LH	1.0	24.02	24.02
6	Rear bumper reflector	1.0	67.60	67.60
7	Rear bumper clips	8.0	3.89	31.12
8	Tailgate	1.0	1,956.20	1,956.20
9	Tailgate weatherstrip	1.0	367.70	367.70
10	Tailgate lock	1.0	796.80	796.80
11	Tailgate striker	1.0	32.80	32.80
12	Tailgate emblem - Vellfire	1.0	66.79	66.79
13	Rear end panel	1.0	785.60	785.60
14	Rear end panel top garnish	1.0	212.50	212.50
15	Rear windscreen glass moulding	1.0	122.70	122.70
16	Rear floor deck box	1.0	326.20	326.20
17	Rear floor board number 1	1.0	456.30	456.30
18	Rear floor board number 2	1.0	476.33	476.33
19	Utility sub - box	1.0	400.75	400.75
20	Rear seat cross member number 1	1.0	1,718.70	1,718.70
21	Rear seat cross member number 2	1.0	1,718.70	1,718.70
22	Rear floor panel	1.0	755.43	755.43
23	Rear floor panel reinforcement	1.0	179.60	179.60
24	Rear floor panel bracket	1.0	67.50	67.50
25	Hole plug	2.0	25.60	51.20
26	Rear keyless entry sensor	1.0	179.40	179.40
27	Rear keyless entry buzzer	1.0	246.80	246.80
28	Taillamp	1.0	674.60	674.60
29	Boot lamp	1.0	647.53	647.53
30	Front bumper	1.0	792.40	792.40
31	Front bumper sponge	1.0	129.75	129.75
32	Front bumper retainer	2.0	93.60	187.20
33	Front bumper lower grille	1.0	107.80	107.80
34	Front grille with chrome	1.0	1,345.70	1,345.70
35	Bonnet hinge	2.0	79.34	158.68
36	Headlamp	1.0	4,544.65	4,544.65
37	Spare wheel carrier	1.0	375.70	375.70

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SHENTON WAY

AXA TOWER

SINGAPORE 068811

Attention: Motor Claim Department

Contact : 62208751/62208751 Fax No. :

TAX INVOICE

Tax Invoice : I2018-002703

Date : 10/04/2018

Vehicle No. : SKV6527L

Make / Model : TOYOTA VELLFIRE 2.5 CVT S/R

Mileage (km) : 68117

Chassis No. : JTNGF3DH708000119

Accident Date : 21/12/2017

Claim No. : SHB7715U

Reference : JO201801-0169

Policy No. : MSD/VPCP/17-001930

S/No.	Particular	Quantity	Unit Price	Amount
			S\$	S\$
	List Total :			21,070.55
	25% Discount S\$:			5,267.58
				15,802.97
	SPECIAL NET :			
1	Rear windscreen glass sealant	1.0	40.00	40.00
2	Reverse sensor - original	3.0	391.60	1,174.80
3	Front number plate	1.0	25.00	25.00
4	Front number plate casing	1.0	35.00	35.00
5	Rear floor pan insulator	1.0	120.00	120.00
	SPECIAL NET Total S\$:			1,394.80
	LABOUR :			
	*To check wiring and lighting		30.00	30.00
	*To supply sealant and reseal all weld spot seam and gaps		60.00	60.00
	- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts		1,400.00	1,400.00
	- Spray painting on affected & replace parts		1,600.00	1,600.00
	*To use diagnosis computer to reset and recalibrate tailgate and re-activate PWD system		150.00	150.00
	*To remove and re-install rear windscreen glass		100.00	100.00
	*Remove and refit rear view camera		40.00	40.00
	*To remove rear seat, trimboard and upholstery		220.00	220.00
	LABOUR Total S\$:			3,600.00

CONTINUE NEXT PAGE



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AXA TOWER
SINGAPORE 068811
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TAX INVOICE

Tax Invoice : I2018-002703
Date : 10/04/2018
Vehicle No. : SKV6527L
Make / Model : TOYOTA VELLFIRE 2.5 CVT S/R
Mileage (km) : 68117
Chassis No. : JTNGF3DH708000119
Accident Date : 21/12/2017
Claim No. : SHB7715U
Reference : JO201801-0169
Policy No. : MSD/VPCP/17-001930

S/No.	Particular	Quantity	Unit Price	Amount
			S\$	S\$

Total S\$: 20,797.77
GST @ 7% S\$: 1,455.84
Grand Total S\$: 22,253.61

CASH / NETS / CREDIT CARD PAYMENT ONLY

Customer's Signature/Co. Stamp


for CITY AUTO PTE LTD

Please note all works performed by City Auto Pte Ltd as performed in this invoice is subjected to the following Warranty conditions:

- 1) Any replacement of electrical components will carry 1 month warranty period from date of this invoice.
 - 2) Any replacement of mechanical components will carry 3 months warranty period.
- Please note that all warranty does not cover wear and tear conditions regardless of any components.
City Auto Pte Ltd reserves the right to determine any warranty conditions.

Thank You For Your Business !

Island Orthopaedic Consultants Pte Ltd

Company Registration No : 199501972Z GST Registration No : M2-8920884-4

#05-08, Mount Elizabeth Medical Centre, 3 Mount Elizabeth, Singapore 228510 Tel : 6737 5683 Fax : 6732 7290



OFFICIAL RECEIPT

Patient ID : 1000034640

Patient Name : FUJII TOSHITAKA

Attending Dr : DR LESLIE NG

Receipt No : IN210082

Payment Mode : Credit Card (Visa)

Date Seen : 21/12/2017 (IOG243530)

CONSULTATION	\$120.00
20 TAB OF ARCOXIA 60MG TABLET	\$47.00
20 TAB OF MYONAL 50MG TABLET	\$14.00
30 TAB OF PANACO TABLET	\$15.00
XRAY CERVICAL SPINE/ NECK (2 VIEWS) - RADIOLOGIC	\$71.00
XRAY THORACIC SPINE (RADIOLOGIC)	\$103.00
Total Charge :	\$370.00
GST @ 7% :	\$25.90
TOTAL AMOUNT :	\$395.90

Issued by IOG Account Department
Island Orthopaedic Consultants Pte Ltd

This is a computer generated document that does not require a signature.

Diagnosis: Whiplash Neck Syndrome

Certified True Copy

Island Orthopaedic Consultants Pte Ltd
DR LESLIE NG CHONG LICH
MCR No. 16342B
MBBS (Lond), MRCS (Glasg), Ortho Eng Diploma (Cardiff),
FRCS (Tr & Ortho) (Glasg)
Consultant Orthopaedic Surgeon
Minimally Invasive Spine Surgery, Spine Deformity Correction
& Interventional Back Pain Management

Mount Elizabeth Hospital

Radiology and Nuclear Medicine Department

(Business Reg. No. 53029035M)
www.parkwayhealthradiology.com.sg



DR ROBERT KWOK	DR JOHN HOE	DR EUGENE LIU	DR ONG CHENG KANG	DR TERENCE TEO
DR CHIN WAH SENG	DR HWANG CHENG YANG	DR LOW CHEN HOONG	DR EUGENE ONG MUN WAI	DR THAM SENG CHOE
DR CHOW MON BEN	DR KOH WAN LIN	DR LOW KAH BOON	DR ONG SENG CHUAN	DR THOO FEI LING
DR JEFFREY GOH	DR LAI HEE KIT	DR LU SUAT JIN	DR POH FENG	DR TOH KOK HONG
DR GOH YU-TANG PETER	DR LAU TE NENG	DR SAMUEL NG	DR ESTHER TAN	DR IAN TSOU
		DR NG YUEN LI	DR JUDY TAN	DR JENNIFER YAP

Date: 21 Dec 2017 / Mt Elizabeth Hospital
Name: FUJII TOSHITAKA
ID / Case: S2747403I / 2017115957
DOB/Gender: 19 Feb 1953 / M MRN: 4471440
Ref. Doctor: DR NG CHONG LICH LESLIE
Examination: 3846664 XR NECK (OR CERVICAL SPINE 2 VIEWS)
3846665 XR THORACIC SPINE

X-RAY CERVICAL SPINE

History

Road traffic accident.

Findings

Correlation was done with the previous MRI study dated 2 March 2017.

Spinal instrumentation in the midcervical region has been performed from C3-C6 with insertion of the artificial disc in the intervening disc spaces. Alignment is satisfactory.

Osteophytes are seen along the posterior margins of the mid cervical region.

No significant prevertebral soft tissue swelling is detected.

X-RAY THORACIC SPINE

Findings

Alignment of the thoracic spine is maintained but do note the presence of the scoliosis affecting the mid thoracic region. The convexity of the scoliosis is towards the right side.

No evidence of any abnormal listhesis. No definite fracture is seen.

Alignment for your review.

Reported by: DR EUGENE LIU / LK

Approved by: DR EUGENE LIU

Approved Date: 22 Dec 2017 12:15 PM

Mount Elizabeth Hospital

Radiology and Nuclear Medicine Department

(Business Reg. No. 53029035M)
www.parkwayhealthradiology.com.sg



DR ROBERT KWOK	DR JOHN HOE	DR EUGENE LIU	DR ONG CHENG KANG	DR TERENCE TEO
DR CHIN WAH SENG	DR HWANG CHENG YANG	DR LOW CHEN HOONG	DR EUGENE ONG MUN WAI	DR THAM SENG CHOE
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3846665 XR THORACIC SPINE

This report has been approved electronically.

Mount Elizabeth Hospital
3 Mount Elizabeth
Singapore 228510
Tel: +65 6388 4333
Fax: +65 6732 3368

Print Received Message

This mail is associated with :

***SKV6527L (C0464740)**
[SHB7715U]

TP

TOKYO CENTURY LEASING (SINGAPORE PTE LTD)

Dec 21 2017 12:00PM

[TRANS-CAB SERVICES PTE LTD]

City Auto Pte Ltd (Sin Ming)

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on 27/08/2018 09:53 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$24049.51) - SKV6527L - Claim Handler: Chan Kian Chuan

Approved:24049.51.