

CT AUTO PTE LTD

160 Sin Ming Drive #02-14 Sin Ming AutoCity Singapore 575722
Tel: 6266 6727 Fax: 6266 6358 Email: admin@ctauto.com.sg
Business Registration No. 201420132H
GST Registration No. 201420132H

Our Ref: GX4825B
Your Ref: GBB8632P

13 April, 2018

AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Attention: Motor Claims Department

Dear Sir/Madam,

ACCIDENT INVOLVING GX4825B & GBB8632P on 2/1/2018

We are writing on behalf of Multazim Mini-Mart, the registered owner of Vehicle No. GX4825B involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle no. GBB8632P. As a result of which, our client had suffered loss and expenses.

We are instructed by our client to claim for:

- Cost of Repair	\$ 4,280.00	(as finalised with surveyor + GST)
- Loss of Rental (9 days x \$120/day)	\$ 720.00	
- LTA Search Fees	\$ 7.45	
Total	<u>\$ 5,007.45</u>	

We enclosed herewith the following documents for your consideration.

- | | |
|--------------------------------------|--|
| - Invoice | - GIA Report |
| - Vehicle Rental Agreement & Invoice | - Owner/Driver Identity Card/Driving Licence |
| - LTA Search Fee | - Certificate of Insurance |

Please acknowledge receipt of the above documents and we look forward to your favourable response.

Yours faithfully,

CT AUTO PTE LTD



Enc

Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Friday, 5 January 2018 9:44 AM
To: ctc@hobee.com
Subject: ACCIDENT INVOLVING GBB 8632P AND GX 4825B ALONG PIE TO CHANGI ON 02.01.2018

HOBEE PRINT PTE LTD

Policy Holder

Dear Sir,

OUR REF : CC4/ASM18000277/jb3
YOUR REF : GBB 8632P

ACCIDENT INVOLVING GBB 8632P AND GX 4825B ALONG PIE TO CHANGI ON 02.01.2018

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s CT Auto Pte Ltd, acting on behalf of the owner of GX 4825B 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 GX 4825B. 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 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 joyirene@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 6256 3561 or email us at joyirene@lkkauto.com.

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

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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TO :

Dear Sirs,

CLAIMANT :

ACCIDENT INVOLVING Gx4825B AND GBB8632P
ON 2/1/18 AT PTE towards Changi after Stevens Road

I/We, Multazim Mini-Mart, am/are the
registered owner of Vehicle No. Gx4825B.

Please note that I have assigned all compensation monies due to me/us in the above said accident to M/S **CT AUTO PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above said accident to M/S **CT AUTO PTE LTD.** and forward your settlement cheque to M/S **CT AUTO PTE LTD** whom I/we had authorized to collect the said compensation monies.

Thank you.



Signature of Claimant

(Company Stamp, if applicable)

Name :

NRIC No. :

Date:

***This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date.

Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.



redefining / insurance

CLAIM REF : S8M006IQ
INSURED : HOBEE PRINT PTE LTD

DISCHARGE VOUCHER

We/I MULTAZIM MINI-MART CO REG.53082114A hereby agree to accept the sum of dollars [FIVE THOUSAND ONE HUNDRED EIGHTY SEVEN AND CENTS FORTY FIVE] (\$5,187.45) 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. [GBB 8632P] as a result of an accident along [PIE TO CHANGI] on [02/01/2018] of which we/I were/was the driver/owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [GX 4825B].

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. [GBB 8632P] 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. [GBB 8632P]

Dated this 18th day of September 2018

Claimant's Signature : MULTAZIM MINI-MART

NRIC no./ Company Stamp : CO REG.53082114A

Occupation/ Business :

Address :

Telephone No. :

Witness's Name :

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

CT AUTO PTE LTD

160 Sin Ming Drive
#02-14 Sin Ming AutoCity
Singapore 575722
62666727
Sales@ctauto.com.sg
GST Registration No. : 201420132H
Company Registration No.
201420132H

Tax Invoice**INVOICE TO**

GX4825B
AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

INVOICE NO. 2018/1044**DATE** 18/09/2018**DUE DATE** 18/09/2018**TERMS** Due on receipt**VEHICLE NO.**
GX4825B**TYPE**
Toyota Liteace**DOA/DOR DATE**
02/01/2018**ACTIVITY****AMOUNT**

Cost of Repairs (as finalised with surveyor)

4,000.00

GX4825B & GBB8632P DOA 02/01/2018

SUBTOTAL

4,000.00

GST TOTAL

280.00

TOTAL

4,280.00

BALANCE DUE**S\$4,280.00****GST SUMMARY****RATE****GST****NET**

GST @ 7%

280.00

4,000.00



Errors and omissions excepted (E&OE)

Leong Auto Rental LLP

160 Sin Ming Drive

#02-13

Sin Ming AutoCity

Singapore 575722

82923333

leong@leongauto.com.sg

Company Registration No. T16LL0615D

INVOICE**INVOICE TO**

Shamsher Ahmad S/O Islam

19B Tampines Avenue

Singapore 529800

INVOICE NO. 2018/008**DATE** 11/01/2018**DUE DATE** 11/01/2018**TERMS** Due on receipt**VRA NO.**

L0198

YOUR REF.

GX4825B

ACTIVITY**AMOUNT****GW6123K**

1,080.00

Vehicle Rental from 02/01/2018 1930 Hrs to 11/01/2018 1600 Hrs, 9 @ S\$120.00

GW6123K/GX4825B

BALANCE DUE**S\$1,080.00**

LEONG AUTO RENTAL LLP

160 Sin Ming Drive, #02-13 Sin Ming AutoCity, Singapore 575722
Tel: 64563008 Email: Leong@leongauto.com.sg
UEN Registration No. T16LL0615D

Operations Team
Mobile: 82923333
Mobile: 93533333

Gx 4825B

CT

VEHICLE RENTAL AGREEMENT

No. L 0198

HIRER'S PARTICULAR		Veh No : <u>G006123K</u>	Replace Veh No :
Name : (as in I/C) <u>SHAMSHER AHMAD S/O ISLAM</u>		Mileage Out :	Mileage Out :
NRIC / PASSPORT No : <u>S22998314</u>		Make & Model <u>Toyota</u>	Make & Model
Address (Res) :		Auto / Manual <u>Automatic</u>	Auto / Manual
Name & Address of Employer :		OUT : Date <u>21/11/18</u>	OUT : Date
Occupation : _____ Driving Exp : _____		OUT : Time <u>7.30pm</u>	OUT : Time
D/L No : _____ D/L Type : Local/International		RENTAL CHARGES	
Pass Date : _____ Date of Birth : _____		Daily <u>9</u> @ \$ <u>120</u>	
Tel : (O) _____ (R) _____ HP/PG : _____		Weekly @ \$	
ADDITIONAL DRIVER'S PARTICULARS		Monthly @ \$	
Name : (as in I/C) _____		Hours @ \$	
NRIC / PASSPORT No : _____		Others @ \$	
D/L No : _____ D/L Type : Local/International		CDW @ \$	
Address (Res) : _____		PAI @ \$	
Tel/Hp : _____		Delivery Service	
		SUB-TOTAL \$	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		EXTENSION	
		Collection Service	
		Misc.	
		ESTIMATED TOTAL RENTAL \$	
		Sales Person Code :	
		Non Waiver Excess: \$ <u>2500</u>	
		Hirer's Signature _____	
		Addition Driver's Signature _____	

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

* IMPORTANT

- ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 3 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY LEONG AUTO RENTAL LLP
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :
 - shall report all accidents involving the said vehicle to the Owner immediately
 - shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner).
 - shall report to the police within 24 hours from the occurrence, the following types of accidents :
 - injury case;
 - non-injury case involving a Government vehicle, or damage to Government property;
 - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax information);
 - non-injury case involving a pedestrian or cyclist

RETURN OF VEHICLE-THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO LEONG AUTO RENTAL LLP AND THE SAME CAN BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	SIGNATURE OF HIRER/DRIVER
<u>11/11/18</u>	<u>4pm</u>			



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

GX4825B

Print Date/Time :

03 Jan 2018 / 10:21:44

Receipt Date/Time :

03 Jan 2018 / 10:21:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180103-000505

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 - GBB8632P				
As at 02 Jan 2018/17:15:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - GBB8632P Enquiry Fee 20180103102053518330		7.00	0.49
				7.49
Sub-Total		7.00	0.49	7.49
Total Before		7.00	0.49	7.49
Rounding				
Rounding Difference		0.04		
Total Amount		7.45		
Payable				
Paid By				
20180103102110535	Direct Debit: eNETS Debit (Internet Banking)		7.45	
Total			7.45	
Cash Change			0.00	
Tendered Amount			7.45	
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.