

AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Email: autoworxhouse@hotmail.com

•TEL: 6452 8211 •FAX: 6451 7423

Direct Settlement THIRD PARTY CLAIM

Your ref: SKU6099K

Our ref: SLL3030M

AXA Insurance Pte Ltd

Attn: Officer In Charge

(Motor Claim Department)

09/03/2018

Dear Sir,

RE : ACCIDENT INVOLVING SLL3030M AND SKU6099K AT SLE TOWARDS CTE BEFORE MANDAI EXIT ON 15/01/2018.

We have been authorized by Thamaindran, the registered owner of vehicle number SLL3030M, which was involved in the above accident at the material time to make a 3rd party claims against vehicle number SKU6099K.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	3,750.00
Rental Fee (5 days x \$120.00+7%GST) Include 1 day for PRI		513.60
Search Fee	S\$	2.00
Total	S\$	4,265.60

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,

Autoworx House



Auto
Consultants
Pte Ltd

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

25 JANUARY 2018

CHUA ZHI YONG
BLK 570 CHOA CHU KANG ST 52
#12-232
SINGAPORE 680570

Dear Sir/Madam,

OUR REF : CC4/ASM18000957/Khb3
YOUR REF : SKU 6099K
ACCIDENT INVOLVING SKU 6099K AND SLL 3030M ALONG SLE NEAR EXIT 8A ON
15.01.2018

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

We have received a claim from AUTOWORX HOUSE acting on behalf of the owner of SLL 3030M against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SLM 3030M. 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 full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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)



Auto
Consultants
Pte Ltd

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

- 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 vicalpeh@lkkauto.com.

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

Yours sincerely,

Siti Jaafar
Case Handler
DID: 6256 3561
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

To: Autowork House
SINGAPORE

Letter of Authorisation

RE: ACCIDENT INVOLVING SLL 3030M & STU6099K
ALONG/AT SLE towards GTE before Mandai Exit
ON 15/01/2018.

1. I/We, Thamaindran (NRIC No. S8411862A),
owner/driver of motor vehicle no. SLL 3030M, & residing at
GTE TOWARDS GTE BEFORE MANDAI EXIT,
respectively in consideration of your workshop Autowork House
repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of
repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the
said service of a solicitor to proceed with negotiation with the defaulting party's insurance
company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue
Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the
claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our
assistance as per second paragraph stated herein below.
2. I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever
reasonable assistance to you including signing all relevant Court's document and attendance in
Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite
request from you, you shall be entitled to claim from me/us the repair costs together with legal
costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain
payment from defaulting party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third
party and/or his insurers on such terms as you deem fit. Upon settlement of my/our claim, you are
authorised to sign any Discharge Voucher or any document to confirm my acceptance of the
settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our
full authority to collect all compensation monies pertaining to the above-mentioned accident from
insurance company or any other party, directly to your workshop M/s
Autowork House.
4. In the event the claim is settled or judgment is obtained against the defaulting party, payment after
deducing all costs and disbursements incurred should be drawn in your name or my/our name/s (at
your discretion) and will be forwarded to you.
5. This letter of Authorisation is irrevocable.


Signature: _____
Name: THAMAINDRAN
NRIC NO: S8411862A

Date this 15 day of Jan 20 18.



redefining / insurance

LKE

CLAIM REF : S8M00840
INSURED : CHUA ZHI YONG

DISCHARGE VOUCHER

We/I, THAMAINDRAN, NRIC. NO. S8411862A hereby agree to accept the sum of dollars FOUR THOUSAND ONE HUNDRED EIGHTY ONLY (S\$4,180.00) 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. SKU 6099K as a result of an accident along SLE NEAR EXIT 8A on 15/01/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLL 3030M.

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. SKU 6099K 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. SKU 6099K.

Dated this 15th day of Oct 2018

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : S8411862A

Occupation/ Business : SAF Regular

Address : Blk 542, WOODLANDS DRIVE 16, #03-35

Telephone No. : 8332 6009

Witness's Name : Dylan Chew

Witness's Signature : [Signature]

Witness's NRIC No. : S7713752A

AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721

TEL: 64528211 FAX: 64517423

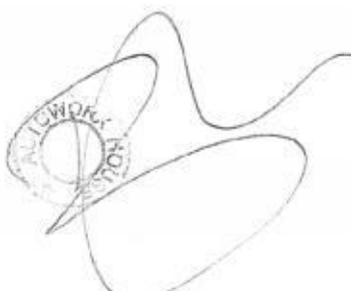
Registration No. 5296929B

INVOICE

5292

AXA Insurance Pte Ltd

9/3/2018

QUANTITY	PARTICULARS	AMOUNT (\$)
	<p><u>RE : Toyota Altis / SLL3030M</u></p> <p>Lump sum repair for the above mentioned vehicle.</p> <p style="text-align: right;">Total</p>	<p>3,750.00</p> <hr/> <p>3,750.00</p>
	<p>Dollars: Three Thousand Seven Hundred and Fifty Only.</p> <p style="text-align: center;"></p>	



友立旅遊服務私人有限公司
UNIQUE TOURIST SERVICE (PTE) LTD

1, Rochor Road, #02-574,
 Rochor Centre Singapore 180001
 Tel: 6292 7656 Fax: (65) 6293 9720
 E-mail: unigtour@singnet.com.sg
 STB LIC TA/00076

Co. Reg. No.: 197401067R
 GST Reg. No.: M2-0019671-6

Mr Thamaidran
 Blk 542 Woodlands Drive 16
 # 03-35
 Singapore 730542

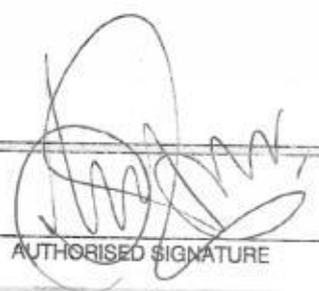
20, Sin Ming Lane,
 #08-51, Midview City
 Singapore 573968
 Tel: 6292 7656

TAX INVOICE

NO. **WP2017282**

Singapore, **19.01.2018** 20

DATE	PARTICULARS	Q	S	cts
	Rental of one unit Toyota Corolla Altis 1.6 Auto Registration no. SKF 6171 M self driven as from 15.01.2018 at 1315 hrs to 18.01.2018 at 1745 hrs.			
	4 days at \$120.00 per day		\$	480.00
	Add GST at 7%		\$	480.00
	Amount Due		\$	33.60
			\$	<u>513.60</u>
(SIN DOLLARS: FIVE HUNDRED THIRTEEN AND SIXTY CENTS ONLY)				
	Standard Rated Supplies:\$		480.00	
	Total Amount of GST:\$		33.60	


 AUTHORIZED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: unigtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

SLL 3030m
Toyota Altis

CAR RENTAL AGREEMENT

RA No. 21268

VEHICLE NO.

SKF 6171M

MAKE/MODEL

TOYOTA COROLLA ALTIS

NAME OF HIRER Thamaindran
 ADDRESS B1# 542 Woodland Drive 16 # 03-35
 SINGAPORE 730542
 OFFICE TEL _____ RES TEL _____ HP 8332 6009
 NAMED DRIVER _____
 OCCUPATION _____ NATIONALITY _____
 PASSPORT / NRIC S8411862A DATE OF BIRTH 27/4/1984
 DRIVING LIC NO. _____
 PLACE OF ISSUE _____ DATE PASS/EXPIRY _____

ADDITIONAL NAMED DRIVER _____
 ADDRESS _____
 SINGAPORE _____
 OFFICE TEL _____ RES TEL _____ HP _____
 OCCUPATION _____ NATIONALITY _____
 PASSPORT / NRIC _____ DATE OF BIRTH _____
 DRIVING LIC NO. _____
 PLACE OF ISSUE _____ DATE PASS/EXPIRY _____

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS
 A. COLLISION DAMAGE WAIVER (CDW) AT \$ _____ PER DAY / WEEK / MONTH "X"
 B. SURCHARGE OF \$ _____ FOR USE IN MALAYSIA FROM _____ TO _____ "X"
 • THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR \$1200

NOTE: HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.
 YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

DATE OUT	<u>15/1/18</u>	TIME OUT	<u>13:15 hrs</u>
PETROL OUT	E 1/4 1/2 3/4	<input checked="" type="radio"/> F	
DATE IN	<u>18/1/18</u>	TIME IN	<u>17:45 hrs</u>
PETROL IN	E 1/4 1/2 3/4	<input checked="" type="radio"/> F	
RENTAL RATES:		\$	¢
MONTHLY	@ \$		
WEEKLY	@ \$		
DAILY	<u>4 @ \$100/2</u>	<u>480</u>	<u>00</u>
C.D.W. FEE			
PETROL CONSUMPTION			
DELIVERY CHARGE			
COLLECTION CHARGE			
SUB-TOTAL			
GST @ 7%		<u>3360</u>	
RENTAL DEPOSIT			
TOTAL:		<u>51360</u>	
DEPOSIT REFUND			
PAYMENT BY: BILL CO / CREDIT CARD / CASH			
ATTENDED BY: <u>[Signature]</u>			
OF UNIQUE TOURIST SERVICE (PTE) LTD			

DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE * OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:
 1. _____ ON _____ TIME _____
 2. _____ ON _____ TIME _____
 3. _____ ON _____ TIME _____

DATE: 15/1/18 SIGNATURE OF HIRER: [Signature]

DATE: 18/1/18 SIGNATURE OF HIRER: [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

Third Party Insurer Enquiry

Our Ref No: GR-18-007446

Date of Request: 15/01/2018

Your Ref No:

Online Purchase

Supreme Auto Service Pte Ltd
176 Sin Ming Drive #02-01
Sin Ming Autocare
Singapore 575721

Dear Sir/Madam,

Enquiry Date 15/01/2018
Enquiry By Bee Gaik Har
TP Vehicle No. SKU6099K
Accident Date 15/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKU6099K	AXA Insurance Pte Ltd	04/08/2017-03/08/2018	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-18-007446
Date of Request: 15/01/2018

Your Ref No: Online Purchase

Supreme Auto Service Pte Ltd
176 Sin Ming Drive #02-01
Sin Ming Autocare
Singapore 575721

Dear Sir/Madam,

Enquiry Date 15/01/2018
Enquiry By Bee Gaik Har
TP Vehicle No. SKU6099K
Accident Date 15/01/2018

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