



Ethicarz Pte. Ltd.

56 Loyang Way, Loyang Enterprise Building
#04-04 Singapore 508775

Tel: +65 6384 4404 Fax: +65 6384 0444

E-mail: enquiries@ethicarz.sg

Company No.: 201729003E

Our Ref : SKN1339M
Your Ref : SKN7441K

Date : 14/3/2018

Attn : Motor Claim Department

Dear Sir/Mdm,

ACCIDENT INVOLVING : SKN1339M & SKN7441K
DATE OF ACCIDENT : 20/1/2018
ALONG : TELOK BLANGAH RD

We refer to the above mentioned accident.

We are claiming as below:

Cost of Repair	:	\$ 4,400.00
Car Rental 1 DAY AT \$120/DAY	:	\$ 120.00
Car Rental 6 DAY AT \$120/DAY	:	\$ 720.00
LTA Search	:	\$ 7.45
Third Party	:	\$ 29.00

Grand Total : \$ 5,276.45

The above settlement is in respect of our client's for damage pertaining to his motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Kindly take note that our office is located at 56 Loyang way, Loyang Enterprise Building, #04-04 Singapore 508775

If you have any queries, please contact Siew Khim at 6384 4404, or email 'sgan@ethicarz.sg

Yours Faithfully,
Siew Khim



K



Auto
Consultants
Pte Ltd

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

06 MARCH 2018

WONG JAAN WOON
BLK 119B RIVERVALE DRIVE
#07-330
SINGAPORE 542119

Dear Sir/Madam,

OUR REF : CC4/ASM18001452/hb3

YOUR REF : SKN7441K

ACCIDENT INVOLVING SKN 7441K / SKN 1339M/ OTHERS ON 20/01/2018

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 M/s ETHICARZ PTE LTD, acting on behalf of the owner of SKN 1339M 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.

You are aware that your No-Claim Discount (NCD – if applicable) will be with held for the time being. Pending for final allocation of liability in settlement by our principal, AXA Insurance Pte Ltd.

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)



Auto
Consultants
Pte Ltd

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

- 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 vicalpeh@lkkauto.com.

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

Yours sincerely,

Bevan Lim
Case Handler
DID: 6749 4274
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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



Ethicarz Pte Ltd

56 Loyang Way #04-04 Loyang Enterprise Building
Singapore 508775
Tel: +65 6384 4404 | Fax: +65 6384 0444
Company No: 201729003E

LETTER OF AUTHORISATION

Accident on 20/01/2018 along Telok Blangah Rd
Involving vehicles SKN1339M & SKN7441K

In consideration of **Ethicarz Pte Ltd, 56 Loyang Way #04-04 Loyang Enterprise Building Singapore 508775**, repairing my/our motor vehicle no SKN1339M at my request, I/We, Ng Kok Yong ("the claimant") of 21 Hillview Terrace #06-12 S(669232) (address) bearing NRIC No S7624093J the owner of motor vehicle no SKN1339M, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Ethicarz Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Ethicarz Pte Ltd** The cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Ethicarz Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Ethicarz Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Ethicarz Pte Ltd** shall amount to a good discharge of **Ethicarz Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 20 day of 01 (month) 20 18 (year)

Signed by "the claimant"

Name: Ng Kok Yong

NRIC No: S7624093J


Signed by Ethicarz Pte Ltd



redefining / insurance

CLAIM REF : S8M007M2
INSURED : WONG JAAN WOON

DISCHARGE VOUCHER

We/I, PIXELPAK, CO.REG.NO. 53119734D hereby agree to accept the sum of dollars **FOUR THOUSAND EIGHT HUNDRED THIRTY SIX AND CENTS FORTY FIVE ONLY (\$\$4,836.45)** 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. SKN 7441K as a result of an accident along TELOK BLANGAH ROAD on 20/01/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SKN 1339M.

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. SKN 7441K 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. SKN 7441K.

Dated this 03 day of 09 2018

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : _____

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : LEE BEG HING **ETHICARZ PTE LTD**

Witness's Signature : [Signature] 56 Loyang Way #04-04

Witness's NRIC No. : 76292200 Loyang Enterprise Building
Singapore 508775
Main: 8384 4404 Fax: 8384 0444
Email: reporting@ethicarz.sg

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

My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims arising from the same accident.

**Ethicarz Pte. Ltd.**

56 Loyang Way, Loyang Enterprise Building

#04-04 Singapore 508775

Tel: +65 6384 4404 Fax: +65 6384 0444

E-mail: enquiries@ethicarz.sg

Company No.: 201729003E

Invoice To :

AXA INSURANCE PTE LTD

8 SHENTON WAY,

#24-01 AXA TOWER

SINGAPORE 068811

REPAIR BILL NO.

Repair Bill No.

Date 14/3/2018

Vehicle No. SKN1339M

Vehicle Model MERCEDES-BENZ B170

Accident Date 20/1/2018

Description

Amount

LUMP SUM COST OF REPAIR FOR SKN1339M

\$ 4,400.00

Kindly cross & make cheque payable to : Ethicarz Pte. Ltd.

Total Payable \$ 4,400.00

_____
for Customer_____
for Ethicarz Pte. Ltd.



155 Kaki Bukit Avenue 1
Shun Li Industrial S (416012)
Tel: 6748 9747 Fax: 67483762
www.dreamcarrental.com.sg
Reg No: 201420013Z

SKN1339M

AGREEMENT FORM

NAME:	NGI KOK YONG		NRIC:	S7624093J		
CONTACT:	92392979 (MOBILE)		(RESIDENCE)			
ADDRESS:	21 Hillview Terrace #06-12 S(669232) SINGAPORE ()					
Hereby declare that I will take over this stated vehicle for the stated period and shall abide to the terms and conditions as listed below,						
Vehicle Registration No	Model	Colour	From	Time	Till	Time
SSS256H	white	Colour	22/01/18	3:18pm HRS	23/1/18	6pm HRS

- The above vehicle is insured for use on Singapore roads only. As such using of this vehicle outside Singapore territory is strictly prohibited. Whilst the vehicle is in your possession and is driven in or outside of Singapore if applicable, you will be held fully responsible for any, but not limited to, vehicular accident, damages, loss, fire or theft caused to this vehicle.
- The use of this vehicle during the period from the date of taking over until the termination date of this agreement will be under the full responsibility of the driver.
- ONLY** the driver above named/authorized may use the vehicle. In any circumstances another driver apart from the named/authorized driver found using the vehicle, the owner will have the right to repossess the vehicle stated above and arise while the driver will be held fully responsible for any, but not limited to, vehicular accident, damages, loss, fire or theft caused to this vehicle.
- Should the vehicle be involved in any traffic offence during the period, you agreed to be liable for any issues with the vehicle that arise under your care and agree to pay all fines and any amount government or semi-government authorities shall levy or impose. 3004-
- Upon claiming the vehicle's insurance which the driver stated above shall be liable to pay an excess of ~~SS\$10,000/-~~ NETT to the owner. *
- At any point of time if the vehicle breakdown due to driver's negligence, flat battery, tire puncture, empty petrol tank, loss of keys, keys locked in car or any other breakdown not due to vehicle maintenance or wear and tear, a nominal fee of ~~SS\$50/-~~ (from Weekdays 12PM to 8PM) and ~~SS\$100/-~~ (from 8PM to 12PM, Saturday and Sunday, PH 24Hours)
- The maintenance of the vehicle will be borne by the owner. Driver must keep note of the vehicle engine temperature, any overheating due to Driver's negligence, repair and any misc cost shall be bourn by the driver. If there is any problem due to wear and tear or vehicle breakdown, the driver is to report to the owner immediately and seek for advice/permission before proceeding to fix the issue.
- If the vehicle stated met with an accident, the driver is to inform the owner immediately. **NO** repairs are to be done without the owner's approval. If the driver is caught repairing the vehicle at any workshop unauthorized by the owner, the owner reserve the rights to repossess the vehicle with a ~~SS\$3000/-~~ compensation.
- Any damage which includes physical damage or any other general damages to the vehicle, payment of repair cost has to be made immediately unless any other alternative arrangements is made.
- Dream Car Leasing will not be responsible for loss of or damage to personal belongings and the contents therein (including any valuables, even if we have been advised) during storage or during the disposal process however caused and you hereby release Dream Car Leasing from any liability in respect thereof.
- The driver needs to return vehicle's fuel at the same level when he/she collect at the level of _____% otherwise, a payment of ~~SS\$20.00/-~~ NETT will be charged to the driver for every 10% of fuel used.
- Vehicle is handed over clean and it should be returned clean. If vehicle is returned dirty, a nominal charged of ~~SS\$10.00/-~~ shall be collected.
- NO Smoking, Durians and Transportation of Pets are allowed. Hirer is responsible for a penalty of ~~SS\$500/-~~**
- NO speeding, Reckless Driving, Racing or ANY Illegal Activities shall be carried out during the use of this vehicle. The owner reserves the rights to repossess the vehicle with an additional ~~SS\$1500/-~~ compensation and any other cost incurred (if any).**
- Should there be any breaches to any of the above clauses; the owner reserves the right to repossess the vehicle without any refund with a compensation of ~~SS\$2000/-~~ imposed.

Agreed and acknowledged the above stated by:

Name: _____

Signature: 

NRIC: _____



I have read and fully understood the content of this agreement. I will not dispute to the claims made against me for any incident occurring during the stated period and thus this agreement.

SKN1339M

INVOICE



Dream Car Leasing Pte. Ltd. (Co. Reg. 201420013Z)

155 Shun Li Industrial Park, Kaki Bukit Ave 1, #02-01 S(416012)

Tel: 6748 9747 Mobile: 8128 8789/ 9845 1151

BILL TO

NG KOK YONG
21 HILLVIEW TERRACE
#08-12
SINGAPORE 669232

INVOICE #

00154

INVOICE DATE

25/01/2018

DESCRIPTION

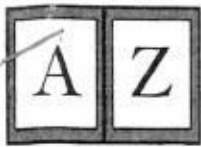
AMOUNT

Rental of Toyota Vios (SJS2056H) from 22/01/2018 to 23/01/2018

120.00

TOTAL

\$ 120.00



LEASING LLP

AZ LEASING LLP

NO. 1 KAKI BUKIT AVENUE 6 # 02-22 AUTOBAY@KAKI BUKIT SINGAPORE 417883

TEL : 8132 1313 FAX : 6753 5346

EMAIL : azleasing.sg@gmail.com

Co. Reg. No. T17L0515G

VEHICLE RENTAL AGREEMENT No. 1079

HIRER'S PARTICULARS		Vehicle No: <u>SLM1929D</u> Replace Veh No: <u>SKN 1339M</u>	
Name: _____		Mileage Out: <u>252345</u> Mileage Out: _____	
Address: _____		Make & Model: <u>T. ALLION</u> Make & Model: _____ Auto / Manual _____ Auto / Manual _____	
Contact Person: _____ Tel: _____		OUT: Date <u>23/01/18</u> OUT: Time _____	
DRIVER'S PARTICULARS		HIRE EXPIRY _____ TIME EXPIRY _____	
Name: _____		RENTAL CHARGES	
Address: _____		Daily @ \$ _____	
Tel No: _____ H/P No: _____		Weekly @ \$ _____	
P.P. / I.C. No.: _____ D/L. NO: _____		Monthly @ \$ _____	
Date of Birth: _____ Date of Issue / Expiry: _____		Hours @ \$ _____	
Nationality: _____ Pl. Of Issue: _____		Others @ \$ _____	
Occupation: _____ Driving Exp: _____		CDW @ \$ _____	
Refundable Deposits: _____		PAI @ \$ _____	
Cash/Nets/Cheque No.: _____		Delivery Service _____	
(A) ACCIDENTS (D) - DENTS (S) - SCRATCHES		SUB-TOTAL \$ _____	
ACCESSORIES CHECK		EXTENSION _____	
<input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S / Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD / Cartridges <input type="checkbox"/> S / RIM		Deposit Received _____	
		Misc. _____	
		ESTIMATED TOTAL RENTAL \$ _____	
		Sales Person Code: _____	
		Hirer is responsible for the first \$ <u>2500*</u> excess for collision / damage to first party. (i.e) AZ LEASING Vehicles (including windscreen) and also first \$ <u>2000*</u> excess for collision/damage to third party's vehicles for each and every accident / damage	
		HIRER's Signature _____ Additional Driver's Signature _____	

We agree to the terms and conditions above, overleaf and that all information given is true and correct in all respect. My/Our Driving licence(s) is/are current and not disqualified from driving.

IMPORTANT

1. IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORISED 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 reported 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 vehicles 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 AZ LEASING LLP AND THE SAME SHALL 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	REMARKS	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER

TAX INVOICE

Our Ref No: GR-18-012873

Date of Request: 24/01/2018

Your Ref No: WALK IN BRYAN

ETHICARZ PTE LTD
56 LOYANG WAY #04-04 LOYANG ENTERPRISE BUILDING
SINGAPORE 508775

Dear Sir/Madam,

Date of Accident: 20/01/2018

Vehicle No: SKN1339M

Place of Accident: TELOK BLANGAH RD

Involving Vehicle No: SKN7441K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKN7441K	TELOK BLANGAH RD	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:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-18-012872

Date of Request: 24/01/2018

Your Ref No: WALK IN BRYAN

ETHICARZ PTE LTD
56 LOYANG WAY #04-04 LOYANG ENTERPRISE BUILDING
SINGAPORE 508775

Dear Sir/Madam,

Your Vehicle No: SKN1339M

Date of Accident: 20/01/2018

Place of Accident: TELOK BLANGAH RD

Involving Vehicle No: SKN7441K,SLF1462U

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:

☐ GIRO ☒ Cash ☐ Cheque

1/23/2018

Receipt



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

Print Date/Time : 23 Jan 2018 / 10:46:09

Receipt Date/Time : 23 Jan 2018 / 10:46:09

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180123-000445

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
	Result of Insurance Enquiry - SKN7441K As at 20 Jan 2018/19:30:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SKN7441K Enquiry Fee 20180123104523872574	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx8056			
	Credit Card: Visa/MasterCard			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.