



Auto
Consultants
Pte Ltd

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

16 May 2019

DANNY CHONG PEKAI

9 Hertford Road
#02-08 Vanadium
Singapore 219406

Dear Sir/ Mdm

OUR REF : CC4/ASM18001909/R1wa3
YOUR REF : SJZ 9682S

ACCIDENT INVOLVING SJZ 9682S & SJP 9912G ALONG OPTAIR RD ON 26/01/2018

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 **CHENG AUTO BODYWORKS** acting on behalf of the owner of SJP 9912G against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that this is a case of conflicting version kindly forward to us with any evidence/information to proof.

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 Vivianlau@lkkauto.com within 7 days **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



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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.

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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

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

LETTER OF AUTHORIZATION

IN RESPECT OF ACCIDENT INVOLVING MY MOTOR VEHICLE NO. SJP9912G
AND SJZ9682S
AT ALONG OPHIR ROAD TOWARDS QUEENS ST
ON 26/01/2018 1920 HRS

I/we the registered owner of vehicle no. SJP9912G hereby appoint **CHENG AUTO BODYWORKS** to be my/our agent and I/We authorize my/our said agent to give all instructions pertaining to the conduct of my/our claim including instructions to commence legal proceedings in court in my/our name against the third party driver and/or his employers, if applicable.

1. I/We authorize **CHENG AUTO BODYWORKS** to proceed with the repairs to my/our vehicle once 3rd party insurer had inspected my/our vehicle's damages or after the 2 days' grace period given to them had lapsed.
2. My/Our said agent also has my/our authority to decide on my/our behalf whether to accept any offer of settlement from the third party and/or his insurer.
3. I/We undertake to sign the Discharge Voucher issued by third party insurer. Otherwise, I/We shall be liable for all cost incurred by my/our agent.
4. I/We also authorize **CHENG AUTO BODYWORKS** to sign all discharge voucher /indemnity forms and all necessary documents on my/our behalf in connection with the abovementioned claim.
5. I/We also undertake not to accept any offer, settlement or monies from third party's insurer and/or third party's driver without first communicating with **CHENG AUTO BODYWORKS** in writing and also to inform **CHENG AUTO BODYWORKS** and/or the solicitor appointed by **CHENG AUTO BODYWORKS** on my/our behalf in the event the 3rd party insurer communicate with me/us directly by telephone or in writing.
6. In the event that third party insurer issued the Agreed Settlement Cheque to me/us, I/We undertake to either give the said cheque to **CHENG AUTO BODYWORKS** or bank into my/our account and re-issue the cheque amount to **CHENG AUTO BODYWORKS**.
7. I/We understand and accept that until I/We revoke my/our said agent's authority in writing to you, I/We are bound by all instructions given by my/our said agent.
8. I/We accept in the event that my/our liability for the incident has been concluded to be more than 0%, I/we will pay, within 30 days of notice, the proportion of the repair costs and car rental fees (if applicable) that is not borne by the Insurer.
9. In cases where events relating to the accident were not made known to the agent, either with malicious intention or otherwise and cost have been incurred by the agent, these costs are recoverable from me/us.
10. I/We will bear the car rental fees for the number of days exceeding the days of repair.
11. In case where lawyer's action is initiated due to my/our non-compliance to any of our terms and conditions, all cost incurred by the agent are recoverable from me/us.

Dated this 27 day of Jan Year 2017


Signature (Company Stamp where applicable)

Name: LIM CHOON KIM
NRIC No.: S68765121
Email: NOEMAIL


Witness by:

Handphone No.: _____
Home/Office No.: _____



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJZ 9682S (Insd veh)	Model: TOYOTA COROLLA ALTIS
	SJP 9912G (TP veh)	
Date of Accident/ Time:	26/01/2018	

Repair Estimate	: \$	4,984.55	
Final Repair Cost	: \$	650.00	W/GST
Loss of Use	: \$	100.00	4 days at \$50.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	750.00	GLOBAL SUM
Payee Name: CHENG AUTO BODYWORKS			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability	(%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes No	BOLA Scenario No: Nil
	BOLA Liability: (%)	Assessed Liability (*):	50 (%)
* Assessed Liability to be filed only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are not received within 7 days of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/i confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: RACHEL LAI Date: 6/3/2020	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: MUKU Date: 6/3/2020
 Signature of AXA's surveyor/representative Name of AXA's surveyor /Representative: Date: 6/3/2020	

**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-18-014785
Date of Request: 29/01/2018

Your Ref No: Online Purchase

Cheng Auto Bodyworks
5 Soon Lee Street #01-62 Pioneer Point
Singapore 627607

Dear Sir/Madam,

Enquiry Date 29/01/2018
Enquiry By Lai Jia Wen Rachel
TP Vehicle No. SJZ9682S
Accident Date 26/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJZ9682S	AXA Insurance Pte Ltd	11/01/2018-10/01/2019	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-18-014785
Date of Request: 29/01/2018
Your Ref No: Online Purchase

Cheng Auto Bodyworks
5 Soon Lee Street #01-62 Pioneer Point
Singapore 627607

Dear Sir/Madam,

Enquiry Date: 29/01/2018
Enquiry By: Lai Jia Wen Rachel
TP Vehicle No: SJZ9682S
Accident Date: 26/01/2018

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