



Vermogen ACE Pte Ltd

1 Bukit Batok Crescent
#05-23 Wcaga Plaza
Singapore 658064
Co. Reg No.: 201606023C GST Reg No.: 201606023C
Tel: 6694 4919 Fax: 6694 4929
Email: vermogenace@gmail.com

Yr Ref : SJB8806K

Our Ref : SLF9115U

24 APRIL 2018

Without Prejudice

Attn: Motor Claim Dept

AXA INSURANCE (S) PTE LTD

8 Shenton Way,
#27-01/02 AXA Tower
Singapore 068811

Dear Sir/Mdm,

Accident involving SLF9115U & SJB8806K on 08/02/2018 11:20 hrs at BLK 133 & 132 JALAN BUKIT
MERAH CARPARK

We refer to the above said accident.

As instructed, we are claiming the following as stated below:-

1. Cost of repair	\$	2,568.00
2. Loss of use (\$100 x 18 days)	\$	1,800.00
3. GIA search fee	\$	2.00
Total	\$	4,370.00

We enclosed herewith relevant document as stated below:-

1. Accident report
2. Final Repair Bill
3. Letter of authority
4. GIA search receipt

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thank you.

Best Regards,



Ezel Tejano (Claim Dept)

Vermogen ACE PTE LTD

Tel: 6358 3031 | Fax: 6694 4929

Email: ezelvermogenace@gmail.com



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564313

28 FEBRUARY 2018

CHIA SIOW CHING
BLOCK 129 PENDING ROAD
#03-336
SINGAPORE 670129

Dear Sir/Madam,

OUR REF : CC4/ASM18002658/T1ka3

YOUR REF : SJB 8806K

**ACCIDENT INVOLVING SJB 8806K AND SLF 9115U ALONG BLOCK 132 AND
BLOCK 131 JALAN BUKIT MERAH CARPARK ON 08.02.2018**

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 VERMOGEN ACE PTE LTD, acting on behalf of the owner of SLF 9115U against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SLF 9115U. 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 full co-operation in the handling of the claim is required and kindly submit the following to Zaini@lkkauto.com within 10 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 Zaini@lkkauto.com.

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

Yours sincerely,

Zaini
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: Zaini@lkkauto.com

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



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA 5(658064)
TEL : 6594 4919 FAX : 6594 4929
Email : vermogenace@gmail.com
REG No : 201606023C

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLF9115U & SJB8806K AT 08/02/2018, 1120HRS ALONG BLK 133 & 132 JALAN BUKIT MERAH CARPARK.

I/We LCRF PTE LTD UEN/NRIC NO. 201624597K owner of Vehicle No. SLF9115U, hereby authorise M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to forward the claim for damages sustained in the above accident to the third party driver and /or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in consideration of you giving up your repairer's lien, I/We agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my / our behalf) shall accept this as my /our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject liability, I/We will fully be responsible for the repair costs and other incidentals.

I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event of the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's Insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.

Owner Signature

(Company Stamp if applicable)





redefining / insurance

WITHOUT PREJUDICE to:

- (a) Insurers' Subrogated Claim and/or
(b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

CLAIM REF : S8M008OR
INSURED : CHIA SIOW CHING

DISCHARGE VOUCHER

We/I [LCRF PTE LTD, NRIC NO. 201624597K] hereby agree to accept the sum of dollars **[THREE THOUSAND FOUR HUNDRED AND FIFTY ONLY.] [S\$3,450.00]** 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. [SLF 9115U] as a result of an accident along **[BLK 133 & 132 JALAN BUKIT MERAH CARPARK]** on **[08/02/2018]** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SJB 8806K].

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. [SLF 9115U] 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. [SLF 9115U].

Dated this 7 day of August 2018

Claimant's Signature :

NRIC no./ Company Stamp :

Occupation/ Business :

Address :

Telephone No. :

Witness's Name :

Witness's Signature :

Witness's NRIC No. :



60 Anson road #11-01, Mapletrac Anson, Singapore 079914



Vermagon ACE Pte Ltd
1 Bukit Batok Crescent #05-23 WCEGA Plaza
Singapore 658554 Tel: 66944919 Fax: 66944928

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



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23
WCEGA PLAZA S(658064)
TEL : 6694 4919 FAX : 6694 4929
CO & GST REG NO : 201606023C

Tax Invoice: 19173

AXA Insurance Singapore Pte.Ltd.

8 Shenton Way,
#27-01/02 AXA Tower
Singapore 068811
Tel: +65 6880 4741 Fax: +65 6880 4838

Bill Date: 24/04/2018
Vehicle No: SLF9115U
Vehicle Model: HONDA VEZEL
Date of Accident: 8/2/2018
Claim No:

Attn: Motor Claims Dept

S/N	QTY	Descriptions	Unit Price	Amount S\$
1		Lumpsum repair		2400.00

E. & O.E.

Total	S\$	2400.00
GST 7%	S\$	168.00
Amount Due	S\$	2568.00



for Vermogen ACE Pte Ltd



RECORDS MANAGEMENT CENTRE

**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-18-021710

Date of Request: 08/02/2018

Your Ref No:

Online Purchase

Vermogen Ace Pte Ltd
1 Bukit Batok Crescent, #04-54/55 WCEGA Plaza
Singapore 658064

Dear Sir/Madam,

Enquiry Date 08/02/2018
Enquiry By Nur Asyira Binte AB Rahman
TP Vehicle No. SJB8806K
Accident Date 08/02/2018

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