



Auto
Consultants
Pte Ltd

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

10 AUGUST 2018

QUEK BABY JOSEPHINE
BLOCK 817 TAMPINES STREET 81
#02-576
SINGAPORE 520817

By Post and By Email

Dear Sir/Madam,

OUR REF : CC4/ASM18002792/R1hb3
YOUR REF : SDF 9243C
ACCIDENT INVOLVING SDF 9243C AND SLH 9690P ALONG SIMS AVENUE ON
31.01.18

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 AUTO INSURE PTE LTD, acting on behalf of the owner of SLH 9690P against your motor insurance policy.

Based on the accident report and accident scenario and 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. Unless proven otherwise.

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)



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- 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 vicalpeh@lkkauto.com.

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

Yours sincerely,


Vic Alpeh
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

Josephine_tang@vamdwong.com.sg
(Email)

LETTER OF AUTHORISATION

To: M/S AUTO INSURE PTE. LTD.

RE: ACCIDENT ON 31/01/2018 18:30 INVOLVING VEHICLE NOS:

SLH9690P & SDF9243C ALONG SIM AVE JUNCTION OF
GEYLANG EAST AVE 1

I/We, LCRF PTE. LTD., NRIC/Reg No: 201624597K, owner of vehicle No.

SLH9690P hereby authorise you to commence repair to the said vehicle forthwith.

1. I/We hereby irrevocably authorise you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence proceeding, if necessary, in my name for the costs of repair and loss of use, etc and to you appointing any Workshop to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third-party claims to you and my/our Workshops (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Workshop & Client basis. I/We undertake to co-operate fully with you and my/our Workshops to see the claims to as successful conclusion.
2. I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable authorise you to appoint such a firm of workshop on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
3. I/We undertake to inform you and/or the Workshops appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and 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 and obtaining your consent.
4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
5. Upon settlement of the third-party claims and in case the settlement monies were sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Workshops the cost of repairs settled and related expenses and disbursement incurred.

Owner's Signature
(Company's Stamp If applicable)

Witness Signature/Name



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.

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SDF 9243C (Insd veh)	Model: MITSUBISHI ATTRAGE 1.2
	SLH 9690P (TP veh)	
Date of Accident/ Time:	31/01/2018	

Repair Estimate	: \$	6253.55	
Final Repair Cost	: \$	492.20	(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	: \$	31.00	
Others:	: \$		
Final Settlement Sum	: \$	620.00	GLOBAL SUM (ALL-IN)

Payee Name: AUTO INSURE PTE LTD

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability 50 (%)

B) For GIA Registered Workshop: BOLA Applicable: ~~Yes~~ No BOLA Scenario No: _____

BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)

* Assessed Liability to be filled 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:   Signature of Witness / Workshop stamp (if applicable):  

Name of Representative: Geraldine Lim

Name of Witness: Sam Goh

Date: 14/02/2020

Date: 14/2/2020

Signature of AXA's surveyor/representative:  

Name of AXA's surveyor /Representative:

Date: 20/2/2020



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

Third Party Insurer Enquiry

Our Ref No: GR-18-022306

Date of Request: 09/02/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Enquiry Date 09/02/2018

Enquiry By Seng Fun Siong

TP Vehicle No. SDF9243C

Accident Date 31/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDF9243C	AXA Insurance Pte Ltd	09/05/2017-08/05/2018	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.

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6 Raffles Quay #18-00, Singapore 048580
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GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-022306

Date of Request: 09/02/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Enquiry Date 09/02/2018
Enquiry By Seng Fun Siong
TP Vehicle No. SDF9243C
Accident Date 31/01/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

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For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



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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

SEARCH RESULTS

Our Ref No: GR-18-023335

Date of Request: 12/02/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 31/01/2018

Place of Accident: SIM AVE JUNCTION OF GEYLANG EA

Client Vehicle No: SLH9690P

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SDF9243C	SIMS AVENUE	31/01/2018 18:45

Thank You.

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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-18-023335

Date of Request: 12/02/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 31/01/2018

Place of Accident: SIM AVE JUNCTION OF GEYLANG EA

Client Vehicle No: SLH9690P

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



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-18-023338

Date of Request: 12/02/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Date of Accident: 31/01/2018

Vehicle No: SLH9690P

Place of Accident: SIM AVE JUNCTION OF GEYLANG EAST AVE 1

Involving Vehicle No: SDF9243C

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\$)
SDF9243C	SIM AVE JUNCTION OF GEYLANG EAST AVE 1	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

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