

247 Alexandra Road Singapore 159934 Fax: 64743643 Tel: 63057299

Biz Reg. No. 53103069E GST No. M20098505-2

### LETTER OF DEMAND

		TO STATE OF THE PARTY OF THE PA
Your Ref: CEH ASHIS	103223 TIKA	3
Our Ref : 56x 863 3 P		
To: AKA INSURANCE	PTE 170	
Dear Sirs,	0	9
ACCIDENT INVOLVIN	G SKX 88334	& SGX 4192T ON 18-2-18
		aun Kok Fing owner of
vehicle number _ skx &	involv	ved in accident on /8·2·1 \$
		WEST COAST HIGHWAY
Description of claims:		
Cost of Repairs	\$ 4302	+ 7% GST = \$ 4603.77
Loss of Use/Rental		X_3 Days = \$_/ %0
Medical Fee	S	+ 7% GST = \$
Search Fee	s	+ 7% GST = S
		TOTAL S 4723-77
We are claiming in full a	nd final settlemen	t of \$_4783.77
Cost of repair & search fo Singapore.		
oss of use/Rental amour	nt/Medical fee of S	to be payable to
PHUR KOK FONG		,
lease note that finalizati	on/settlement offe	t within 14 days from receipt of this docume er of this claim should be within 8 weeks from lement offers to meiy.wong@vw.com.sg
Dated	this	10 APR 2018



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

### 28 FEBRUARY 2018

YU XINMEI 6 ROSEWOOD DRIVE #09-20 SINGAPORE 737938

Dear Sir/Madam.

OUR REF : CC4/ASM18003223/T1ka3

YOUR REF : SGX 4192T

ACCIDENT INVOLVING SGX 4192T AND SKX 8633P ALONG SENTONSA GATEWAY ON 18.02.2018

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 VOLKSWAGEN CENTRE SINGAPORE, acting on behalf of the owner of SKX 8633P 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 SKX 8633P. 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)



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 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)

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Biz Reg. No. 53103069E GST No. M20098505-2

### LETTER OF AUTHORITY

ACCIDENT INVO	LVING	21×90221	and	36X 41.	12 (	on	10/05/2018	
along	WES	Own vehicle's nun		Other veh	nicle's number	= 8	Date of accident	84 - 13 to
			Accident la	cetion				
BY THE LETTER	OF AUTH	IORITY, I/we,		PHUA K	cok fond			
of		576157010		Name of Polic	y Holder & IC / I		er of Vehicle Reg	gistration
10111001	KXH33P	LIGITORY I	rrevocable	appoint Vo	olkswagen		e Singapore	
(hereinafter refer Alexandra Road, in * my / our name	Singapor	company incorp	ents of any	person au	thorized by	ts regi	stered office at 2 to be *my / our A	.47 attorney an
To submit, resolve have against the of party/parties or a pay the compulse damage)/.	other *party Iternativel	y/parties to the A ly under Insuran	ccident and ce Policy n	d under the umber	a insurance 28664328	*policy	/policies taken up by	up by such
To collect paymer way of Cheque in	it(s) due in favour of <b>\</b>	respect of any s	uch claim(s itre Singa)	s) for the lo	oss and dan give a valid	nage, s	such payment to and discharge t	be made therefore.
For any of the pur	pose afore	said, to execute,	sign and d	leliver all d	locuments v	whatso	ever in relation t	hereto.
Generally do all s	uch acts as	it shall deem ne	ecessary fo	r the purpo	ose of settlin	ng such	n claim.	
"I/We hereby deci- behalf by the Attor effectual to all inte by virtue of the au	ney, its ag nts and pu n(s) and *l/	ents or any pers rposes whatsoe we hereby ratify	on authoriz ver as if the and confirr	ed by VGS same had	S in that bel d been done	half sha e or ex	all be as good va ecuted by *me/u	alid and
I/We hereby furth	er declare	that the letter of	authority	hereby co	onferred sh	nall rer	main irrevocabl	e.
I/We further confi discharge of *my/o	rm that the our claim(s	acceptance by in respect of su	VGS of the	settlemen d damage,	t amount in	respec	ct of such consti	tute the full
N WITNESS WHI	REOF, *I/	we have hereun	to to set *m	y/our hand	d and sign t	his	14 of the	e month
March	Year	2018						
Signed & Delivere								
Vitness By:		<u>-</u>						



Prome always that this discharge of my claim for amages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident

CLAIM REF : \$8 INSURED : YU

: \$8M00946 : YU XINMEI

#### DISCHARGE VOUCHER

We/I [PHUA KOK FONG, NRIC NO. 57615701D] hereby agree to accept the sum of dollars [FOUR THOUSAND SEVEN HUNDRED EIGHTY THREE AND CENTS SEVENTY SEVEN ONLY.] [554,783.77] 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. [SGX 4192T] as a result of an accident along [WEST COAST HIGHWAY] on [18/02/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SKX 8633P].

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. [SGX 4192T] 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. [SGX 4192T].

Dated this	3 day of
Claimant's Signature	
NRIC no./ Company Stamp	= 97615701D.
Occupation/ Business	:Manager.
Address	: 274 Jahn Membina 20-138 (5) 163027
Telephone No.	90066671.
Witness's Name	Meiy Wong Insurance Advisor
Witness's Signature	Tel: 6305 7299 Ext: 216 Mobile: 8121 4681
Witness's NRIC No.	Fax: 6474 3643 Email: meiy.wong@vw.com.sg

AXA Insurance Pte Ltd (Company Reg. No. 199903512M) 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #81-01

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

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SENSOR BRACKET

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#### Service Tax Invoice No. SV18P12399

Biz Reg. No. 53103069E GST No. M20098505-2

23.79

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23.79

SERVICE ORDER NO: 18IP0554 VEH NO .: SKX8633P SERVICE CUSTOMER NO.: CV000066 19/03/18 DATE: Pickup: SERVICE CUSTOMER NAME.: AXA INSURANCE SINGAPORE PL VIN NO.: WVWZZZ16ZGM006896 34,726 YELEPHONE NO .: GEARBOX CODE: Engine No.: ADDRESS: 8 SHENTON WAY MODEL: JETTA TSI (DSG) HIGHLINE HIDC #27-01 AXA TOWER Kong Charmaine Singapore Next Appointment Date : Post Code: 068811 Next Appointment Mileage: 0 No. DESCRIPTION QTY UOM UNIT PRICE AMOUNT AXA DIRECT SETTLEMENT DOA 18/02/2018 SURVEYOR LKK **TP VEHICLE SGX4192T** LABOUR 1.00 UNIT 840.00 840.00 SPRAY PAINT 1.00 UNIT 800.00 800.00 Tow SVC- Quality Recovery Services 1.00 UNIT Tow SVC- Quality Recovery Services 1.00 UNIT 5 PROGRAMMING & CALIBRATION- NETT 1.00 TU 480.00 480.00 5 ELECT WIRING & MECH COMPONENT CHECK NE 1.00 TU 280.00 280.00 BUMPER BRACKET LH 1.00 PCS 83.31 83.31 BUMPER GUIDE LH 1.00 PCS 69.79 69.79 REAR BUMPER - IMPROVE 1.00 PCS 1,258.64 1,258.64 STRIP 10 1.00 PCS 96.99 96.99

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Service Tax Invoice No. SV18P12399

Biz Reg. No. 53103069E GST No. M20098505-2

SERVICE ORDER NO: 18IP0554

SERVICE CUSTOMER NO.: CV000066

SERVICE CUSTOMER NAME .: AXA INSURANCE SINGAPORE PL

TELEPHONE NO .:

ADDRESS:

8 SHENTON WAY

#27-01 AXA TOWER

Singapore

Post Code:

068811

VEH NO .:

SKX8633P

DATE:

19/03/18

Pickup:

WVWZZZ16ZGM006996

KM: 34,726

GEARBOX CODE:

Engine No.:

MODEL:

VIN NO.:

JETTA TSI (DSG) HIGHLINE HIDC

SA:

Kong Charmaine

Next Appointment Date :

Next Appointment Mileage :

0

No.	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT
15	SENSOR D-RING	1.00	PCS	0.20	0.20
16	SENSOR	1.00	PCS	144.39	144.39
17	2KADHESIVE	1.00	PCS	89.84	89.84
18	BONDAGENT	1.00	PCS	64.27	64.27

Sub Total

4,302.59

GST (7%) AMOUNT

301.18

TOTAL AMOUNT

4,603.77

Customer

,Phone : Fax :