

Our ref: SKA 2266B
 Your ref: SFY 1018R

Date: - 2 JUL 2018

Direct Settlement

To: AXA

Singapore

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. SFY1018R & SKA 2266B
 At/Along Sungei Rd Twp's Road On 04/03/18 @ 09:50am
 (S/P. S.M. L.M.)

I am the owner of vehicle no. SFY1018R that was involved in an accident with your insured vehicle no. SKA 2266B of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs	\$ <u>6,509.03</u>
2. Loss of Use/Rental (<u>8</u> days @ \$ <u>160</u> per day)	\$ <u>1,280.00</u>
3. LTA/GIA Search Fee	\$ <u> </u>
4. GIA Report Fee	\$ <u> </u>
5. Others <u>medical</u>	\$ <u>213.45</u>
Total:	\$ <u>8002.48</u>

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: 67714401 (Mr Vincent Seah) / 67714304 (Ms Amanda Ang).

I hereby give full authority to **CYCLE & CARRIAGE INDUSTRIES PTE LTD** and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully



NOTE: This claim is Without Prejudice to our client's rights to claim for compensation for personal injury.

Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378
 Cc: Mr Vincent Seah/ Ms Amanda Ang
 E-mail: vincent.seah@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg
 Fax No. 67795383

Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Saturday, 17 March 2018 12:58 PM
To: 'dorisng14@gmail.com'
Subject: ACCIDENT INVOLVING SKA 2266B AND SFY 1018R ALONG SUNGEI ROAD ON 04.03.2018

NG SIEW HONG

Policy Holder

Dear Madam,

OUR REF : CC4/ASM18004295/jb3
YOUR REF : SKA 2266B

ACCIDENT INVOLVING SKA 2266B AND SFY 1018R ALONG SUNGEI ROAD ON 04.03.2018

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 CYCLE & CARRIAGE INDUSTRIES (1986) PL, acting on behalf of the owner of SFY 1018R against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had changed/filtered lane causing the collision with the Third Party vehicle SFY 1018R. 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 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 joyirene@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)
- 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 the undersigned.

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

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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LETTER OF AUTHORIZATION

To: A+A

Singapore

Attn.: Motor Claims Department

Dear Sir / Mdm,

MOTOR ACCIDENT INVOLVING SF4 1018R (OWNER'S
VEHICLE NO.) AND 5KA2266B (3RD PARTY'S VEHICLE NO.)
ON 04/23/18 (DATE) AT 09:50 (TIME)
AT/ALONG Surge: R. 1st Ave. Rocker opp. 15th Ave (ROAD)

I am the registered owner of 5ZY 1018R (Vehicle No.).

I hereby authorise CYCLE & CARRIAGE INDUSTRIES PTE LIMITED and its agents or any person(s) authorised by Cycle & Carriage Industries Pte Limited to do all or any of the following:-

- Submit, resolve and make any claims which I may have against the 3rd party insurers; and/or
- Execute and sign discharge voucher, indemnity forms and all necessary documents in connection with and arising from the above claim.

All payment towards settlement of my claim should be made in favour of
CYCLE & CARRIAGE INDUSTRIES PTE LIMITED.

Registered Owner's Signature
(Company stamp & authorized signature if it is a company-registered vehicle)
Name : Teo Yee Ching
NRIC No. : S14538187
Date :



redefining / insurance

CLAIM REF : S8M00A2U
INSURED : NG SIEW HONG

DISCHARGE VOUCHER

We/I **TEO YEE CHENG** NRIC No. **S1453919** hereby agree to accept the sum of dollars [**EIGHT THOUSAND TWO AND CENTS FORTY EIGHT**] (\$\$ **8,002.48**) 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. **[SKA 2266B]** as a result of an accident along **[SUNGEI ROAD]** on **[04/03/2018]** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **[SFY 1018R]**.

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. **[SKA 2266B]** 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. **[SKA 2266B]**

Dated this 01 day of OCT 2018

Claimant's Signature : **TEO YEE CHENG**

NRIC no./ Company Stamp : **S1453919**

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : _____

Witness's Signature : _____

Witness's NRIC No. : _____

AMANDA ANG
OFFICER - ADMIN
BODY CARE & REPAIR CENTER
DID: 6771 4304
FAX: 6779 5383
EMAIL: amanda.ang@cyclecarriage.com.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

NOTE: This claim is Without Prejudice to our client's rights to claim for compensation for personal injury.



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
Mdm Teo Yee Cheng	Cust No/Name /Mdm Teo Yee Cheng
C/O AXA INSURANCE PTE LTD MOTOR CLAIM DEPARTMENT 8 SHENTON WAY #24-01 SINGAPORE 068811	Reg No/Reg Date SFY1018R / 31/07/2013
Contact No	Date In/Mileage 28/03/2018/ 94032
	Chassis No WDD2120342A804405
	Engine No 27492030064007
	Make/Model MB/E 200 2.0 CGI SEDAN (W212
	Colour/Trim 025 526 Dolomite Br/ 042 274 Leather Jav



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
CSI00001	Cash	22/06/2018/ 11:22	VS	356 / Vincent Seah	21732	28143454

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
M BPN SUN			F.O.C.
POLICY NO/ACC DATE : GA052160/1// 04.03.18			
DRIVE IN/EXCESS : 05.03.18 // TP CAR NO. SKA2266B= AXA INS			
DATE IN/DATE SURVEY:28.03.18 // 28.03.18 MA LKK 11:50AM			
DIRECT SETTLEMENT: JOY IRENE-LKK			
A BPILAB	0.10		380.00
USING STAR DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT			
A BPILAB			1920.00
DISASSEMBLE AND REPAIR ON RHF DOOR, RHR DOOR, RIGHT WING MIRROR			
A BPIRES			1200.00
RESPRAY ON RHF DOOR, RHR DOOR, RIGHT WING MIRROR			
X RHF DOOR BOTTOM INSULATION	1.00	26.48	26.48
X RHF DOOR TOP INSULATION	1.00	4.67	4.67
X RHF DOOR WEATHERSTRIP	1.00	280.72	280.72
X RIGHT DRIVER'S DOOR	1.00	2069.88	2069.88
X RHF DOOR WINDOW RUN	1.00	129.57	129.57
X INSULATION	1.00	32.68	32.68
X RIVET	10.00	3.12	31.20
X TREENAIL	3.00	2.67	8.01

Parts	2,583.21	Nett	6,083.21
Labour	3,500.00	7% GST on	425.82
Standard Menu	0.00		
Specialist Job	0.00	Total Payable	6,509.03
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	0.00	Total Due	6,509.03
Total(w/o GST)	6,083.21		

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.



WE DRIVE FIRST CLASS

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



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CHAN'S & SONS ENTERPRISE

363 Sembawang Road
Singapore 758379
Tel 67532536 Fax: 67567565
GST Reg No: 51-936900-M

chan'swww.chans.com.sg**TAX INVOICE****TEO YEE CHENG**

INVOICE : AR1804-0155
DATE : 07/04/2018
TERMS : C.O.D
STAFF ID : ELAINE
AGREEMENT NO. : HA201803-0293

ATTN: ACCOUNTS PAYABLE

DESCRIPTION	AMOUNT (SGD)
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Vehicle Reg No : SJW605R 1,196.26
Make / Model : TOYOTA CAMRY 2.0 AUTO
Rental Dates : Rental Billing From 28/03/2018 To 05/04/2018
Period : 8 days
Rental Rate : S\$ 160.00 Per Day (Including GST)
Reference No : SFY1018R

AMOUNT : S\$
ONE THOUSAND TWO HUNDRED EIGHTY
DOLLARS ONLY

NON-TAXABLE VALUE : 0.00
TAXABLE VALUE : 1,196.26
GST 7% : 83.74

TOTAL S\$: 1,280.00

Please make your cheques payable to : **CHAN'S & SONS ENTERPRISE**

For Official Use Only

Payment Date :	F / Amt
CS / CC / CH :	
CS / CC / CH :	

RENTAL AGREEMENT

201803 - 0293

Hirer's Name → KEO YEE CHENG		Date of Birth 06.09.1960	Passport/ Nric No. S1453 9195	Nationality
Address 40 YUNNAN DR		Occupation	Driving Licence No.	Date of Expiry
Postal Code 638265		Contact No.	Mobile Phone No. 8101 7669	
Joint Hirer's / Guarantor's Name LAM MOH LAM		Date of Birth 02.02.1956	Passport/ Nric No. S1213516	Nationality
Address		Occupation	Driving Licence No.	Date of Expiry
Postal Code		Contact No.	Mobile Phone No.	

CHECK OUT

Date 28.3.18	Time 9.55a	Mileage KM	E 1/4 1/2 3/4 F
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CHECK IN

Date 5.4.18	Time 6.40pm	Mileage KM	Remarks AXA
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IMPORTANT NOTES:

- Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.
- No refund will be given for vehicle that returns early.
- Own Damage Liability - First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
- Third Party Liability - First \$2000 for any Third Party Accident Claim.
- Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.
- Hirer is responsible for all parking fines & traffic summons.
- Extension:- One day's advance notice is required otherwise no extension will be allowed.
- Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
- Vehicle returned after office hour will be charged to the next working day.
- Hourly extension is charged at 1/5 of the daily rate.
- As preventive maintenance, please check water & engine oil daily.
- Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
- For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.
- Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.

	UNIT	RATE (\$)	TOTAL (\$)
RATE	8. @	160 net	1196.86
DISCOUNT			
GST @ 7%			83.74
TOTAL			1280.00
EXTENSION			ARI 804-0155
vsc			
STY 1018 R			
DEPOSIT (refundable) S\$	N/A		
CHANGED OVER FROM VEH.	DATE		

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.
I/We declare that all information given on this form is true and accurate.

[Signature]

Hirer's Signature

Joint Hirer's/ Guarantor's Signature



[Signature]

for CHAN'S & SONS ENTERPRISE

VEHICLE NO. STW 655 R	MODEL Toyota Amey 2.0 (A)
FROM	RETURN <small>*Estimate Date. For actual return see CHECK IN</small>

NRIC : S1453919J
NAME : TEO YEE CHENG

VISIT DATE : 04 Mar 2018 (12:00)
VISIT NO : G09618007073

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 05 Mar 2018 to 06 Mar 2018

DOCTOR : Timmasarathi Srikanan (M19925G)
CLINIC : 24 HR EMERGENCY CLINIC
ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 04 Mar 2018, 12:36PM

*This certificate is electronically generated. No signature is required.

RafflesMedical
24 HR EMER
585 North Bridge Road
Raffles Hospital Singapore 188770
Tel: (65) 6311 1888 Fax: (65) 6311 1152

GST REGN NO. : M9-0000467-N PAGE : 1 of 1
VISIT NO. : G09818007073 BILL TYPE : PATIVNOUT
VISIT DATE/TIME : 04-MAR-2018 11:56AM BILL DATE : 04-MAR-2018
INVOICE NO. : PG09818007073-1 PATIENT NAME : TEO YEE CHENG
PAY BY : SELF PATIENT ID NO. : S1453919J
PAYER NAME : TEO YEE CHENG POLICY NO. :
ADDRESS : 40 YUNNAN DRIVE 1 SINGAPORE 638265

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			70.00
PRACTICE COST			
PRACTICE COST	1.0	31.50	31.50
RADIOLOGY			
CHEST XRAY (PA)	1.0	46.00	
GEN RADIOGRAPHER AFTER OFFICE HRS SURCHARGE	1.0	52.00	
			98.00
SUB-TOTAL			199.50
TOTAL CHARGES BEFORE GST			199.50
GST @ 7%			13.97
TOTAL CHARGES AFTER GST			213.47
LESS ROUNDING ADJUSTMENT			(0.02)
TOTAL AMOUNT PAID			(213.45)
REG1800302047 - 04/03/2018 - VISA		213.45	
TOTAL BALANCE DUE			0.00



RAFFLES MEDICAL GROUP
585 NORTH BRIDGE ROAD
24 HRS EMERGENCY
LEVEL 1 RAFFLES HOSPITAL
SINGAPORE 188700

SALE

DATE/TIME: 04MAR18 12:36
TID: 40202219 MID: 168168291680
INVOICE#: 058047 BATCH#: 001234
VISA EXPIRY
XXXX XXXX XXXX 6802 XX/XX
APPR CODE: 105801 HOST: DBS
PAYWAVE* RRN: 806304058047
TC: 318A18D69FA94E4E AID: A0000000031010
VISA TVR: 0000000000

TOTAL SGD 213.45

SIGN X
I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
*** CUSTOMER COPY ***

RafflesHospital
24 HRS EMER
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Tel: 6341 1122

RAFFLES MEDICAL GROUP LTD 585 NORTH BRIDGE ROAD RAFFLES HOSPITAL #01-00 SINGAPORE 188770

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N