

Letter of Claim for Third Party

Insurance Company: AXA Insurance Singapore Ltd
Address : 8 Shenton Way
#27-01 AXA Tower
S068811

Date: 13-04-18

Attention : Claims Department - Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SJW 4142 H & SCV 8186 T at Dunearn
Rd before Barker Rd on 03-03-18.

I am the owner of vehicle number SJW 4142 H which was involved with the accident as mentioned above. As the accident was solely caused by your insured vehicle bearing registration number SCV 8186 T, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess Payment for OD Claim	\$ _____
Loss of Use (\$\$ <u>80.00</u>) for <u>3</u> days	\$ <u>240.00</u>
Car Rentals as per invoice attached	\$ _____
Search Fee	\$ _____
Cost of Repair	\$ <u>2316.76</u>
Others _____	\$ _____
Total Claim Amount	\$ <u>2556.76</u>

Enclosed please find copies of GIA report, invoices & certificate of insurance for your necessary review.

Kindly reply me within 14 days from the date hereof or alternatively let me have the full & final settlement for all uninsured loss which amounted to \$ _____, failing which I will have to recover all losses via legal action. Please also note your prompt action will help to reduce the claim cost.

Yours sincerely


Name : TC AUTOCLINIC PTE LTD
Address: 1 SIXTH LOK YANG ROAD
SINGAPORE 628099
Tel No : _____



Auto
Consultants
Pte Ltd

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

03 APRIL 2018

TEO SIEW TEONG
81 BUKIT DRIVE
#01-06
SINGAPORE 587850

Dear Sir/Madam,

OUR REF : CC4/ASM18004441/ua3
YOUR REF : SCV 8186T

**ACCIDENT INVOLVING SCV 8186T AND SJW 4142H ALONG DUNEARN ROAD
TOWARDS NEWTON FLYOVER ON 03/03/2018**

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 **TC AUTOCLINIC PTE LTD** acting on behalf of the owner of SJW 4142H against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, we are of the opinion that we cannot be absolved from liability.

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 07 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 thinthin@lkkauto.com within 07 days from the date of this letter **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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51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

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 6841 2360 or email us at thinthin@lkkauto.com

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

Yours sincerely

THIN THIN HLAING
LKK Auto Consultants Pte Ltd
DID: 6841 2360
FAX: 6741 4108
Email: thinthin@lkkauto.com

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

Letter of Authority

1. Accident involving vehicle number SJW 4142 H & SCV 8186 T at Duisman Rd before Barker Rd on 03-03-18

2. I, Giovanni Rinaldi NRIC S2720690E, owner of motor Vehicle no. SJW 4142 H hereby authorize my repair workshop, namely TC AutoClinic Pte Ltd (Cheng Kee) to act for me with respect to the following

- a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
- b) To resolving my claim as they deem fit, including settling the matter on basis of my contributing negligence if any.
- c) To receive payment for settlement of my claim and all payment be made payable to the workshop for cost of repairs and other uninsured losses
- d) To sign discharge voucher on my behalf

3. I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report to be required for repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for the extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.

4. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.

5. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.

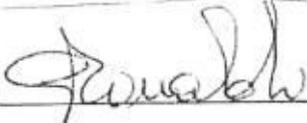
- a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
- b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Dated this 13 (Day) of Apr (Month) 2018 (Year)

Claimant Particulars

Name: GIOVANNI RINALDI
Address: 79 Farrer Drive #03-02 S259283

Tel No: 97564612

Signature: 

Authorized Workshop

Workshop: TC Auto Clinic (Cheng Kee)
Claim Officer: Shawn Chua

Signature & Co. Stamp. 



Email: _____



redefining / insurance



CLAIM REF : S8M00A01
INSURED : TEO SIEW TEONG

DISCHARGE VOUCHER

We/I (**GIOVANNI RINALDI.S2720690E**) hereby agree to accept the sum of dollars **[Two Thousand Five Hundred Fifty Six and Cents Seventy Six Only]** (S\$ 2,556.76) 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. **SCV 8186T** as a result of an accident along **DUNEARN ROAD** on **03/03/2018** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **SJW 4142H**.

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. **SCV 8186T** 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. **SCV 8186T**.

Dated this 10 day of Jul 2018

+ Claimant's Signature : *Giovanni Rinaldi*

+ NRIC no./ Company Stamp : S2720690E

Occupation/ Business : _____

+ Address : 79, FARBER DRIVE #03-02

+ Telephone No. : 97564612

Witness's Name : Shawn Chua

Witness's Signature : *Shawn Chua*

Witness's NRIC No. : _____





TC AutoClinic Pte. Ltd.

Service Centres
 1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
 25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
 913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3
 Regn No.: 199105199R GST Regn No.: 19-9105199-R



TAX INVOICE

CO. REG: 19-9105199-R

NAME : AXA INSURANCE PTE LTD
 ADDRESS : 8 SHENTON WAY
 TELEPHONE : #27-01 AXA TOWER S(068811)
 MODEL : 68804741
 ENGINE NO : FRLARBZJ11UEA--A--
 CHASSIS NO : HRA2284586A
 VEHICLE NO : SJNFEAJ11U1682485
 SJW4142H

INVOICE NO :
 INVOICE DATE : WE2102256
 TERMS : 16-MAY-2018
 DATE REC'D : CREDIT
 SA/SE : 10-APR-2018
 JOB NO : CCR
 MILEAGE : EG138958
 YOUR REFERENCE : 015974
 051/IC/TCAC/CCR/2018

ITEMS	JOB DESCRIPTION	AMOUNT
	LABOUR	
1	PERFORM VEHICLE ELECTRONIC SYSTEM DIAGNOSIS, INTERROGATION & REPROGRAM MODULE WITH CONSULT	240.00
2	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	NC
3	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00
4	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	NC
5	CHECK & INSPECT WIRE HARNESS FOR DAMAGE & OPEN/SHORT CIRCUIT, REPAIR WHEN NECESSARY	NC
6	RENEW REAR BUMPER, LEFT TAIL LAMP REPAIR REAR UPPER PANEL	500.00
7	REMOVE & INSTALL SEATS, CARPETING & HEADLINER TO FACILITATE REPAIR	NC
8	RENEW LEFT QUARTER GLASS TO FACILITATE REPAIR	NC
9	RESPRAY REAR BUMPER IN 2 COLORS, REAR UPPER PANEL, MUDGUARD INNER PANEL	600.00
	SUBTOTAL :	1395.00
	PARTS	
1	CLIP (\$1.20 EA X4) Qty:4 @ \$1.20 each (Disc:20.00% After Disc:\$3.84each)	3.84

DOLLARS:

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE TIME

VEHICLE NO :

RELEASE BY

.....



TC AutoClinic Pte. Ltd.

Service Centres
 1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
 25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
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ITEMS	JOB DESCRIPTION	AMOUNT
2	LEFT TAIL LAMP (FENDER) Qty:1 @ \$323.70 each (Disc:20.00% After Disc:\$258.96each)	258.96
3	LEFT BUMPER RETAINER Qty:1 @ \$23.80 each (Disc:20.00% After Disc:\$19.04each)	19.04
4	REAR BUMPER Qty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)	573.60
5	LEFT BUMPER BRACKET Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)	28.72
	SUBTOTAL :	884.16
REMARKS		
1	ACCIDENT INVOLVING SJW4142H & SCV8186T ON 03/03/18 AT DUNEARN RD BEFORE BARKER RD	
2	3RD PARTY & LOSS OF USE CLAIM AGAINST AXA VIA TCAC SURVEYED BY MR TAUFIKH FROM LKK ASSIGNED BY AXA	
3	LKK REF: CC4/ASM18004441/UA3 OUR REF: SJW4142H	
4	ATTACHED DIRECT SETTLEMENT BY THIN THIN HLAING FROM LKK	
5	ATTACHED LETTER OF AUTHORITY ATTACHED LETTER OF CLAIM FOR THIRD PARTY	
6	ATTACHED SATISFACTORY NOTE: 051/IC/TCAC/CCR/2018	

DOLLARS:

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ITEMS	JOB DESCRIPTION	AMOUNT
	Insurance Co : AXA INSURANCE PTE LTD Policy No....: 2100470849-01000 Claim Type ..: THIRD PARTY CLAIM DOA.....: 03-MAR-2018 Our Ref.....: 051/IC/TCAC/CCR/2018 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES	
	LABOUR	1395.00
	PARTS	884.16
	SUBTOTAL	2279.16
	ADD. DISCOUNT	113.96
	TOTAL	2165.20
	GST(7%)	151.56
	AMOUNT DUE	2316.76

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
 TWO THOUSAND THREE HUNDRED SIXTEEN
 AND CENTS SEVENTY SIX ONLY.

[Signature]
 WORKSHOP MANAGER

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CUSTOMER

TO SECURITY GUARD PLEASE TEAR ALONG PERFORATED LINE DATE TIME
 VEHICLE NO : SJW4142H (EG138958/WE2102256)
 RELEASE BY