

CT AUTO PTE LTD

160 Sin Ming Drive #02-14 Sin Ming AutoCity Singapore 575722
Tel: 6266 6727 Fax: 6266 6358 Email: admin@ctauto.com.sg
Business Registration No. 201420132H
GST Registration No. 201420132H

Our Ref: SLC4931D
Your Ref: SHD144C

17 May, 2018

AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Attention: Motor Claims Department

Dear Sir/Madam,

ACCIDENT INVOLVING SLC4931D & SHD144C on 25/2/2018

We are writing on behalf of Mr Bavan S/O K S Perumal; the registered owner of Vehicle No. SLC4931D involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle no. SHD144C. As a result of which, our client had suffered loss and expenses.

We are instructed by our client to claim for:

- Cost of Repair	\$ 11,449.00	(as finalised with surveyor + GST)
- Loss of Rental (9 days x \$120/day)	\$ 1,080.00	
- 3rd Party GIA Report Fees	\$ 29.00	
Total	<u>\$ 12,558.00</u>	

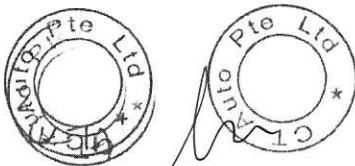
We enclosed herewith the following documents for your consideration.

- Invoice
- Vehicle Rental Agreement & Invoice
- GIA Records Management Centre Tax Invoices
- GIA Report
- Owner/Driver Identity Card/Driving Licence
- Certificate of Insurance

Please acknowledge receipt of the above documents and we look forward to your favourable response.

Yours faithfully,

CT AUTO PTE LTD



Enc

Vivian Lau (LKKAuto)

From: Vivian Lau (LKKAuto)
Sent: Monday, 2 April, 2018 3:33 PM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com';
'foonghon@ava-ins.com'
Subject: ACCIDENT INVOLVING SHD 144C & SLC 4931D ALONG BLK 505 JELAPAN RD
,YOUR REF : SHD 144C,OUR REF : CC4/AXA18004479/Dwa3

02 April 2018

Transcab Taxi
Singapore

Dear Sir/Madam,

OUR REF : CC4/AXA18004479/Dwa3
YOUR REF : SHD 144C

ACCIDENT INVOLVING SHD 144C & SLC 4931D ALONG BLK 505 JELAPAN RD

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 **CT Auto Pte Ltd** acting on behalf of the owner of SLC 4931D against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of **SS5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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 intent must be formally expressed to us and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to Vivianlau@lkkauto.com **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.

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. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA's Customer Care Centre.

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 8625 or email us at Vivianlau@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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

TO : AXA INSURANCE P/L

Dear Sirs,

CLAIMANT : BAVAN S/O K S PERUMAL

ACCIDENT INVOLVING SLC4931D AND SHD144C
ON 25/2/18 AT 505 Jelapang Road

I/We, Bovan S/O K S Perumal, am/are the
registered owner of Vehicle No. SLC4931D.

Please note that I have assigned all compensation monies due to me/us in the above said accident to M/S **CT AUTO PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above said accident to M/S **CT AUTO PTE LTD.** and forward your settlement cheque to M/S **CT AUTO PTE LTD** whom I/we had authorized to collect the said compensation monies.

Thank you.



Signature of Claimant

(Company Stamp, if applicable)

Name : BAVAN S/O K S PERUMAL
NRIC No : 51801315J

Date: 2/3/2018



redefining / insurance

*This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

CLAIM REF : C0471913
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I, BAVAN S/O K S PERUMAL, NRIC NO. S1801315J hereby agree to accept the sum of dollars ELEVEN THOUSAND EIGHT HUNDRED FIVE AND CENTS FIFTY FIVE ONLY (S\$11,805.55) 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. SHD 144C as a result of an accident along 505 JELAPANG ROAD (S) 670505 OPEN CARPARK on 25/02/2018 which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLC 4931D.

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. SHD 144C 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. SHD 144C.

Dated this 23rd day of January 2019

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : S1801315J

Occupation/ Business : Manager

Address : BIK 29 Anchorage Cres #12-40 S(544658)

Telephone No. : 81238275

Witness's Name : Emmeline Teng

Witness's Signature : [Signature]

Witness's NRIC No. : S9323881H

CT AUTO PTE LTD

160 Sin Ming Drive
 #02-14 Sin Ming AutoCity
 Singapore 575722
 62666727
 Sales@ctauto.com.sg
 GST Registration No. : 201420132H
 Company Registration No.
 201420132H

Tax Invoice

INVOICE TO
 SLC4931D
 AXA Insurance Pte Ltd
 8 Shenton Way
 #24-01 AXA Tower
 Singapore 068811

INVOICE NO. 2018/1115
DATE 23/01/2019
DUE DATE 23/01/2019
TERMS Due on receipt

VEHICLE NO.	TYPE	DOA/DOR DATE
SLC4931D	Volkswagen Passat 1.8A	25/02/2018

ACTIVITY	AMOUNT
Cost of Repairs (as finalised with surveyor)	10,165.00

SLC4931D & SHD144C DOA 25/02/2018	SUBTOTAL	10,165.00
	GST TOTAL	711.55
	TOTAL	10,876.55
	BALANCE DUE	S\$10,876.55

GST SUMMARY

	RATE	GST	NET
GST @ 7%		711.55	10,165.00



Errors and omissions excepted (E&OE)

Leong Auto Rental LLP

160 Sin Ming Drive

#02-13

Sin Ming AutoCity

Singapore 575722

82923333

leong@leongauto.com.sg

Company Registration No. T16LL0615D

INVOICE

INVOICE TO

Bavan S/O K S Perumal
Blk 48 Telok Blangah Drive
#12-107
Singapore 100048

INVOICE NO. 2018/053

DATE 14/03/2018

DUE DATE 14/03/2018

TERMS Due on receipt

VRA NO.

L0225

YOUR REF.

SLC4931D

ACTIVITY

AMOUNT

SJT9154G

1,080.00

Vehicle Rental from 05/03/2018 1300 Hrs to 14/03/2018 1300 Hrs, 9 @ S\$120.00

SJT9154G/SLC4931D

BALANCE DUE

S\$1,080.00



LEONG AUTO RENTAL LLP

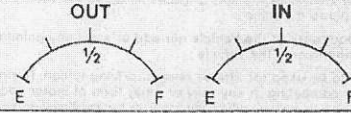
160 Sin Ming Drive, #02-13 Sin Ming AutoCity, Singapore 575722
 Tel: 64563008 Email: Leong@leongauto.com.sg
 UEN Registration No. T16LL0615D

SLC49310
G

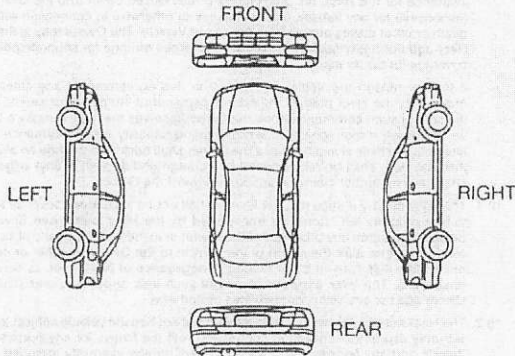
Operations Team
 Mobile: 82923333
 Mobile: 93533333

VEHICLE RENTAL AGREEMENT

No. L 0225

HIRER'S PARTICULAR Name : (as in I/C) <u>BAVAN S/O KS PERUMAL</u> NRIC / PASSPORT No : <u>S8013153</u> Address (Res) : _____ Name & Address of Employer : _____ Occupation : _____ Driving Exp : _____ D/L No : _____ D/L Type : Local/International Pass Date : _____ Date of Birth : _____ Tel : (O) _____ (R) _____ HP/PG : _____	Veh No : <u>SJT91546</u> Replace Veh No : _____ Mileage Out : _____ Mileage Out : _____ Make & Model _____ Make & Model _____ Auto / Manual _____ Auto / Manual _____ OUT : Date <u>5/3/18</u> OUT : Date _____ OUT : Time <u>1pm</u> OUT : Time _____
RENTAL CHARGES	
Daily <u>9 @ \$120</u>	
Weekly @ \$ _____	
Monthly @ \$ _____	
Hours @ \$ _____	
Others @ \$ _____	
CDW @ \$ _____	
PAI @ \$ _____	
Delivery Service _____	
SUB-TOTAL \$ _____	
OUT IN 	
EXTENSION _____	
Collection Service _____	
Misc. _____	
ESTIMATED TOTAL RENTAL \$ _____	
Sales Person Code : _____	
Non Waiver Excess: \$ <u>3000</u> (before GST)	
Hirer's Signature <u>[Signature]</u>	
Addition Driver's Signature _____	

(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES



ACCESSORIES CHECK

- | | | |
|---------------------------------------|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ashtray | <input type="checkbox"/> Cig Lighter | <input type="checkbox"/> IU |
| <input type="checkbox"/> STD Tools | <input type="checkbox"/> Jack | <input type="checkbox"/> S / Tyre |
| <input type="checkbox"/> Radio / Cass | <input type="checkbox"/> CD/Cartridges | <input type="checkbox"/> Hub Caps |
| | | <input type="checkbox"/> S / RIM |

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

*** IMPORTANT**

1. ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 3 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY LEONG AUTO RENTAL LLP.
3. IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :
 - (i) shall report all accidents involving the said vehicle to the Owner immediately.
 - (ii) shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner).
 - (iii) shall report to the police within 24 hours from the occurrence. the following types of accidents :
 - (a) injury case;
 - (b) non-injury case involving a Government vehicle, or damage to Government property;
 - (c) non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport No /Name of the driver, Vehicle number, Log card and Vehicle road tax information);
 - (d) non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE-THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO LEONG AUTO RENTAL LLP AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	SIGNATURE OF HIRER/DRIVER
<u>14/3/18</u>	<u>1pm</u>			<u>[Signature]</u>



**GENERAL
INSURANCE
ASSOCIATION**

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-18-033428

Date of Request: 05/03/2018

Your Ref No:

WALK IN FRANCIS GOH

CT AUTO PTE LTD
160 SIN MING DRIVE, #02-14, SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SLC4931D

Date of Accident: 25/02/2018

Place of Accident: 505 JELAPAN RD

Involving Vehicle No: SHD144C

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



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-18-033430

Date of Request: 05/03/2018

Your Ref No:

WALK IN FRANCIS GOH

CT AUTO PTE LTD
160 SIN MING DRIVE, #02-14, SIN MING AUTOCITY
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 25/02/2018

Vehicle No: SLC4931D

Place of Accident: 505 Jelapang Road. (S)670505 OPEN CARPARK

Involving Vehicle No: SHD144C

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\$)
SHD144C	505 Jelapang Road. (S)670505 OPEN CARPARK	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque