

Cheonghoh Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply, please quote our Reference Number

Our Ref: LCH.my/jp/AMK07-70256.17
Your Ref: SJV 9354 K

7 August 2017

ECICS Limited
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987

BY FAX NO 63389267 AND BY HAND

Dear Sirs

ACCIDENT INVOLVING YOUR INSURED'S VEHICLE NO SJV 9354 K AND SHD 5491 S ON 25 OCTOBER 2016 AT/ALONG THE DRIVEWAY OF THE CARPARK IN FRONT OF BLK 472 SEGAR ROAD - MC/MC 12234/2017

We act for your insured **RASHIDAH BINTE RAHMAD** in his claim against the negligent third party in the above matter.

We are pleased to inform you that this matter has been settled with the insurers/solicitors for the insurers for the third party, **AXA Insurance Singapore Pte Ltd.**

We enclose herewith copies of the following to substantiate and confirm the settlement:-

final repair bill
letter of claim/demand
discharge voucher

In the premises, kindly reinstate our client's no claim discount if same has been affected in consequence of this accident.

Yours faithfully



Lee Cheong Hoh
Advocate & Solicitor
CHEONGHOH LAW CORPORATION

enc:
cc: client (via Fax : 64455393) - SJV 9354 K

I/We hereby acknowledge receipt
of original of this letter and its
enclosure(s)

17/08/2017



Date/Signature/Co. Stamp

Insurance's Auto

Mailing Address : Blk 134 Pasir Ris St 11 #04-253 Singapore 510134.

Fax: 64455393. Email: insurancesauto@hotmail.com

Tel : 90089959.

Rashida Binte Rahimad

Blk 472 Segar Road

#15-254

Singapore 870472.

5/5/2017

Invoice No: 9354/2017

Qty	Description	Unit Price	Amount
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Vehicle No: SJV9354K

Repair Cost

\$5,900.00

Dollars: Five Thousand Nine Hundred
Only.....

\$5,900.00

Insurance's Auto



Authorised Signature

Cheque should be made payable to Insurance's Auto

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In reply please quote our Reference Number
Our Ref: LCH.my/AMK07-70256.17

9 May 2017

WITHOUT PREJUDICE

BY HAND

CERTIFICATE OF POSTING

AXA Insurance Singapore Pte Ltd
8 Shenton Way #27-01
AXA Tower
Singapore 068811

Trans-cab Services Pte Ltd
2 Ang Mo Kio Street 63
Singapore 569111

Attn: Motor Claims Dept.
(Vehicle No. SHD 5491 S)

Dear Sirs

TRAFFIC ACCIDENT INVOLVING YOUR/YOUR INSURED'S VEHICLE SHD 5491 S AND SJV 9354 K ON 25 OCTOBER 2016 AT 8:30 PM ALONG/AT SEGAR ROAD BESIDE BLK 72

We act for the claimant **Rashida Binte Rahmad**, the owner of the above said motor vehicle no. **SJV 9354 K**.

We are instructed to claim damages against you/your driver/your insured in connection with the above-captioned accident involving our client's vehicle registration number **SJV 9354 K** and vehicle registration number **SHD 5491 S** driven by you/your driver/your insured at the material time.

We are instructed that the accident was caused by you/your driver's/your insured's negligent driving and/or management of motor-vehicle **SHD 5491 S**. As a result, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as stated in Part 1 of the Annexure.

A copy each of the supporting documents as stated in Part 2 of the Annexure is enclosed.

We have on 25 March 2017 notified your insurer (abovenamed addressee) of the accident and a pre-repair survey of our client's vehicle was carried out on 5 April 2017. Our client's claim for costs of repairs is based on the amount negotiated and agreed with AJAX Adjusters & Surveyors Pte Ltd whom your insurer have appointed/agreed after the pre-repair survey was completed.

Please note that:

- (a) if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer;
- (b) you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your/your insurer receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer;
- (c) if you have a counterclaim against our client arising out of this accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

For the avoidance of doubt, unless otherwise indicated, this letter of claim is sent to the abovenamed addressees.

Yours faithfully


Lee Cheong Hoh
Cheonghoh Law Corporation

I/We hereby acknowledge receipt
of original of this letter and its
enclosure(s)

11/05/2017



Date/Signature/Co. Stamp

enc :supporting documents in paragraph 4 enclosed in covering letter to insurers only
cc: client (via email /fax only) - SJV 9354 K

ANNEXURE

Part 1 - particulars of loss and expense

Cost of repairs	\$5,900.00
Loss of use (+one weekend) @ 9 days	900.00
Survey Report	0.00
GIA Reports/LTA, RCB searches	37.00
Loss of Use for PRS(9 days +one weekend) x \$100)	1,000.00
Incidentals	50.00
Costs Contribution	750.00
TOTAL	<u>\$8,637.00</u>

Part 2 - list of supporting documents enclosed in the letter of claim.

LTA search

GIA reports/Police reports & type-written transcripts

repairer's bill and evidence of payment (if any)

the insurer has been notified of the accident and allowed to carry out a pre-repair inspection of claimant's vehicle

supporting documents for all other expenses claimed (if any)

accident scene photo

correspondences with the defendant's relating to pre-repair survey and/or post repair inspection of the claimant's vehicle



redefining / insurance

WITHOUT PREJUDICE to:-
(a) Insurers' Subrogated claim and / or
(b) Any Personal Injury Claims.
(Note: This Notice supersedes any inconsistencies found in this Discharge voucher.)

CLAIM REF : C0409678MC/SAW
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I [RASHIDA BINTE RAHMAD, NRIC NO. _____] hereby agree to accept the sum of dollars [EIGHT THOUSAND AND THIRTY SEVEN] (S\$ 8,037.00) 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. [SHD5491S] as a result of an accident along [SEGAR ROAD BESIDE BLK 472] on [25.10.2016] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SJV9354K].

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. [SHD5491S] 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. [SHD5491S].

Dated this 5 day of Aug 2017

Claimant's Signature

[Signature]

NRIC no./ Company Stamp

88307057 I

Occupation/ Business

Housewife

Address

Blk 472 Segar Road # 15-254 (840472)

Telephone No.

91091656.

Witness's Name

AC Kw

Witness's Signature

[Signature]

Witness's NRIC No.

81424862E

