



Auto
Consultants
Pte Ltd

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

26th April 2018

MCS LOGISTICS (S) PTE LTD

No.1 Kaki Bukit Road 2,
#04-06 Eunost Warehouse Complex,
Singapore 417835

Attn: Ms Christina

Dear Sir/Madam,

OUR REF : CC4/ASM18004956/Kjb3

YOUR REF : XE 2770L

**ACCIDENT INVOLVING XE 2770L AND SKW 3570A ALONG PIONEER ROAD ON
13.03.2018**

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 CITY AUTO PTE LTD, acting on behalf of the owner of SKW 3570A against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided into the Third Party vehicle SKW 3570A. 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 vicalpeh@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)



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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 vicalpeh@lkkauto.com.

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

Yours sincerely,

Chong Poh Kin
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)



CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643.
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

RE: LETTER OF AUTHORIZATION

Name of owner: TOKYO CENTURY LEASING (S) PTE LTD NRIC: 1979016356

Address: _____

Name of Driver: OTSUKA TSUNEYUKI NRIC: G 3317306M

Address: NIL

Accident on 13/03/2018 Involving XE 2770L AND SKW 3570A

At/along PIONEER ROAD TOWARDS TVAS

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle TOYOTA WISH at my/our request I/We the above owner of Motor Vehicle No: SKW 3570A do authorize them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our behalf concerning the said claim and such, all future correspondence should be addressed to the said firm/co.

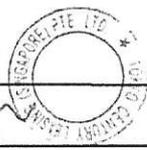
My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a valid discharge voucher or any other documents in connection with this on my/our behalf and for me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of repairs to my motor vehicle.

Owner Signature: _____
Name: _____
Date: _____



Witness Signature: _____
Name: _____
Date: _____

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)



AXA THIRD PARTY DIRECT SETTLEMENT

| | | |
|-------------------------|---------------------|---------------------------|
| Vehicle No: | XE 2770L (Insd veh) | Model: TOYOTA WISH 1.8X A |
| | SKW 3570A (TP veh) | |
| Date of Accident/ Time: | 13/03/2018 | |

| | | | |
|-----------------------------------|------|-----------|--------------------------|
| Repair Estimate | : \$ | 17,847.78 | |
| Final Repair Cost | : \$ | 918.50 | |
| Loss of Use | : \$ | 960.00 | 12 days at \$ 80 per day |
| Rental (if any) | : \$ | | days at \$ per day |
| LTA / GIA Search Fee | : \$ | 2.00 | |
| Others: | : \$ | | |
| | : \$ | | |
| Final Settlement Sum (Global Sum) | : \$ | 10,110.00 | |

Payee Name : CITY AUTO PTE LTD

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

| | | | |
|----|----------------------------------|-----------------------------------|-------------------------|
| A) | For Non GIA Registered Workshop: | Agreed Liability | 100 (%) |
| B) | For GIA Registered Workshop: | BOLA Applicable: Yes/ No | BOLA Scenario No: _____ |
| | BOLA Liability: _____ (%) | Assessed Liability (*): _____ (%) | |

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are not received within 7 days of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

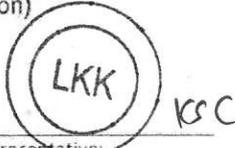
#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Signature of workshop representative / Workshop stamp

Name of Representative (Claims Section)

Date:



Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Blk 8 Sin Ming Road

Date: #01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

Signature of AXA's surveyor/representative

Name of AXA's surveyor /Representative:

Date: 6/5/19



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AXA INSURANCE SINGAPORE PTE LTD

NO. 8
SHENTON WAY
AXA TOWER
SINGAPORE 068811
Attention: Motor Claim Department
Contact : 6338 7288 Fax No. : 6880 4838

TAX INVOICE

Tax Invoice : I2018-008245

Date : 22/11/2018

Vehicle No. : SKW3570A

Make / Model : TOYOTA WISH 1.8X A

Mileage (km) : 67042

Chassis No. : ZGE206024484

Accident Date : 13/03/2018

Claim No. : CC4/ASM18004958/Kjb3

Reference : JO201803-0384

Policy No. : MSD/VPCP/17-002217

| S/No. Particular | Amount |
|------------------|----------|
| | S\$ |
| * Lumpsum repair | 8,550.00 |

Total S\$: 8,550.00

GST @ 7% S\$: 598.50

Grand Total S\$: 9,148.50

CASH / NETS / CREDIT CARD PAYMENT ONLY

Customer's Signature/Co. Stamp


for CITY AUTO PTE LTD

Please note all works performed by City Auto Pte Ltd as performed in this invoice is subjected to the following Warranty conditions:

- 1) Any replacement of electrical components will carry 1 month warranty period from date of this invoice.
- 2) Any replacement of mechanical components will carry 3 months warranty period.

Please note that all warranty does not cover wear and tear conditions regardless of any components.

City Auto Pte Ltd reserves the right to determine any warranty conditions.

Thank You For Your Business!



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

Third Party Insurer Enquiry

Our Ref No: GR-18-038779

Date of Request: 13/03/2018

Your Ref No: Online Purchase

City Auto Pte Ltd
160 Sin Ming Drive #05-01,
Sin Ming AutoCity,
Singapore 575722

Dear Sir/Madam,

Enquiry Date 13/03/2018
Enquiry By Jason Quak Leng Hui
TP Vehicle No. XE2770L
Accident Date 13/03/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| XE2770L | AXA Insurance Pte Ltd | 28/03/2017-30/06/2018 | 6338 7288 |

Thank You.

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.

This is a computer generated document and requires no signature.



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-18-038779

Date of Request: 13/03/2018

Your Ref No: Online Purchase

City Auto Pte Ltd
160 Sin Ming Drive #05-01,
Sin Ming AutoCity,
Singapore 575722

Dear Sir/Madam,

Enquiry Date 13/03/2018
Enquiry By Jason Quak Leng Hui
TP Vehicle No. XE2770L
Accident Date 13/03/2018

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque