



Vermogen ACE Pte Ltd

1 Bukit Batok Crescent
#05-23 Wraga Plaza
Singapore 658064
Co. Reg No.: 201606023C GST Reg No.: 201606023C
Tel: 6694 4919 Fax: 6694 4929
Email: vermogenace@gmail.com

Yr Ref : WC5613K

Our Ref : SLC8497P

16th December 2016

Without Prejudice

Attn: Motor Claim Dept

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01/02 AXA Tower
Singapore 068811

Dear Sir/Mdm,

**Accident involving SLC8497P and WC5613K on 01/09/2016 18:50 at Upper Paya Lebar Road
Towards Bartley Road**

We refer to the above said accident.

As instructed, we are claiming the following as stated below:-

1. Cost of repair	\$ 5,189.50
2. Loss of use (\$100 X 8 days)	\$ 800.00
3. Purchase report fee	\$ 29.00
4. GIA search fee	\$ 2.00
Total	\$ 6,020.50

We enclosed herewith relevant document as stated below:-

1. Accident report
2. Final Repair Bill
3. Letter of authority
4. Purchase report receipt
5. GIA search receipt

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thank you.

Best Regards,



Minoko Chan (Claim Dept)

Vermogen ACE PTE LTD

Tel : 6694 4919 Fax: 6694 4929

Email: minokovermogenace@gmail.com

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Wednesday, 28 September, 2016 10:40 AM
To: 'jacktan@gwgroup.com'
Cc: 'kai8123@gmail.com'
Subject: ACCIDENT INVOLVING WC 5613K AND SLC 8497P ALONG BARTELY ROAD ON 01/09/2016



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

28 SEPT 2016

G & W READY-MIX PTE LTD

Dear Sir/ Mdm

OUR REF : CC4/AXA16016714/K1eb3
YOUR REF : WC 5613K
ACCIDENT INVOLVING WC 5613K AND SLC 8497P ALONG BARTELY ROAD ON 01/09/2016

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We also wish to advise that there is an excess of S\$1,500 is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- (1).Any settlement equal to or above the excess, you shall be liable to make the payment of S\$1,500; or
- (2).Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Singapore 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 us for the above subject matter, we expressly reserve all our 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.

As Insurers, 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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 our 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 us immediately. You may email it to cst@axa.com.sg or deliver it by hand to our 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), we 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or cst@axa.com.sg. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely

Asher

Case Handler

DID: 6841 6051

FAX: 6741 4108

Email: ashersng@lkkauto.com

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



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA S(658064)
TEL : 6694 4919 FAX : 6694 4929
Email : vermogenace@gmail.com
REG No : 2016060230

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLC 9497P & WC5613K.

I/We Jon City Rentals Pte Ltd UEN/NRIC NO. 20504621K, owner of Vehicle No. SLC 9497P, hereby authorise M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to forward the claim for damages sustained in the above accident to the third party driver and /or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in consideration of you giving up your repairer's lien. I/We agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my / our behalf) shall accept this as my /our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject liability, I/We will fully be responsible for the repair costs and other incidentals.

I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event of the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.



Owner Signature
(Company Stamp if applicable)

TO :

Dear Sirs,

CLAIMANT: Lion City Rentals Pte Ltd

ACCIDENT INVOLVING SLC 8497P AND WC 5213K ON

02/09/2016 AT Upper Paya Lebar Towards Banting Road.

I/We, Lion City Rentals Pte Ltd, am/are the registered

Owner of vehicle no. SLC 8497P.

Please note that I have assigned all compensation monies due to me/us in the above said accident to Vermogan ACE Pte Ltd.

I/We hereby authorize you to release all compensation monies pertaining to the above said accident to Vermogan ACE Pte Ltd and forward your settlement cheque to Vermogan ACE Pte Ltd whom I/we had authorized to collect the said compensation monies.

Thank you



Signature of Claimant
(Company Stamp, if applicable)

Name : Lion City Rentals Pte Ltd
NRIC No. 201504631K
Date : 02/09/2016



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 : C0398469
INSURED : G&W READY-MIX PTE LTD

DISCHARGE VOUCHER

We/I [LION CITY RENTALS PTE LTD, NRIC NO. 201504621K] hereby agree to accept the sum of dollars [TWO THOUSAND SEVEN HUNDRED SEVENTY FIVE AND CENTS SEVENTY FIVE ONLY.] [S\$2,775.75] 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. [WC 5613K] as a result of an accident along [UPPER PAYA LEBAR ROAD TOWARDS BARTLEY ROAD] on [01/09/2016] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SLC 8497P].

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. [WC 5613K] 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. [WC 5613K].

Dated this 2 day of April 2018

Claimant's Signature :

NRIC no./ Company Stamp :

Occupation/ Business :

Address :

Telephone No. :

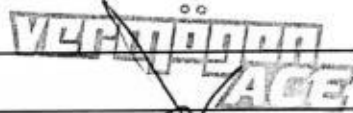
Witness's Name :

Witness's Signature :

Witness's NRIC No. :



60 Anson Road #11-01 Maple-tree Anson S(079914)



Vermogen A&E Pte Ltd
1 Bukit Batok Crescent #06-23 Wing A H
Singapore 658064 Tel: 68944319 Fax: 68944329

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



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23
WCEGA PLAZA S(658064)
TEL : 6694 4919 FAX : 6694 4929
GST REG NO : 201606023C

Tax Invoice: 16548

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01/02 Axa Tower
Singapore 068811
Tel: +65 6880 4741 Fax: +65 6880 4838

Bill Date: 16-12-16
Vehicle No: SLC8497P
Vehicle Model: HONDA VEZEL
Date of Accident: 01-09-16
Claim No:

Attn: Motor Claims Dept

S/N	QTY	Descriptions	Unit Price	Amount S\$
1		Lumpsum repair		4850.00

E. & O.E.

Total	S\$	4850.00
GST 7%	S\$	339.50
Amount Due	S\$	5189.50

for Vermogen ACE Pte Ltd





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

10 Anson Road, #06-16 International Plaza, Singapore 079903
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-16-102678
Date of Request: 02/09/2016

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd
1 Bukit Batok Crescent, #04-54/55 WCEGA Plaza
Singapore 658064

Dear Sir/Madam,

Enquiry Date: 02/09/2016
Enquiry By: Allan Lim
TP Vehicle No: WC5613K
Accident Date: 01/09/2016

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
WC5613K	AXA Insurance Singapore Pte Ltd	01/11/2015-31/10/2016	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.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

10 Anson Road, #06-16 International Plaza, Singapore 079903
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-16-102678
Date of Request: 02/09/2016

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd
1 Bukit Batok Crescent, #04-54/55 WCEGA Plaza
Singapore 658064

Dear Sir/Madam,

Enquiry Date: 02/09/2016
Enquiry By: Allan Lim
TP Vehicle No: WC5613K
Accident Date: 01/09/2016

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



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE6 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

SEARCH RESULTS

Our Ref No: GR-16-102651
Date of Request: 02/09/2016

Your Ref No: MVMG16109098

Vermogen Ace Pte Ltd
1 Bukit Batok Crescent, #04-54/55 WCEGA Plaza
Singapore 658064

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 01/09/2016
Place of Accident: UPPER PAYA LEBAR
Client Vehicle No: SLC8497P

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
WC5613K	BATTERY ROAD	01/09/2016 16:40

Thank You:

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**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

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RECORDS MANAGEMENT CENTRE**

10 Anson Road, #06-16 International Plaza, Singapore 079903
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-16-102656
Date of Request: 02/09/2016

Your Ref No: MVMG16109098

Vermogen Ace Pte Ltd
1 Bukit Batok Crescent, #04-54/55 WCEGA Plaza
Singapore 658064

Dear Sir/Madam,

Date of Accident: 01/09/2016
Vehicle No: SLC8497P
Place of Accident: UPPER PAYA LEBAR ROAD TOWARDS BARTLEY ROAD
Involving Vehicle No: WC5513K

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\$)
WC5513K	UPPER PAYA LEBAR ROAD TOWARDS BARTLEY ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You

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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-16-102651
Date of Request: 02/09/2016

Your Ref No: MVMG16109098

Vermogen Ace Pte Ltd
1 Bukit Batok Crescent, #04-54/55 WCEGA Plaza
Singapore 658064

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 01/09/2016
Place of Accident: UPPER PAYA LEBAR
Client Vehicle No: SL C8497P

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