MG SOLUTION PTE LTD



23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933 Tel: 6243 1373 Fax: 6243 1376 (GST Reg. No. 201427944N)

Date

: 04/06/2018

Your Ref

: CC4/ASM18005216/Aea3 (SKG9023H)

To

: AXA INSURANCE SINGAPORE PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm.

RE: ACCIDENT INVOLVING VEHICLE SJL9975X & SKG9023H ON 17/03/2018 AT ALONG FARRER ROAD TOWARDS HOLLANDS ROAD BESIDE BLK 6A.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- Proforma Bill No.188166 @ S\$3,531.00 (Inclusive Of 7% GST)
- Loss of Use @ SS540.00 (9 Days x SS60)
- LTA Search @ SS7.45
- 4) Authorisation to Act
- GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Sharon Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com

Asher Sng (LKKAuto)

From:

Asher Sng (LKKAuto)

Sent:

Thursday, 26 April 2018 12:25 PM

To:

'VIRGINIEROSE.LEGRAND@GMAIL.COM'

Subject:

ACCIDENT INVOLVING SKG 9023H AND SJL 9975X ALONG HOLLAND VILLIAGE ON

17/03/2018

26 APRIL 2018

VIRGINIE MARIE ODETTE ROSE EP LEGRAND

Dear Sir/ Mdm

OUR REF

: CC4/ASM18005216/Aea3

YOUR REF : SKG 9023H

ACCIDENT INVOLVING SKG 9023H AND SJL 9975X ALONG HOLLAND VILLIAGE ON 17/03/2018

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 MG SOLUTION PTE LTD acting on behalf of the owner of SJL 9975X against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SJL 9975X. 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 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 ashersng@lkkauto.com within 7 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

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 ashersng@lkkauto.com.

Please quote the 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 Pte Ltd (AXA) (Motor Claims Dept)

Provided plways that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my turther claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO

I. VIRM	tus	("the	third party	,
claimant")	V 00 00 00 00 00 00 00 00 00 00 00 00 00		arrana lean al	
of BIH 2960	CHOR UM HONG	AHME 2 HOG	50 5(684296)	(address),
owner of 5JU	9475X	(vehicle no.)	hereby aut	horize
MG IONH	ion ple L+d			
("The workshop	") to act for me	with respect	to my clai	m for
	nd/or rental and			
Vehicle No. 5	JL 9975X that	t was damaged	pursuant t	o the
accident which	occurred on 17	03/2018 (date)	along #AF	IREK REND
TOWARDS HOLLA	NDS RAID BESIDE	BIK GA		(location)
involving Vehi	cle No/s _ SKG	9023H		
("The accident	") .			

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

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

day of Signed by "the third party claimant"

Signed by "the workshep"



CLAIM REF :S8M00B4C

VILEMENT

of motor vehicle no. [SJL 9975X].

INSURED

:VIRGINIE MARIE ODETTE ROSE EP LEGRAND

sum of dollars [FOUR THOUSAND SEVENTY EIGHT AND CENTS FORTY FIVE ONLY.

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

, NRIC NO. 53369571J hereby agree to accept the

DISCHARGE VOUCHER

(\$\$ 4,078.45) 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. SKG 9023H] as a result of an accident along [FARRER ROAD TOWARDS HOLLAND ROAD BESIDE 6A] on [17/03/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer

liable for any further claim against the said Insurer, ow	he said insurer or owner and/or driver of insured vehicle shall not be i(s) whatsoever and whosoever present or future that we/I may have ner and/or driver of vehicle no. [SKG 9023H] in connection directly or lent and give our/my full and final discharge.
We/I hereby declare that v	ve/I are/am the person(s) entitled to receive the above settlement and nify AXA INSURANCE PTE LTD against any claim made or to be made in
It is understood and agreed on the part of the said insur	that payment herein is made without admission of liability whatsoever er, owner and/or driver of vehicle no. [SKG 9023H].
Dated this	28 day of AUG 2018
Claimant's Signature	: 12 W2 23 33 3695 13
NRIC no./ Company Stamp	53369571J
Occupation/ Business	P
Address	BIK 2960 CHOA CHU KANG AVENUE 2 #06-50 5 (684296)
Telephone No.	:
Witness's Name	· NACTOR STATE OF THE PARTY OF
Witness's Signature	

Witness's NRIC No.

MG SOLUTION PTE LTD



23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933 Tel: 6243 1373 Fax: 6243 1376 (GST Reg. No. 20-1427944-N)

TAX INVOICE

Bill To:

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811 INVOICE No: TI 189213

PB No: 188166

Date: 27-August-2018

ATTN: MOTOR CLAIMS DEPARTMENT

Vehicle Number: SJL 9975X

QTY	DESCRIPTION	1	AMOUNT	
QTY 1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$	3,300.00	
	BEFORE GST 7% GST		3,300.00 231.00	
	TOTAL	S	3,531.00	

Cheque should be made payable to MG Solution Pte Ltd

Co's stamp & Authorised Signature



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

19 Mar 2018 / 10 01:04

Receipt Date/Time: 19 Mar 2018 / 10:01:04

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180319-000397

Prev	ous Receipt No. :				
S/N	Item Description/		Amount	GST	Amount
	Business Transaction Reference		Before	Amount	After GST
	No.		GST (S\$)	(S\$)	(S\$)
Rest	ult of Insurance Enquiry - SKG9023H				
As a	: 17 Mar 2018/12:25:00				
Insu	rance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKG9023H				
	Enquiry Fee 20180319095824856761		7.00	0.49	7.49
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	7.00	0.49	7.49
		Rounding Difference			0.04
		Total Amount Payable			7.45
		Paid By			
		20180319095909647	Direct Debit: eN (Internet Bankin		7.45
		Total			7.45
		Cash Change			0.00
		Tendered Amount			7.45
		Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Flease ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Vehicle Insurance Particulars Result

Vehicle No. SKG9023H Incident Date/Time 17 Mar 2018 / 12:25:00 Insurance Company Name AXA INSURANCE PTE LTD

Print

OK

Save as PDF