

LETTER OF CLAIM FOR UNINSURED LOSS

Insurance Company: AXA Insurance (S) Pte Ltd
Address : _____

Date: 28/07/2017

Attention : Claims Department – Motor Claims Manager

Dear Sir,

Subject: Accident involving vehicle number SJC3583E & SKK794SP
at Slip Road from Pasir Ris Dr 8 to Pasir Ris Dr 1 on 22/07/2016.

I am the owner of Vehicle Number SJC3583E which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing Registration Number SKK794SP, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess Payment for OD Claim	\$ _____
Loss of Usage (S\$/day) for <u>3</u> days	\$ <u>240</u>
Car Rentals as per Invoice Attached	\$ _____
Search Fee	\$ _____
Others <u>Cost of repairs</u>	\$ <u>1836.67</u>
Total Claim Amount	\$ <u>2076.67</u>

Enclosed please find copies of GIA Report, Invoices and Certificate of Insurance for your necessary review.

Kindly reply me within 14 days from the date hereof, or alternatively let me have the full and final settlement for all uninsured loss which amounted to \$ 2076.67, failing which I will have to recover all losses via legal action. Please also note your prompt action will help to reduce the claim cost.

Yours sincerely



Name : Ng Jian Hock
Address: Blk 491D Tampines St 45
#05-236 S503491
Tel. No: 9636 1536



Auto
Consultants
Pte Ltd

511 BAYVIEW, #01-25 PAYA LEBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

29 July 2016

YONG PENG KWAN
147 Seagull Walk
Singapore 486685

Dear Sir/Madam,

OUR REF : CC4/AXA16013818/Za3
YOUR REF : SKK 7945P

**ACCIDENT INVOLVING SKK 7945P AND SJC 3583E ALONG / AYE PASIR RIS DRIVE
8 TO DRIVE 1 ON 22/7/2016**

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **M/s AUTOLUTION INDUSTRIAL PTE LTD** acting on behalf of the owner of **SJC 3583E** against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties (front-to-rear collision) where you had hit third-party vehicle from the rear, we are of the opinion that we cannot be absolved from liability.

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 10 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 zayyer@lkkauto.com within 10 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



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51 URUAVEI, #01-25 PWAYURU INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

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 6841 2409 or email us at zayyer@lkkauto.com

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

Yours sincerely

Zayer

LKK Auto Consultants Pte Ltd

Cc AXA Insurance Singapore Pte Ltd
(Motor Claims Dept)

**Third Party Direct Settlement
Letter of Authority**

1. Accident involving vehicle number JJC3583E & DKK7945P at Slip Road from Pasir Ris Dr 8 to Pasir Ris Dr 1 on 22/07/2016.
2. I, Ng Tian Chok NRIC S1683681H, owner of motor vehicle no. JJC3583E hereby authorize my repair workshop, namely Autolution Industrial Pte Ltd to act for me with respect to the following:
 - a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - b) To resolving my claim as they deem fit, including settling the matter on basis of my contributing negligence if any.
 - c) To receive payment for settlement of my claim and all payment be made payable to the workshop for cost of repairs and other uninsured losses.
 - d) To sign discharge voucher on my behalf.
3. I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report to be required for repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for the extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
4. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insures of the other vehicle is concerned.
5. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment:
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Dated this 16 (Day) of 12 (Month) 2016 (Year)

Claimant Particulars

Name: Ng Tian Chok
Address: Blk 491D Tampines St 45
#05-236 S(23491)
Tel No.: 96361536
Signature: _____

Authorized Workshop

Workshop: Autolution Industrial Pte Ltd
Claim Officer: Muhammad Husein

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
Signature & Co. Stamp: TEL: 6490 9666 FAX: 6846 7483



redefining / insurance

CLAIM REF : C0393375
INSURED : YOON PENG KWAN

DISCHARGE VOUCHER

We/I [NG TIAN CHOK, NRIC NO. S1683681H] hereby agree to accept the sum of dollars [TWO THOUSAND SEVENTY SIX AND CENTS SIXTY SEVEN ONLY.] [S\$2,076.67] 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. [SKK 7945P] as a result of an accident along [SLIP ROAD FROM PASIR RIS DR 8 TO PASIR RIS DR 1] on [22/07/2016] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SJC 3583E].

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. [SKK 7945P] 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. [SKK 7945P].

Dated this 18 day of May 2018

Claimant's Signature



NRIC no./ Company Stamp

S1683681H

Occupation/ Business

Director

Address

31K 491D Tampines 4 45 #05-236 S(523491)

Telephone No.

9636 1536

Witness's Name

Hanrah Bin Sa'ad

Witness's Signature



Witness's NRIC No.

S0162034B

AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
Business Reg. No.: 199500871W
GST Reg. No.: M2-8920338-9



TAX INVOICE

GST REG: M2-8920338-9

NAME :
ADDRESS : AXA INSURANCE PTE LTD
8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : TDBARSBU31EWA-----
CHASSIS NO : OR25543227A
VEHICLE NO : JN1TAAU31Z0100389
SJC3583E

INVOICE NO. :
INVOICE DATE : W32143877
TERMS : 28-FEB-2017
DATE REC'D : CREDIT
SA / SE : 05-DEC-2016
JOB NO : HOS
MILEAGE : HG734374
YOUR REFERENCE : 166752
INS/IC/HOS/0393/16

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	RENEW REAR BUMPER & REPAIR REAR END PANEL		500.00
2	S/PAINT REAR BUMPER & REAR END PANEL		450.00
3	R/I REVERSE SENSOR & RENEW IF DAMAGED		55.00
	SUBTOTAL :		1005.00
	PARTS		
1	REAR BUMPER CLIPS X 10		9.60
	Qty:10 @ \$1.20 each (Disc:20.00% After Disc:\$9.60each)		
2	REAR BUMPER FASCIA		581.70
	Qty:1 @ \$831.00 each (Disc:30.00% After Disc:\$581.70each)		
3	REAR BUMPER LH CORNER BRACKET		15.92
	Qty:1 @ \$19.90 each (Disc:20.00% After Disc:\$15.92each)		
4	REAR BUMPER LH SIDE BRACKET		15.92
	Qty:1 @ \$19.90 each (Disc:20.00% After Disc:\$15.92each)		
5	EMBLEM-REAR		32.40
	Qty:1 @ \$40.50 each (Disc:20.00% After Disc:\$32.40each)		
6	EMBLEM-REAR		67.20
	Qty:1 @ \$84.00 each (Disc:20.00% After Disc:\$67.20each)		
7	EMBLEM-REAR		46.16
	Qty:1 @ \$57.70 each (Disc:20.00% After Disc:\$46.16each)		
8	EMBLEM-REAR		32.96
	Qty:1 @ \$41.20 each (Disc:20.00% After Disc:\$32.96each)		
	SUBTOTAL :		801.86

DOLLARS:


WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
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MILEAGE : HG734374
YOUR REFERENCE : 166752
INS/IC/HOS/0393/16

ITEMS	JOB DESCRIPTION	Credit terms 30	AMOUNT
1	<p>REMARKS</p> <p>DIRECT SETTLEMENT CLAIMING LOSS OF USAGE LETTER OF DEMAND/SATISFACTORY NOTE ATTACHED</p> <p>Insurance Co : AXA INSURANCE PTE LTD Policy No....: YOUR INSURED: SKK7945P Claim Type ..: THIRD PARTY CLAIM DOA.....: 22-JUL-2016 Our Ref.....: INS/IC/HOS/0393/16 Survivor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES</p>		
	LABOUR :		1005.00
	PARTS :		801.86
	SUBTOTAL :		1806.86
	ADD. DISCOUNT :		90.35
	TOTAL :		1716.51
	GST(7%) :		120.16
	AMOUNT DUE :		1836.67

DOLLARS: (NB : NC=No Charge:P=Included in Package:W=Warranty;G=Goodwill)
ONE THOUSAND EIGHT HUNDRED THIRTY
SIX AND CENTS SIXTY SEVEN ONLY.

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