



Auto
Consultants
Pte Ltd

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

10th May 2018

NG BEE HUAT

Block 288A Punggol Place,
#07-807,
Singapore 821288.

Dear Sir/Madam,

OUR REF : CC4/ASM18005504/Aja3

YOUR REF : SGH 1875K

**ROAD TRAFFIC ACCIDENT INVOLVING SGH 1875K, SHF 176A AND SKZ 4085L
ALONG BKE TOWARDS KJE ON 21.03.2018**

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 ZEN WERKZ LLP, acting on behalf of the owner of SKZ 4085L against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

You are aware that your No-Claim Discount (NCD – if applicable) will be with held for the time being. Pending for final allocation of liability in settlement by our principal AXA Insurance Pte Ltd.

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)



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- 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 6841 2132 or email us at pohkin@lkkauto.com.

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

Yours sincerely,

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

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SGH 1875 K

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 21/03/2018 Time of Accident : 0640 Hours

Place of Accident : _____

Insurance Company: MBS AXA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The vehicle "C" car plate number should be SKZ 4085 L.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: