OUR REF

:TP/SLD7190A/85008226/AD/1/4/2018/MF

YOUR REF

: SKS43X

10 August 2018

Motor Claims Department AXA INSURANCE SINGAPORE PTE LTD 8 SHENTON WAY #27-01, AXA TOWER SINGAPORE 068811 ATTN: CLAIMS OFFICER IN CHARGE

ACCIDENT INVOLVING SLD7190A and SKS43X ON 1/4/2018 ALONG ANCHORVALE ROAD

We refer to the above matter.

| | Rate per | Repair | AMOUNT BEFORE | AMOUNT AFTER |
|----------------|----------|--------|---------------|--------------|
| | day | days | GST | GST |
| Cost of Repair | | | \$9,406.80 | \$10,065.28 |
| Loss of Use | \$120.00 | 16 | \$1,920.00 | \$1,920.00 |
| | | | | |
| LTA Search | | | | |
| Fee | | | \$1.87 | \$2.00 |
| Total | | - | | \$11,987.28 |

The accident was caused solely by the negligence of your insured and as a result, We had incurred the following costs of repair and losses:

| Enclosed | l are | copies | of the | following | g documents f | or your | perusal |
|----------|-------|--------|--------|-----------|---------------|---------|---------|
|----------|-------|--------|--------|-----------|---------------|---------|---------|

☑ Certificate of Insurance

☑ Original Photocopy Survey Report

Letter of Authority

(Hirer)

Original Photographs

☑ GIA/ Police Report

☑ LTA Search Slip

Please look into our client's claim soonest possible

Yours sincerely DING AUTO PTE LTD Michelle Fang

HP: 8748 3145

Office: 6452 1208 Fax:

Fax: 6452 0614



51 UBI AVE 1, #01-25 PAYA UBI 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 our 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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau Case Handler

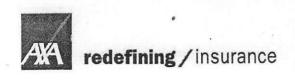
DID: 6841 8625 FAX: 6741 4108

EMAIL: Vivianlau@lkkauto.com

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

LETTER OF AUTHORITY

| Accident InvolvingSLOHIC | 70A & | SKSH3X | on 114/2018 |
|--|----------------------------------|--------------------------------|---|
| | | | |
| I, <u>Lee Li Jing</u> , <u>Chrystal</u> NRI Owner/Hirer of Vehicle Regist Auto Pte Ltd to submit corre repair and uninsured losses ar | ration No. : espond,negot | SLD7190A he late and settle | ereby authorize Ding e my claim for cost o |
| I further authorize that agree and rental, survey report fee, etc. be made in favour of I forwarded to them as full and | third party veh Ding Auto Pte | icle Insurance Ltd and that | particulars enquiry fes |
| | | | |
| Signed By | | | |
| HIRER | DATE : | 3/4/2018 | |





CLAIM REF

: S8M00CM9

INSURED

: TEO ZHENGYI JAIMY

DISCHARGE VOUCHER

We/I LCRF PTE LTD hereby agree to accept the sum of dollars Ten Thousand Three Hundred Only (\$\$ 10,300.00 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. SKS 43X as a result of an accident along OPEN SPACE CP AY SENGKANG SWIMMING COMPLEX on 01/04/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLD 7190A.

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. <u>SKS 43X</u> 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. <u>SKS 43X.</u>

| Dated this | 23 | day of | November | 2018 |
|-------------------------|------------|---------------|------------------|-----------|
| Claimant's Signature | : | PTE Rog, No. | | - |
| NRIC no./ Company Stamp | : | | | - |
| Occupation/ Business | ; | | 1 | - |
| Address | : | | | - |
| Telephone No. | /: <u></u> | | | O AUTO |
| Witness's Name | : | Michelle Fang | | ONIO TE |
| Witness's Signature | : | fs | Marie Commission | - A - O E |
| Witness's NRIC No. | : | 59017497E | | - |

DING AUTO PTE LTD

Business Reg. No : 201311788Z
 BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645
 Tel: 6452 1208 Fax: 6452 0614
 (24 hrs towing services)

TAX INVOICE

| AXA INSURANCE PTE LTD | INVOICE | I-001094 |
|---------------------------------|--------------|------------|
| 8 SHENTON WAY #27-01, AXA TOWER | DATE : | 21/11/2018 |
| SINGAPORE 068811 | GST REG NO : | 201311788Z |
| | TERMS : | C.O.D. |
| | PO NO . | SKS43X |
| ATTN: | OUR REF : | SLD7190A |
| TEL: FAX: | PAGE : | 1 of 1 |

| I Son Sect A | 1777 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
|----------------|------------------------|---|-----------|-----------|
| ITEM NO. | DESCRIPTION | QUANTITY | UNITPRICE | AMOUNT |
| 1 | Repair Cost - SLD7190A | 1 | 9,406.80 | 9,406.80 |
| | | | | |
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| | | | | |
| CTRA A PT EFFT | | SUB TOTAL | | 9,406.80 |
| | T FOR SLD7190A | GST | | 658.48 |
| P CLAIM A | GAINST SKS43X | TOTAL SGD | * | 10,065.28 |
| | | DEPOSIT | | |
| | L LTD | O/S BALANC | E : | |

FOR DING AUTO PTE LTO

Authorised Signature

Customer Signature

I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction



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-18-049425

Date of Request:

03/04/2018

Your Ref No:

Online Purchase

Ding Auto Pte Ltd Blk 10, #01-20

Sin Ming Industrial Estate Sector C

Singapore 575645

Dear Sir/Madam,

Enquiry Date

03/04/2018

F iry By

Yvonne Wong Yin Cheng

The shicle No.

SKS43X

Accident Date

01/04/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SKS43X | AXA Insurance Pte Ltd | 27/04/2017-19/05/2018 | 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.

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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-18-049425

Date of Request:

03/04/2018

Your Ref No:

Online Purchase

Ding Auto Pte Ltd Blk 10, #01-20

Sin Ming Industrial Estate Sector C

Singapore 575645

Dear Sir/Madam,

Enquiry Date

03/04/2018

F iry By

Yvonne Wong Yin Cheng

Tr shicle No.

SKS43X

Accident Date

01/04/2018

| 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:

[X] GIRO [] Cash [] Cheque



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

10 April 2018

Teo Zhengyi Jaimy 43 Shangrila Walk Singapore 568214

Dear Sir/ Mdm

OUR REF

: CC4/ASM18006175/wb3

YOUR REF

: SKS 43X

ACCIDENT INVOLVING SKS 43X & SLD 7190A ALONG OPEN SPACE CP AT SENGKANG SWIMMING COMPLEX ON 01/04/2018

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 Ding Auto acting on behalf of the owner of SLD 7190A against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that this is a case of conflicting version kindly forward to us with any evidence/information to proof.

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. You 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 Vivianlau@Ikkauto.com_within 7 days 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