

**Auto Insure Pte. Ltd.**

6 Marsiling Lane
Singapore (739145)
E: claims@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 3157 2626 F: 6368 0081
GST No.: 201437380M

Our Ref: SLP5025U
Your Ref: SFM3389U
Accident Date: 17-May-18

WITHOUT PREJUDICE

30-Aug-18

ATTENTION: MOTOR CLAIMS DEPT

Email: motor.survey@axa.com.sg

143 Cecil Street
#01-01, GB Building
Singapore 069542

CLAIMANT: LCRF PTE LTD

ACCIDENT INVOLVING SLP5025U & SFM3389U ALONG PIE TWDS CHANGI B4 LORNIE EXIT ON 17/05/2018.

We are instructed by **LCRF PTE LTD** to claim damages against your insured in connection with a road accident ON involving our client's motor registration number and motor vehicle registration number driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows;

1) Cost of Repair (with GST) after surveyor final esti.	\$ 1,904.60
2) Loss of Rental (Includes loss of PRS and loss of Sun & PHs) (4 days x \$120)	\$ 480.00
4) LTA/GIA Search Fees	\$ 31.00
5) Other incidentals	\$ 200.00
6) Towing	\$ -
7) Loss of Income (4 days x \$200)	\$ 800.00
TOTAL:	<u>\$ 3,415.60</u>

A copy of each of the following supporting documents is enclosed:

- 1) GIA report of our Insured
- 2) Repairer's Invoice
- 3) Letter of Authorization
- 4) LTA/GIA Search Receipt
- 5) Hiring Agreement

Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within **14 days** of your receipt of this letter, failing which our client will have no alternative but to commence claims against you without further notice to you or your insurer.

Please note that if you have a counterclaim against our client arising out of accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within **8 weeks** of your receipt of this letter.

For any further enquiry, kindly contact us via email to claims01@autoinsure.com.sg or call Sam at 3157 2628 directly.

Yours Faithfully,

Jason Heng
Auto Insure Pte Ltd
Claims Director

Thin Thin (LKKAUTO)

From: Thin Thin (LKKAUTO)
Sent: Friday, 9 November 2018 2:37 PM
To: 'reggy.yanpl@gmail.com'
Subject: ACCIDENT INVOLVING SFM 3389U AND SLP 5025U ALONG PIE TOWARDS CHANGI ON 17/05/2018



Auto
Consultants
Pte Ltd

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

09 NOVEMBER 2018

ANG ENG CHOON

Dear Sir/Madam,

OUR REF : CC4/ASM18009321/Sua3
YOUR REF : SFM 3389U

ACCIDENT INVOLVING SFM 3389U AND SLP 5025U ALONG PIE TOWARDS CHANGI ON 17/05/2018

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 **AUTO INSURE PTE LTD** acting on behalf of the owner of **SLP 5025U** against your motor insurance policy.

As spoken, 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 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 thinthin@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 6841 2360 or email us at thinthin@lkkauto.com

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

Yours sincerely

THIN THIN HLAING
LKK Auto Consultants Pte Ltd
DID: 6841 2360
FAX: 6741 4108
Email: thinthin@lkkauto.com

Cc *AXA Insurance Pte Ltd
(Motor Claims Dept)*

LETTER OF AUTHORISATION

To: M/S AUTO INSURE PTE. LTD.

RE: ACCIDENT ON 17/05/2018 07:40 INVOLVING VEHICLE NOS:

SLP5025U & SFM3389U ALONG PIE TWDS CHANGI B4

LORNIE EXIT

I/We, LCRF PTE. LTD., NRIC/Reg No: 201624597K, owner of vehicle No.

SLP5025U hereby authorise you to commence repair to the said vehicle forthwith.

1. I/We hereby irrevocably authorise you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence proceeding, if necessary, in my name for the costs of repair and loss of use, etc and to you appointing any Workshop to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third-party claims to you and my/our Workshops (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Workshop & Client basis. I/We undertake to co-operate fully with you and my/our Workshops to see the claims to as successful conclusion.
2. I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable authorise you to appoint such a firm of workshop on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
3. I/We undertake to inform you and/or the Workshops appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and 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 and obtaining your consent.
4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
5. Upon settlement of the third-party claims and in case the settlement monies were sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Workshops the cost of repairs settled and related expenses and disbursement incurred.



[Handwritten Signature]

Owner's Signature
(Company's Stamp If applicable)



Witness Signature/Name



redefining / insurance

*Kindly note that w.e.f 21st Mar 2017, we will relocated to:
6 Marsiling Lane S739145
tel: (65) 3157 2626
Please mail all future correspondence to stated address. *

My execution of this Discharge Voucher is only for
my claim for property damage and not prejudicial
to any other claims arising from the same accident.

CLAIM REF : S8M00HP8
INSURED : ANG ENG CHOON

DISCHARGE VOUCHER

We/I, LCRF PTE LTD, CO. REG. NO. 201624597K hereby agree to accept the sum of dollars TWO THOUSAND TWO HUNDRED NINETEEN AND CENTS SIXTY ONLY (S\$2,219.60) 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. SFM 3389U as a result of an accident along PIE NEAR LORNIE ROAD TOWARDS CHANGI on 17/05/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLP 5025U.

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. SFM 3389U 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. SFM 3389U.

Dated this 21 day of December 2018

Claimant's Signature : _____

NRIC no./ Company Stamp : 201624597K

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : AUTO INSURE PTE LTD

Witness's Signature : _____

Witness's NRIC No. : 201437380M



**Auto Insure Pte. Ltd.**

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GST No.: 201437380M

TAX INVOICE

Invoice No.: **AI-3288-2147**
Date: **30/08/2018**
Terms: **30 DAYS**
Ref: **C2858**

BILLING DETAILS	
NAME	LION CITY RENTALS PTE LTD
VEH REG. NO.	SLP5025Y
ADDRESS	
ATTENTION TO	AXA INSURANCE SINGAPORE PTE LTD
TEL	
EMAIL	

S/N	DATE	CODE	DESCRIPTION	PRICE w/o GST	GST AMT	AMOUNT (\$)
1	17-May-18		Lump Sum Repair Cost: To supply and replace parts, labour charges for repair, panel beating, welding and respary painting.	\$1,780.00	\$ 124.60	\$1,904.60

Autoinsure

SUBTOTAL \$1,780.00

ADD GST 7.00 % \$ 124.60

TOTAL AMOUNT (\$) \$ **1,904.60**

Cheque Payment should be crossed and issued in favour of
AUTO INSURE PTE. LTD.

No Receipt will be issued.

Thank you for your patronage.

This is a computerized document. No signature is required.

SCHEDULE 1

1. Hirer's Details

AZMI BIN SALLEH		S7014271F
(Hirer's Name)	(*NRIC/ Passport No.)	(Nationality)
210 PETIR ROAD #02-481 SINGAPORE 670210		
(Address)		
(Mailing address, if different from above)		
(Email address)		
		08/05/70
(Telephone No.)	(Mobile No.)	(Date of Birth dd/mm/yy)
(Driver's Licence No.)	(Expiration Date) (Class(es) of Driver's Licence)	

*Please delete where applicable.

2. Vehicle Description

Make & Model	Colour	Registration No.
MAZDA 3	GREY	SLP5025U

3. Commencement Date and Minimum Rental Period

The **Minimum Rental Period** is for **26 Weeks** and commences on **27/11/17** the (being the date of collection of the Vehicle from LCR by the Hirer).

For the avoidance of doubt, the Minimum Rental Period is exclusive of any period where the Vehicle is being repaired due to an accident and the Hirer is not offered a Replacement Vehicle by LCR during such period. For example, if a Hirer has completed 2 weeks of the Minimum Rental Period, and the Vehicle is sent for repair for 2 weeks due to an accident, then only 2 weeks of the Minimum Rental Period has been fulfilled. As a result, the Hirer must still fulfill an additional 2 weeks to complete the Minimum Rental Period.

SCHEDULE 1A**1. Rental Plan****6 Month Rates****2. Deposit**

Please refer to your deposit invoice

3. Rental Fee & Charges

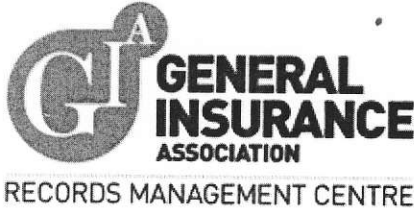
- (a) The Rental Fee per week is S\$ 497.
- (b) Weekly Payment Fee: All weekly rental payments are due the following Wednesday at 17:00hrs and if the Wednesday falls on a Public Holiday, then the due date will be the next working day at 17:00hrs.
- (c) Late Payment Fee: All outstanding payments after the above mentioned day will be subject to a late payment fee of S\$60.
- (d) Cleaning Fee: S\$300. Not limited to Cigarette odour.
- (e) Vehicle Damage Fee: In cases where the Vehicle has been involved in an accident requiring repairs to the Vehicle, the Hirer will be responsible for the actual cost of repair to the Vehicle up to a maximum of S\$2,200 per accident.

4. Insurance Excess

In the event of an accident resulting in a claim made against or reported to LCR's insurers for damage to third party property (including other vehicles), the Hirer will be liable for any insurance excess* ("Insurance Excess") payable as a result.

The Insurance Excess is payable in addition to any other amounts that may be applicable under this Agreement.

* S\$2,140 or such other amount as notified to the Hirer by LCR from time to time

**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-18-076526
Date of Request: 21/05/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Enquiry Date 21/05/2018
Enquiry By Geraldine Lim Zi hui
TP Vehicle No. SFM3389U
Accident Date 17/05/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SFM3389U	AXA Insurance Pte Ltd	27/10/2017-26/10/2018	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.

This is a computer generated document and requires no signature.

5/21/2018

Invoice



**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-18-076526
Date of Request: 21/05/2018

Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Enquiry Date 21/05/2018
Enquiry By Geraldine Lim Zi hui
TP Vehicle No. SFM3389U
Accident Date 17/05/2018

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:

☒ 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

RECORDS MANAGEMENT CENTRE

SEARCH RESULTS

Our Ref No: GR-18-077211
Date of Request: 21/05/2018
Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 17/05/2018
Place of Accident: PIE TWDS CHANGI B4 LORNIIE EXIT
Client Vehicle No: SLP5025U

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
SFM3389U	PIE NEAR LORNIIE ROAD TOWARDS CHANGI	17/05/2018 07:40

Thank You.

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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

RECORDS MANAGEMENT CENTRE

TAX INVOICE

Our Ref No: GR-18-077211
Date of Request: 21/05/2018
Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 17/05/2018
Place of Accident: PIE TWDS CHANGI B4 LORNIIE EXIT
Client Vehicle No: SLP5025U

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

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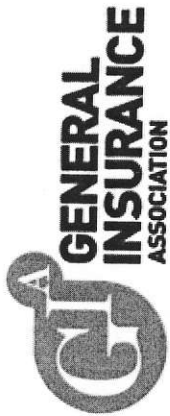
For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

5/22/2018

Invoice



**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

RECORDS MANAGEMENT CENTRE

TAX INVOICE

Our Ref No: GR-18-077418
Date of Request: 22/05/2018
Your Ref No: Online Purchase

Auto Insure Pte Ltd
6 Marsiling Lane
Singapore 739145

Dear Sir/Madam,

Date of Accident: 17/05/2018
Vehicle No: SLP5025U
Place of Accident: PIE TWDS CHANGI B4 LORNIE EXIT
Involving Vehicle No: SFM3389U

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\$)
SFM3389U	PIE TWDS CHANGI B4 LORNIE EXIT		14.00	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:

[X] GIRO [] Cash [] Cheque