Aşher Sng (LKKAuto)

From:

Asher Sng (LKKAuto)

Sent:

Thursday, 7 June 2018 5:50 PM

To:

TEOPMFELICIA@GMAIL.COM

Subject:

ACCIDENT INVOLVING SLP 408G AND SLJ 1139H ALONG CAIRNHILL ROAD ON

12/05/2018

07 JUNE 2018

TEO POH MUI

Dear Sir/ Mdm

OUR REF

: CC4/ASM18009399/R1eb3

YOUR REF

: SLP 408G

ACCIDENT INVOLVING SLP 408G AND SLJ 1139H ALONG CAIRNHILL ROAD ON 12/05/2018

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 HUA HONG PTE LTD acting on behalf of the owner of SLJ 1139H against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided the Third Party vehicle SLJ 1139H. 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)

AUTHORIZATION TO ACT

"the workshop") to act for me with respect to my claim for epair costs and/or rental and/or loss of use ("claim") for my ehicle no. SUNSH that was damaged pursuant to the coident which occurred on INSH (date) along (location) nvolving vehicle no/s SUPHOSG "the accident"). further authorize the workshop to settle my above mentioned laim in a manner that they deem fit and the workshop is further uthorized to receive payment further to settlement of my claim ith payment cheque/s being made in favour of the workshop. Further acknowledge that any settlement the workshop may reach my behalf is on a without prejudice and without admission of lability basis insofar as the driver/owner/insurers of the other	The state of the s
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京有英 () Amen	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 navment charges, being made in favour of the workshop.
signed by "the third party claimant" signed by the workshop (with chop)	further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLP 408G	(Insd veh)		
44.000	SLJ 1139H	(TP veh)	Model: HONDA HRV 1.5 DX CVT	
Date of Accident/ Time:	12/05/2018			

	* Assessed Liability	to be filled	only for chair	n collisi	ons and	for coses	where B	OLA does	not apply.	
	BOLA Liability:	(%)	ß		Assess	ed Llabilit	y (*):	100	(%)	
B)	For GIA Registered Workshop:			BOLA Applicable: Yes/ No BOLA Scenario No: NIL						
A)	For Non GIA Regis	tered Work	shop:		Agreed	Liability		(%)		
	Party Workshop GIA Regis		X YES	[]	NO	(Kindly	indicate	below)		
Payee N	ame : HUA HONG PTE L	TD -								
Final Set	tlement Sum	:5	1,831.08	F						
Culus.		:\$								
Others:	Search Fee	1.5	2.00	-						
Rental (if	(any) (Search Fee	:5	2.00	_	_			-	Days at 5	per ca
Loss of U		:\$	240.00					\rightarrow	days at S	per da
Final Rep		:5	1,589.08					-		222.40
Repair Et	timate	:\$	4,94	5.24				-		

NOTE:

- 1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- 32 AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / Invoices are not received within 7 days of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp Name of Representative: Mrs Tan Stan My

Date:

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Date:

Achien Tan

MRB

Signature of AXA's surveyor/representative Name of AXA's surveyor /Representative:

Date:



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-18-072863

Date of Request:

14/05/2018

Your Ref No:

Online Purchase

Hua Hong Pte Ltd 25D Sungei Kadut Street 1 Singapore 729332

Dear Sir/Madam,

Enquiry Date

14/05/2018

Enquiry By

Yvonne Toh Yi Zhuang

TP Vehicle No.

SLP408G

Accident Date

12/05/2018

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:

[X] GIRO [] Cash [] Cheque