



Auto
Consultants
Pte Ltd

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

29 NOVEMBER 2018

KONG LENA

BLK 116C RIVERVALE DRIVE
#15-44, SINGAPORE 543116
Dear Sir/Madam,

OUR REF : CC4/ASM18009846/T1jb3
YOUR REF : SLN 927K

ACCIDENT INVOLVING SLN 927K AND SKM 9801Y ALONG MBFC TOWER 3 CARPARK ON 08.06.2018

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

We have received a claim from M/s PREMIUM AUTOCARE CENTRE, acting on behalf of the owner of SKM 9801Y against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had hit parked/stationary Third Party vehicle. 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 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 joyirene@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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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 joyirene@lkkauto.com.

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

Yours sincerely,

Joy Irene
Case Handler
DID: 6841 2409
FAX: 6741 4108
Email: joyirene@lkkauto.com

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

Your Ref: SLN 927 K

PAC/TP/0026/2018/CCS

28 June 2018

Heng Seow Hoon
Blk 82 Strathmore Avenue
#14-142
Singapore 141082

AXA Insurance Singapore Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attn: Motor Claims Dept

Dear Sir/Mdm,

**ACCIDENT INVOLVING VEHICLES SKM 9801 Y & SLN 927 K
AT MARINA BAY FINANCIAL CENTRE TOWER 3 BASEMENT 1
ON 08 JUNE 2018.**

I am the registered owner of SKM 9801 Y.

I confirmed that I will be claiming for Loss of Usages / Rental Charges and hereby authorized your esteemed company to settle the repair bill and Loss of Usages / Rental Charges and directly with Premium Autocare Centre.

Your kind attention will be greatly appreciated.

Yours faithfully,



Heng Seow Hoon

Copy to Norah Khai, Premium Autocare Centre



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLN 927K (Insd veh)	Model: AUDI A5
	SKM 9801Y (TP veh)	
Date of Accident/ Time:	08/06/2018	

Repair Estimate	: \$	24,585 - 18	
Final Repair Cost GST	: \$	7,490.00	
Loss of Use	: \$	1,200.00	12 days at \$ 100 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	8,692.00	
Payee Name : PREMIUM AUTOCARE CENTRE			
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____	
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

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.
3. 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: Nora Khor
Date: 11/7/19

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Chang Chee Sing
Date: 11/7/19

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

Premium Autocare Centre

24 Benoi Sector
Singapore 629857
Telephone (65) 6474 3323
Telefax (65) 6264 6786
Page 1

INS TAX INVOICE

Company Reg No. 201009676M
GST Reg. No. 201009676M

AXA Insurance Singapore Pte Ltd	Invoice: 15000252	Account : A0004 (T 0)
MOTOR CLAIM DEPT	Date: 31/01/2019	AXA Insurance Singapore Pte Ltd
8 Shenton Way	Order: SKM 9801 Y	MOTOR CLAIM DEPT
#27-01, AXA Tower	Term: 30	8 Shenton Way
SINGAPORE 068811		#27-01, AXA Tower
		SINGAPORE 068811

Regn No: SKM9801Y Regn Date: 17/11/2008 Mileage: 129239 WIP NO. : 10225

Model: AUDI A5 3.2 FSI QU Chassis: WAUZZZ8T19A019239 Engine: LTA1100947 Dept: W

VSF No:

You have been assisted by:- Chang Chee Sing (11)

		Details	Qty	Unit Price	Amount
S	BODYWORK	To carry out contractual repair as agreed for material and labour.	7000.00	1.00	7000.00

Parts 0.00
Labour 0.00
Sublet 7000.00
Menus 0.00
Lubricant 0.00

Sub-Total 7,000.00

7% GST 490.00

Grand Total 7,490.00



Received by

For & on behalf of
Premium Autocare Centre

Customer

**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-18-088694

Date of Request: 11/06/2018

Your Ref No:

Online Purchase

Premium Autocare Centre
24 Benoi Sector
Singapore 629857

Dear Sir/Madam,

Enquiry Date 11/06/2018
Enquiry By Chang Chee Sing
TP Vehicle No. SLN927K
Accident Date 08/06/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLN927K	AXA Insurance Pte Ltd	19/06/2017-18/06/2018	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.

**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**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-18-088694

Date of Request: 11/06/2018

Your Ref No:

Online Purchase

Premium Autocare Centre
24 Benoi Sector
Singapore 629857

Dear Sir/Madam,

Enquiry Date 11/06/2018
Enquiry By Chang Chee Sing
TP Vehicle No. SLN927K
Accident Date 08/06/2018

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