



BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLZ5183T and SKZ6913J on 10/06/2018

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

| | | |
|-------|--|--------------------|
| a) | Repair Cost/ Excess | S\$ <u>1211.34</u> |
| b) | Loss of Use/ Rental of vehicles for <u>0</u> day(s) @ S\$ <u>110</u> per day | S\$ <u>000.00</u> |
| c) | LTA/ GIA Search Fees | S\$ <u>0.00</u> |
| d) | Towing Fees | S\$ <u>/</u> |
| e) | Others _____ | S\$ <u>/</u> |
| TOTAL | | S\$ <u>1211.34</u> |

I enclose herewith copy of the following: (please tick the appropriate boxes)

| | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> | Repair Invoice | <input checked="" type="checkbox"/> | LTA/ GIA Search Receipt |
| <input type="checkbox"/> | Policy Excess Invoice | <input checked="" type="checkbox"/> | NRIC/ Driving License |
| <input checked="" type="checkbox"/> | Discharge Voucher | <input checked="" type="checkbox"/> | Letter Of Authority |
| <input type="checkbox"/> | Rental Invoice | <input type="checkbox"/> | GIA Report |
| <input checked="" type="checkbox"/> | Certificate of Insurance | <input type="checkbox"/> | Survey Report |
| <input type="checkbox"/> | Towing Invoice | <input type="checkbox"/> | Medical Invoice |

All payment should be payable to **Motor Image Enterprises Pte Ltd/my favour** and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Siow Hooi – 6703 8115
hooi@motorimage.net

ACCIDENT INVOLVING SKZ 6913J AND SLZ 5183T ALONG PIE TOWARDS TUAS AFTER WHITLEY RD EXIT ON 10/06/2018

Asher Sng (LKKAuto) <AsherSng@lkkauto.com>

Thu 5/21/2020 2:10 PM

To: LEOLISIUHUI@GMAIL.COM <LEOLISIUHUI@GMAIL.COM>

21 MAY 2020

TAN CHIA YI / LI SIU HUI

Dear Sir/ Mdm

OUR REF : CC4/ASM18011106/Kea3

YOUR REF : SKZ 6913J

**ACCIDENT INVOLVING SKZ 6913J AND SLZ 5183T ALONG PIE TOWARDS TUAS AFTER
WHITLEY RD EXIT ON 10/06/2018**

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

We have received a claim from M/s MOTOR IMAGE ENTERPRISES PTE LTD acting on behalf of the owner of SLZ 5183T against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, where your vehicle was involved in a three (3) vehicle chain collision and your vehicle was the 2nd vehicle and rear-ended the Third Party Vehicle SLZ5183T and 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 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)

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Motor Image Enterprises Pte Ltd

- Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255
 Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

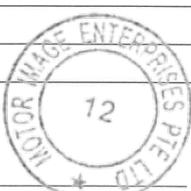
Type of Claim:

- Third Party (Direct Settlement)
 Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLZ 5183T AND SKZ 6913J
ON 10/06/18
AT AFTER MOUNT PLEASANT FLYOVER

1. I, the owner of vehicle no. SLZ 5183T hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

| Claimant's Particulars | | Authorized Workshop |
|--|--------------------------|--|
| Name <u>TAN BOON PIN</u> | | Company Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u> |
| Address <u>APT BLK 171 LORONG 1 TOA PAYOH #20-1152 S(310171)</u> | | Claim Officer's Name <u>DANIEL A JUDE</u> |
| Telephone No <u>9183 4438</u> | | Telephone No <u>8611 3195</u> |
| Date <u>10 JUN 18</u> | Email <u>-</u> | Date <u>10 JUNE 2018</u> |
| Company Stamp [For Co Regn Vehicle] | Authorized Signature | Claim Officer Signature |





AXA THIRD PARTY DIRECT SETTLEMENT

| | | | |
|-------------------------|--------------------|------------|---------------------------------|
| Vehicle No: | SKZ 6913J | (Insd veh) | Model: SUBARU FORESTER - 1995cc |
| | SLZ 5183T | (TP veh) | |
| Date of Accident/ Time: | 10/06/2018 / 15:55 | | |

| | | | |
|----------------------|-------|-----------------|--------------------------|
| Repair Estimate | : \$ | | |
| Final Repair Cost | w/GST | : \$ 1,211.24 ✓ | |
| Loss of Use | : \$ | 200.00 ✓ | 2 days at \$ 100 per day |
| Rental (if any) | : \$ | - | days at \$ per day |
| LTA / GIA Search Fee | : \$ | 2.00 ✓ | |
| Others: | : \$ | - | |
| | : \$ | | |
| Final Settlement Sum | : \$ | 1,413.24 ✓ | |

Payee Name : MOTOR IMAGE ENTERPRISES PTE LTD

Is Third Party Workshop GIA Registered? YES NO (Kindly indicate below)

| | | |
|--|----------------------------------|---|
| A) | For Non GIA Registered Workshop: | Agreed Liability _____ (%) |
| B) | For GIA Registered Workshop: | BOLA Applicable: Yes/ <input checked="" type="checkbox"/> No BOLA Scenario No: 28 |
| | BOLA Liability: 100 (%) | Assessed Liability (*): 0 (%) |
| * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply. | | |

Remarks:

NOTE:

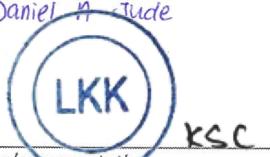
1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY 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: Daniel Jude
Date: 02/06/2020



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Mohamed Isman
Date: 02/06/2020

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 02/06/2020



Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore 319255

Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535

25 Leng Kee Road Singapore 159097

Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137

Website: www.motorimage.net



TAX INVOICE

GST Reg No. M2-0076975-9

Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: L514261

For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 15-Jul-2019

SERVICE ADVISOR: HOOI

JOB No.: L504450

MILEAGE: 39692

ID:

NAME: AXA INSURANCE PTE LTD

ADDRESS: 8 SHENTON WAY

#27-01 AXA TOWER. S(068811)

TELEPHONE: 63387288

MODEL: FORESTER 2.0I-L AWD CVT

ENGINE No.: FB20YD37532

CHASSIS No.: JF1SJ5KC5JG107886

REGISTRATION No.: SLZ5183T

| ITEMS CODE | DESCRIPTION OF REPAIRS | AMOUNT |
|------------|---|--------|
| 1 TPCLAI | CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SKZ6913J - AXA | |
| 2 REMARK | CONDUCT TP CLAIM AXA LOCATION:AFTER MOUNT PLEASANT FLYOVER(PIE) DATE:10/06/2018 TIME:1555HRS | |
| 3 INS01 | FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE | |
| 4 INS02 | IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338). | |
| 5 INS03 | STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE | |
| 6 INS04 | SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD. | |
| 7 INS05 | INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM | |
| 8 INS06 | THE OWNER IS REQUIRED. | |
| 9 INS07 | CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING: | |
| 10 INS08 | NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED | |
| 11 INS09 | CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY. | |
| 12 REMARK | REPAIR/REPLACE REAR BUMPER AND PANEL | 280.00 |
| 13 REMARK | RESPRAY REAR BUMPER AND PANEL | 420.00 |
| | TOTAL(LABOUR) | 700.00 |
| 1 | BUMPER FACE REAR FORESTER IL 57704SG012(Qty : 1 @ 540.00 each(Discount 20.00%)) | 432.00 |
| | TOTAL(SPARE PARTS) | 432.00 |

DATE : 09-Apr-2020

CUSTOMER

MANAGER

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice,either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

CUSTOMER

Not yet a DUO Member? Join us now at www.DUO.com.sg and start accumulating your points for your invoice today!

Certified True Copy



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-18-089158

Date of Request: 11/06/2018

Your Ref No: Online Purchase

Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh
Singapore 319255

Dear Sir/Madam,

Enquiry Date 11/06/2018
Enquiry By Lim Po Beng
TP Vehicle No. SKZ6913J
Accident Date 10/06/2018

| 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



Re:[Mandate IA] - S8M00K8K [ACCIDENT INVOLVING SKZ 6913J(OI) & SLZ 5183T(TP) ON 10/06/2018]

Type

Question

Message

Ok, pls proceed as per proposed mandate.

Reply