



Vermogen ACE Pte Ltd

1 Bukit Batok Crescent
#05-23 Wega Plaza
Singapore 658064
Co. Reg No.: 201606023C GST Reg No.: 201606023C
Tel: 6694 4919 Fax: 6694 4929
Email: vermogenace@gmail.com

Yr Ref : SDY8382R

Our Ref : SLR9587C

06 SEPTEMBER 2018

Without Prejudice

Attn: Motor Claim Dept

AXA INSURANCE (S) PTE LTD
8 Shenton Way,
#27-01/02 AXA Tower
Singapore 068811

Dear Sir/Mdm,

Accident involving SLR9587C & SDY8382R on 23/06/2018 12:05 hrs at along CTE EXIT OF UPPER SERANGOON (PIE TOWARDS CHANGI).

We refer to the above said accident.

As instructed, we are claiming the following as stated below:-

1. Cost of repair	\$	4,173.00
2. Loss of use (\$100 x 8 days)	\$	800.00
3. GIA search fee	\$	2.00
Total	\$	4,975.00

We enclosed herewith relevant document as stated below:-

1. Accident report
2. Final Repair Bill
3. Letter of authority
4. GIA search receipt

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thank you.

Best Regards,



Ezel Tejano (Claim Dept)

Vermogen ACE PTE LTD

Tel: 6358 3031 | Fax: 6694 4929

Email: ezel.t@vermogen-group.com

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Thursday, 5 July 2018 2:55 PM
To: 'PAIGEPANG21@GMAIL.COM'
Subject: ACCIDENT INVOLVING SDY 8382R AND SLR 9587C ALONG CTE ON 23/06/2018

05 JULY 2018

SOH POH HOCK

Dear Sir/ Mdm

OUR REF : CC4/ASM18011623/T1eb3
YOUR REF : SDY 8382R
ACCIDENT INVOLVING SDY 8382R AND SLR 9587C ALONG CTE ON 23/06/2018

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 VERMOGEN ACE PTE LTD acting on behalf of the owner of SLR 9587C against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, where your vehicle was involved in a five (5) vehicle chain collision and your vehicle was the 2nd vehicle that rear-ended the Third Party Vehicle SLR 9587C. 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)



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA 5(658064)
TEL : 6694 4919 FAX : 6694 4929
Email : vermogenace@gmail.com
REG No : 201606023C

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO: SLR9857C,
SDY8382R, SKN7534B, SLM2341S
AND SLL7841M (DOA: 23/6/18 AT
1205HRS

I/We LCRF PTE LTD UEN/NRIC NO. 201624597K owner of Vehicle No. SLR9857C
, hereby authorise M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to
forward the claim for damages sustained in the above accident to the third party driver and
/or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in
consideration of you giving up your repairer's lien. I/We agree
to assign the whole proceeds of my/our third party claim to you and if applicable, our
solicitors (to be appointed by you on my / our behalf) shall accept this as my /our irrevocable
authority to pay the amount compensated direct to you after deduction of their costs on a
solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see
the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject
liability, I/We will fully be responsible for the repair costs and other incidentals.

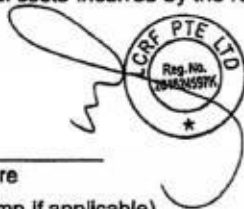
I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary
paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit
for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the
event of the third party's insurance company communicate with me/us directly by telephone
or 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.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat
and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall
pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.



Owner Signature
(Company Stamp if applicable)



redefining / insurance

WITHOUT PREJUDICE to:

- (a) Insurers' Subrogated Claim and/or
 - (b) Any Personal Injury Claims
- [Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

CLAIM REF : S8M00LZ6
INSURED : SOH POH HOCK

DISCHARGE VOUCHER

We/I [LCRF PTE LTD, NRIC NO. 201624597K] hereby agree to accept the sum of dollars [FOUR THOUSAND FOUR HUNDRED AND TWENTY FIVE ONLY.] [S\$4,425.00] 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. [SDY 8382R] as a result of an accident along [CTE EXIT OF UPPER SERANGOON (PIE TOWARDS CHANGI)] on [23/06/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SLR 9587C].

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. [SDY 8382R] 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. [SDY 8382R].

Dated this 8 day of Oct 2018

Claimant's Signature :

NRIC no./ Company Stamp :

Occupation/ Business :

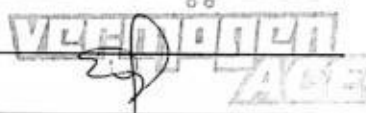
Address :

Telephone No. :

Witness's Name :

Witness's Signature :

Witness's NRIC No. :



Vermogen ACE Pte Ltd

1 Bukit Batok Crescent #05-23 WCEGA Plaza
Singapore 658054 Tel: 65944919 Fax: 65944929

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23
WCEGA PLAZA S(658064)
TEL : 6694 4919 FAX : 6694 4929
CO & GST REG NO : 201606023C

Tax Invoice: 20029

AXA Insurance Singapore Pte.Ltd.

8 Shenton Way,
#27-01/02 AXA Tower
Singapore 068811
Tel: +65 6880 4741 Fax: +65 6880 4838

Bill Date: 6/9/2018
Vehicle No: SLR9587C
Vehicle Model: TOYOTA AXIO
Date of Accident: 23/06/2018
Claim No:

Attn: Motor Claims Dept

S/N	QTY	Descriptions	Unit Price	Amount S\$
1		Lumpsum repair		3900.00

E. & O.E.

Total	S\$	3900.00
GST 7%	S\$	273.00
Amount Due	S\$	4173.00



for Vermogen ACE Pte Ltd



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-18-096024

Date of Request: 25/06/2018

Your Ref No:

Online Purchase

Vermogen Ace Pte Ltd
Blk B, 44 Benoi Rd
Singapore 629904

Dear Sir/Madam,

Enquiry Date 25/06/2018
Enquiry By Noor Roszaline Bte Rosli
TP Vehicle No. SDY8382R
Accident Date 23/06/2018

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:

☒ GIRO ☐ Cash ☐ Cheque