



WORLD AUTO PTE LTD

47 JALAN PEMIMPIN #01-02/03

HALCYON 2

SINGAPORE 577200

17/08/2018

Your Ref :

Our Ref : TP/1808/2018

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #24-01 AXA TOWER
SINGAPORE 06811

Attn : Motor Claim Dept – Third Party

Dear Sirs,

ACCIDENT INVOLVING VEH.NO. SLM4593T / SJX2905G ON 21/01/2018

Reference is made to the aforesaid matter (on behalf of our client M/S LCRF PL)

Enclosed herewith are the following documents for your information and necessary actions only :-

- a) Our Final Repair Bill

Please assist in our claims of :

Final Bill	\$	1650.00 (already surveyed & finalised with your surveyor)
GST 7%	\$	115.50
Search fee	\$	2.00
Loss of Use (\$60x 3 days)	\$	180.00
		<hr/>
Amount	\$	<u>1947.50</u>

Kindly let us have your reply and payment as soon as possible.

Thank you for your kind attention and much appreciated assistance.

Yours faithfully,

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Tuesday, 11 September 2018 10:26 AM
To: 'shahriz.said@gmail.com'
Cc: Admin A
Subject: ACCIDENT INVOLVING SJX 2905G AND SLM 4593T ALONG HIGH STREET ON 21.01.2018

SHAHRIZ BIN SAID

Policy Holder

Dear Sir/Madam,

OUR REF : CC4/ASM18012053/Vjb3
YOUR REF : SJX 2905G

ACCIDENT INVOLVING SJX 2905G AND SLM 4593T ALONG HIGH STREET ON 21.01.2018

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 WORLD AUTO PTE LTD, acting on behalf of the owner of SLM 4593T against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that you have hit SLM 4593T from the rear. As such, we are of the opinion that 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 full co-operation in the handling of the claim is required and kindly submit the following to joyirene@lkkauto.com within 7 days from the date of this letter if not provided at AXA's 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 the undersigned.

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

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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Insured / Owner : LCRF Pte Ltd Vehicle No : SLM 4593T
Policy No. : _____ NRIC : 201624597K
Address : _____
Tel : _____ H/P : _____

I am / We are the registered owners(s) of the above motor vehicle involved in the above captioned accident.

My / Our authorized repairs **WORLD AUTO PTE LTD** of **47 Jalan Pemimpin #01 - 02/03, Halcyon 2 S'pore 577200** Will be forwarding to you all the relevant documents. I / We undertake to pay all the legal costs incurred thereof.

I / We have authorized **WORLD AUTO PTE LTD** to represent me / us in all aspects of my / our claim against the driver of the other vehicle and you may take full instructions from them.

In the event, I am / We are successful in my / our claim against the other driver who was involved in the above accident. I / We hereby irrevocable instruct and authorize you to deduct from the proceeds recovered your legal costs and incidentals and thereafter to forward the balance to **M/S WORLD AUTO PTE LTD**.

I / We authorize **M/S WORLD AUTO PTE LTD** to sign all discharge voucher / indemnity forms and all necessary documents in connection with and arising out of the above claim.

I / We undertake to indemnify you and keep you indemnified in respect of any claim or action that may rise as a result of your complying with my / our request.

I confirm that I have taken delivery of vehicle registration no. SLM 4593T from the requires, **M/S WORLD AUTO PTE LTD** of **47 Jalan Pemimpin #01 - 02/03, Halcyon 2 s'pore 577200** and that all repairs necessary as a result of an accident in which the said vehicle was involves on or about the 21/01/2018 have been completed to my satisfaction and that I have no further claims whatsoever against the said repairs in respect hereof.

I hereby assign all monies arising from my claims, due under insurance policy to **M/S WORLD AUTO PTE LTD** of **47 Jalan Pemimpin #01 - 02/03, Halcyon 2 S'pore 577200**.

Kindly effect payment of all monies to **M/S WORLD AUTO PTE LTD** and only payment to them will constitute a good effective discharge of the debt.

Date : 10/07/2018

Signature of Insured / Owner : _____





redefining / insurance



LKK (Joy Inene)

CLAIM REF : S8M0071Y
INSURED : SHAHRIZ BIN SAID

DISCHARGE VOUCHER

We/I LCRF PTE LTD Co Reg No. 201604597K hereby agree to accept the sum of dollars [ONE THOUSAND NINE HUNDRED FORTY SEVEN AND CENTS FIFTY ONLY.] (\$1,947.50) 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. [SIX 2905G] as a result of an accident along [HIGH STREET] on [21/01/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SLM 4593T].

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. [SIX 2905G] 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. [SIX 2905G]

Dated this 4 day of October 2018

Claimant's Signature : LCRF PTE LTD
NRIC no./ Company Stamp : Co Reg No. 201604597K
Occupation/ Business : _____
Address : _____
Telephone No. : _____
Witness's Name : Geraldine Foony
Witness's Signature : S7002084 F
Witness's NRIC No. : _____



WORLD AUTO PTE LTD
47 JALAN PEMIMPIN #01-02/03 HALCYON 2 BLDG
S'PORE 577200
Tel No. : 64513933 Fax No. : 64557576
E-Mail : worldaut@singnet.com.sg
Website : www.worldauto.com.sg
Tax Reg. No. : 200006765H Buss. Reg. No. : 200006765H

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #24-01 AXA TOWER
S'PORE 068811

Attention : Motor Claim Department
Contact : 68804888 Fax No. : 68804838

Tax Invoice : F188593

Date : 13/08/2018
Vehicle Num. : SLM 4593T
Make/Model : TOYOTA PRIUS, 1.8 HYBRID
Chassis/Eng# :
Accident Date : 21/01/2018
Claim No. : TP/1808/2018
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount SS
		LUMP SUM REPAIR		1,650.00
		Labour Total SS :		1,650.00

Total SS : 1,650.00
GST 7% SS : 115.50
Amount Due SS : 1,765.50
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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

Third Party Insurer Enquiry

Our Ref No: GR-18-012000
Date of Request: 23/01/2018

Your Ref No: Online Purchase

World Auto Pte Ltd
47 Jln Pemimpin
#01-02/03 Halcyon 2
Singapore 577200

Dear Sir/Madam,

Enquiry Date: 23/01/2018
Enquiry By: Nghiem Thu Tra
Vehicle No: SJX2905G
Accident Date: 21/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJX2905G	AXA Insurance Pte Ltd	22/06/2017-21/06/2018	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.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-012000

Date of Request: 23/01/2018

Your Ref No:

Online Purchase

World Auto Pte Ltd
47 Jln Pemimpin
#01-02/03 Halcyon 2
Singapore 577200

Dear Sir/Madam,

Enquiry Date 23/01/2018

Enquiry By Nghiem Thu Tra

Vehicle No. SJX2905G

Accident Date 21/01/2018

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