

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

11 SEPTEMBER 2018

CHEAH WAI SIONG BLOCK 70 MEI HWAN DRIVE #08-18 SINGAPORE 568431 By Post & By Email

Dear Sir/Madam,

OUR REF

: CC4/ASM18012288/R1ha3

YOUR REF

: SLQ 560T

ACCIDENT INVOLVING SLQ 560T AND SLR 7462S ALONG AYE TOWARDS TUAS ON 03.07.2018

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 KUM CHEW MOTOR WORKSHOP, acting on behalf of the owner of SLR 7462S against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third-Party vehicle SLR 7462S. As such, liability may not be on your favour unless proven otherwise.

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 <a href="mailto:vicalpeh@lkkauto.com">vicalpeh@lkkauto.com</a> 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)



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 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 vicalpeh@lkkauto.com.

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

Yours sincerely,

Vic Alpeh Case Handler DID: 6841 2096 FAX: 6741 4108

Email: vicalpeh@lkkauto.com

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

Xie.weixiong84@gmail.com / liewmengjie@gmail.com (Email)

## LETTER OF AUTHORITY & INDEMENITY

Te: Kum Chew Motor Workshop 160, Sin Ming Drive #05-08 Sin Ming Autocity Singapore 575722.

ACCIDENT INVOLVING VEHICLE NO. SLR 74625 AND SLQ 160T

AT AYE TOWARDS TURS

ON 3/1/2018

I/We, the owner of vehicle no SLR 7462 S hereby instruct and authorize you to commence repairs to the said vehicle.

You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.

You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.

Upon resolving my/our claim, you are authorized to agree with my/our solicitors on amount of their professional costs and disbursements for action for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal suit is not successful or is dismissed for whatever reason, I/We understand and agree that I/We shall be personally liable to bear the legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on my/our behalf.

In the event that I/We am/are required to attend at my/our solicitor's office or to attend Court in connection with my/our claim, I/We shall render full co-operation.

In the event that my/our claim against the third party and/or his insurers is not successful or can not be proceeded with and/or if any Judgment or settlement is not honored or satisfied by the third party, I/We agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.

I/We undertake to inform you in the event the third party's insurance company communicates 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 communication with you.

I/We irrevocably authorize Me IKUM CHEW HOTOK of the Repairers to sign all discharge voucher/ Indemnity forms and all necessary documents in connection with and arising out of the claim.

Dated this 4 day of Tell 20 18

-(Company stamp if applicable)

Name MS LIAW SOON NGOH VERONICA

ICNo S/38 30300

Address 21 HILL VIEW DRIVE

5 (689383)



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLQ 560T [Insd veh]	
	SLR 74525 (TP veh)	Model: TOYOTA COROLLA AXIO
Date of Accident/ Time:	03/07/2018	

	<ul> <li>Assessed Limbilit</li> </ul>	y to be filled on	y for chain collisions and for cases where BOLA does not apply.
	BOLA Liability:	(%)	Assessed Liability (*):[%)
B) For GIA Registere		d Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: 27
A)	For Non GIA Regi	stered Workshi	p: Agreed Liability
is Third Pa	irty Workshop GIA Reg	istered?	YES [X] NO (Kindly indicate below)
Payee Nar		and the state of t	ACCUSANCE AND AC
Final Settlement Sum		:5	6,510,50
		: \$	
Others:		:5	
LTA / GIA	Search Fee	:5	
Rental (if a	my)	1.5	1,000.00 / 10 days at \$100.00per day
Loss of Us	ŧ	1.5	days at S per day
Final Repa	ir Cast	:5	5,510,50 / W/GST
Mebini Ezh	mate	:5	G, 934-74/

#### NOTE:

- 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 authorize Q Q and to act for and on their behalf in this accident.

UEN: 52865130K

Signature of workshop representative Name of Representative: /// lem

Date /3/3/2020

WAS

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

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: STETOH CHIN CHEONG

Date:

1 our Ret. No.:	
Our Ref. No.:	
Date: 6-7->0	18
Workshop: Kum	CHEW MOTOR WORKSHOP
Dear Sirs	Repair Inspection to Vehicle No. 31R 796Z S
Acknowledgement of Pre-I	Repair Inspection to Vehicle No.
We refer to your written no	tiffication dated ( 5/7/18 ) to our principal,
26.0	141 (6 1522)
	g
Dete & Time of Attendance	06/07/18 @1100
Date & Time of Survey:	08/07/18 @((00
Others:	··· ··································
14	
SVII	***************************************
lease take note that this sur	vey is conducted on a WITHOUT PREJUDICE basis.
ours faithfully,	
	Acknowledged By:
$\circ$	528 <del>65</del> 130K
Kasul	(E) (S)
	***
Name of Surveyor	Name and Company Stamp
Hp 9,001	0568

# ACEPAC RENTAL

INVOICE NO.: 14532

Customer

Name:

MS LIAW SOON NGOH VERONICA

Date: 21/03/2019

Address:

160 SIN MING DRIVE #05-08, SIN MING AUTOCITY

SINGAPORE 575722

Contact:

6453 6256/ 6456 3715

Vehicle Numl Model

Duration

Amount

SJK 5686 L

NISSAN LATIO

04/07/2018

to

14/07/2018

\$ 1,000.00

(\$100.00 X 10 DAYS)

REMARKS:

REFER TO RENTAL AGREEMENT NO. 16167

SINGAPORE DOLLAR ONE THOUSAND ONLY.

Total S\$ \$ 1,000.00

\*PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ACEPAC RENTAL & SEND TO: 160 SIN MING DRIVE #07-08, SIN MING AUTOCITY SINGAPORE 575722. (CONTACT NO. 64536256)

For Acepac Rental

160 Sin Ming Drive #07-08 Sin Ming Auto City Singapore 575722 Tel: 6453 6256 Fax: 6455 7754

INV NO: 16167

RENTAL AGREEMENT

SLR 74625

Reg No.: 52916615A

VEHICLE				
VEHICLE NO	4	SJK5686L	MODEL: NISSAN LATIO	GROUP:
CHANGE OVER 1	4		DATE 1	INITIAL :
CHANGE OVER 2	10	ar A	DATE	INITIAL

NAME		And the first state of the stat
ADDRESS		
CONTACT PERS	SON :	We have the second of the seco
905.00		PERSONAL HIRER / NAMED DRIVER

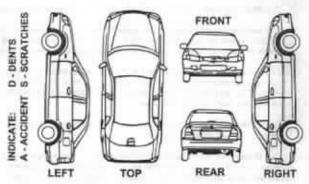
PERSONAL HIRER / NAMED DRIVER				
NAME : LIAU	D SOON NOOL VERONI	ICA	177	
ADDRESS : 21, H	ILLVIEW DRIVE, SING	MAPURE 689383.		
OFFICE TEL : LIP:	9619 02238ESIDENCE TEL :	PASSPORT/NRIC NO S/3830	301)	
NATIONALITY	PLACE / DATE OF BIRTH:	DRIVING EXPERIENCE		
DRIVING LICENSE NO	COUNTRY OF ISSUE :	EXPIRY DATE :	A:	

ADDITIONAL NAME DRIVER					
NAME :					
ADDRESS :	The state of the s				
OFFICE TEL :	RESIDENCE TEL	PASSPORT / NRIC NO :			
NATIONALITY	PLACE / DATE OF BIRTH:	DRIVING EXPERIENCE :			
DRIVING LICENSE NO :	COUNTRY OF ISSUE :	EXPIRY DATE :			

CHECK OUT / CHECK IN			
DATE OUT	: 4 July 10	TIME OUT SIES IN KM OUT X - TIME	
PETROL LEVEL OUT	Cost of the last o	E (1/4) 1/2 3/4 F	
AGREED DATE OF RETU	URN :	CNV-	
DATE IN	: 14/7/2018	TIME IN 11.05AM KMIN	
PETROL LEVEL IN	a: Edin	E 1/4 1/2 3/4 F	

	CHARGES			
Hours	@\$	per hour		
Days 10	@\$ 100	per day	1000-	ov
Weeks	@\$	per week		
Months	@\$	per month	3763 -	
	SUB - TOTAL			
Discount				
	TOTAL RENTA	AL	1000.	ov
Petrol				
Excess				-
Delivery / Coll	ection Fees			
Deposit				
Total				

Remarks: Strictly For Hirer Personal / Usage. Not For Reward Usage (eg Uber, Grab Car)



IMPORTANT NOTES: Restricted to Singapore use only No retund will be given for petrol left in vehicle. Hirer is liable to pay first \$2000 \_\_ under section I & II in any accident plus loss of earnings while damaged vehicle is under repair. Hirer is liable to pay all parking fee and traffic summonses.

Vehicles return during office hour only.
No Service on Public Holiday and Sunday.
Driver must be above 28 years and 2 years driving experience.

HIRER'S DECLARATION
I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES OF
THIS RENTAL AGREEMENT AND AGREE THERE TO



COMPANY'S STAMP / HIRER'S SIGNATURE