

## Thin Thin (LKKAUTO)

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**From:** Michelle <accounts@dingauto.sg>  
**Sent:** Thursday, 16 August 2018 10:48 AM  
**To:** Thin Thin (LKKAUTO)  
**Cc:** Kenneth Ding; Kelly Ding; Ding Ding Auto; Alex; You jingfeng; Dd hashim; duan.hongbo@dingauto.sg  
**Subject:** (REF : CC4/ASM18012445/R1ub3) BILLING FOR SLH5205J TP CLAIMS AGAINST SGA5096C ON 7/7/2018  
**Attachments:** SLH5205J.pdf

Dear Thin Thin,

REF : CC4/ASM18012445/R1ub3

Please see attached supporting document to claims against your insured .

We have completed the repair, driver has collected the vehicle and your surveyor has finalize the repair at \$14153.69 - total 15 days repair job.

We would like to claim for our insured as per following :

Total Number of days : 19 (Due to weekend)

Repair Cost : \$14153.69 + 7% = \$15144.45

Loss of Use : \$120 x 19 = \$2280

LTA Search Fee : \$1.87 + 7% = \$2

Kindly revert back with an offer so that we can close the case as soon as possible.

--

Yours Sincerely,  
Michelle Fang  
92394128  
Ding Auto Pte Ltd

NOTE !!!

All mailed letter & cheque payment is to be mailed to our main office address :  
BLOCK 10 #01-20  
SIN MING INDUSTRIAL EST. SEC C  
SINGAPORE 575645



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Auto  
Consultants  
Pte Ltd

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

**31 JULY 2018**

**LEE KIM LEI**  
408 FAJAR ROAD  
#10-349  
SINGAPORE 670408

Dear Sir/Madam,

OUR REF : CC4/ASM18012445/R1ub3  
YOUR REF : SGA 5096C

**ACCIDENT INVOLVING SGA 5096C AND SLH 5205J ALONG ROAD 1 UPPER BUKIT  
TIMAH ROAD ON 07/07/2018**

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 **DING AUTO PTE LTD** acting on behalf of the owner of SLH 5205J against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties 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 07 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 [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com) within 07 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 6841 2360 or email us at [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)

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

Yours sincerely

THIN THIN HLAING  
LKK Auto Consultants Pte Ltd  
DID: 6841 2360  
FAX: 6741 4108  
Email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)

Cc AXA Insurance Pte Ltd  
(Motor Claims Dept)

# LETTER OF AUTHORITY

Accident Involving SLH5205J & SGA5096C on 07JULY 2018

I/We, LCRF Pte Ltd, Company Registration No : 201624597K, Owner of Vehicle Registration No. : SLH5205J hereby authorize Ding Auto Pte Ltd to submit correspond, negotiate and settle my claim for cost of repair and uninsured losses arising from the above accident.

I hereby authorise Ding Auto Pte Ltd to appoint such law firms on my behalf as necessary to commence legal proceedings and to take such instructions, from time to time as required, for the conduct of the case, including authorising such law firms to enter into a settlement agreement with the potential Defendant, his insurers and/or his solicitors.

I further authorize that agreed settlement sum for cost of repair, loss of income and rental, survey report fee, third party vehicle Insurance particulars enquiry fess etc. be made in favour of Ding Auto Pte Ltd and that the said payment be forwarded to them as full and final discharge of my claim.

Stamp & Signed By



A handwritten signature in black ink, consisting of a stylized 'K' or similar character.

Owner \_\_\_\_\_

DATE : 09/07/18



redefining / insurance

CLAIM REF : S8M00NP7  
INSURED : LEE KIM LEI

DISCHARGE VOUCHER

We/I (LCRF PTE LTD. 201624597K) hereby agree to accept the sum of dollars [Sixteen Thousand Two Hundred Eighty Six and Cents Forty Five Only] (S\$ 16,286.45) 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. SGA 5096C as a result of an accident along ROAD 1 UPPER BUKIT TIMAH ROAD on 07/07/2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLH 5205J.

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. SGA 5096C 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. SGA 5096C.

Dated this 16 day of October 2018

Claimant's Signature : \_\_\_\_\_



NRIC no./ Company Stamp : \_\_\_\_\_

Occupation/ Business : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Witness's Name : Michelle Fang

Witness's Signature : for

Witness's NRIC No. : S9017497E



**DING AUTO PTE LTD**

Business Reg. No : 201311788Z

BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645

Tel: 6452 1208 Fax: 6452 0614

(24 hrs towing services)

**TAX INVOICE****AXA INSURANCE PTE LTD**8 SHENTON WAY #27-01, AXA TOWER  
SINGAPORE 068811

ATTN :

TEL :

FAX :

INVOICE	:	I-001029
DATE	:	16/10/2018
GST REG NO	:	201311788Z
TERMS	:	C.O.D.
PO NO	:	SGA5096C
OUR REF	:	SLH5205J
PAGE	:	* 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Repair Cost - SLH5205J REF : CC4/ASM18012445/R1ub3	1	14,153.69	14,153.69
<b>REMARKS :</b> REPAIR COST FOR SLH5205J TP CLAIM AGAINST SGA5096C		<b>SUB TOTAL</b>	:	14,153.69
		<b>GST</b>	:	990.76
		<b>TOTAL SGD</b>	:	<b>15,144.45</b>
		<b>DEPOSIT</b>	:	
		<b>O/S BALANCE</b>	:	

FOR DING AUTO PTE LTD

Authorised Signature



Customer Signature

I have inspected and hereby confirmed that  
the job done and the amount due hereto  
are entire to my satisfaction

**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-18-103776

Date of Request: 07/07/2018

Your Ref No: Online Purchase

Ding Auto Pte Ltd  
Blk 10, #01-20  
Sin Ming Industrial Estate Sector C  
Singapore 575645

Dear Sir/Madam,

Enquiry Date 07/07/2018  
Enquiry By You Jing Feng  
TP Vehicle No. SGA5096C  
Accident Date 07/07/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGA5096C	AXA Insurance Pte Ltd	21/11/2017-20/11/2018	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 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-18-103776

Date of Request: 07/07/2018

Your Ref No:

Online Purchase

Ding Auto Pte Ltd  
Blk 10, #01-20  
Sin Ming Industrial Estate Sector C  
Singapore 575645

Dear Sir/Madam,

Enquiry Date 07/07/2018  
Enquiry By You Jing Feng  
TI hicle No. SGA5096C  
Accident Date 07/07/2018

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