

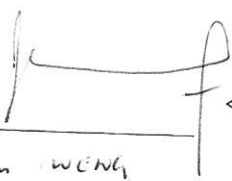
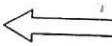
FIRST AUTOWORKS

Letter of Demand

Re : Accident involving my vehicle no. SLD 16295 and vehicle no. SKM 35745 on 13/7/2018 at 13.45 HRS PM/AM along WOODLANDS AVE 2 TOWARD BKE

1) I/We, the owner of vehicle no. SLD 16295 hereby appoint 1ST AUTOWORKS PTE LTD ("the workshop") to act for me/us to recover damages sustained in the above accident from the third party driver and/or insurers. Claims are as follows :

Vehicle Repair cost / Excess	\$ 15321.02
Vehicle Rental Fee for <u>19</u> days @ \$ <u>150.00</u> per day	\$ 3049.50
Loss of use for _____ days @ \$ _____ per day	\$
Police search fee/police report fee/LTA search fees	\$
Others	\$
Total :	\$ 18870.52

Signature of vehicle owner  

Name - CHOW KIM WENG

Address : BLK 348D YISHUN
AVE 11 #12-599 (S) 764348

Tel : 96860210

Witnessed by :

RONNIE



Auto
Consultants
Pte Ltd

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

14 AUG 2018

ARUN KUMAR S/O KOLANTHAVEL
30 WOODLANDS CRESCENT
#15-15
SINGAPORE 738086

Dear Sir/ Mdm

OUR REF : CC4/ASM18012963/Upb3
YOUR REF : GA085894/1 (SKM 3574S)
ACCIDENT INVOLVING SKM 3574S/ SLD 1629S/ OTHERS ALONG/AT WOODLANDS
AVE 2 TOWARDS SLE ON 13/07/2018

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 1ST AUTOWORKS PTE LTD acting on behalf of the owner of SLD 1629S against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed loss adjuster of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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 10 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 chewht@lkkauto.com within 10 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 6742 3197 or email us at chewht@lkkauto.com.

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

Yours sincerely


Chew Hsiao Tong
Case Handler
DID: 6742 3197
FAX: 6741 4108
EMAIL: chewht@lkkauto.com

Cc *AXA Insurance Pte Ltd*
 (Motor Claims Dept)



Auto
Consultants
Pte Ltd

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

29 NOV 2018

ARUN KUMAR S/O KOLANTHAVEL
30 WOODLANDS CRESCENT
#15-15
SINGAPORE 738086

Dear Sir/ Mdm

OUR REF : CC4/ASM18012963/Upb3
YOUR REF : GA085894/1 (SKM 3574S)
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AVE 2 TOWARDS SLE ON 13/07/2018

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We have received a claim from 1ST AUTOWORKS PTE LTD acting on behalf of the owner of SLD 1629S against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed loss adjuster of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy. We also wish to advise that there is an excess of S\$500.00 attached with Third Party Claims.

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 10 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 chewht@lkkauto.com within 10 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:

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- 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 6742 3197 or email us at chewht@lkkauto.com.

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

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

Cc *AXA Insurance Pte Ltd*
 (Motor Claims Dept)

Letter of Authorisation & Indemnity

Accident Involving Vehicle no. SLD 16295 and SICM 35745 On 13/7/2018

At WOODLANDS AVE 2 TOWARDS BKE

1. I/We, the owner of vehicle no. SLD 16295 hereby instruct and authorize 1ST AUTOWORKS PTE LTD ("the workshop") to commence repairs to the said vehicle. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$ — being refundable deposit of the repair to my/our said vehicle.
2. 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.
3. 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.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional costs and disbursement for acting 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 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 our behalf.
5. I/we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
6. In the event that I/we am/are required to attend at my/our solicitors office or to attend court in connection with my/our claim, I/we shall render full co-operation.
7. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under policy of insurance shall be borne by me/us.
8. If for whatever reasons, my/our insurers reject my/our 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/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.
9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 18 day of 07 2018

Signature of vehicle owner

Name - CHONG KUN WENG

IC No : S1430216F
(Company stamp, if applicable)

Address : BLK 348D YISHUN

AVE 11 #12-599 (S) 764348

Tel : 96860210

Witnessed by :

RONNIE



redefining / insurance

CLAIM REF : S8M000M0
INSURED : ARUN KUMAR S/O KOLANTHAVEL

DISCHARGE VOUCHER

We/I, CHONG KUM WENG, NRIC NO. S1430216F hereby agree to accept the sum of dollars FIFTEEN THOUSAND FIVE HUNDRED TWENTY ONLY (S\$15,520.00) 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. SKM 3574S as a result of an accident along WOODLANDS AVE 2 TOWARDS BKE on 13/07/2018 which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLD 1629S.

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. SKM 3574S 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. SKM 3574S.

Dated this 18th day of Jan 2019

Claimant's Signature :

NRIC no./ Company Stamp :

Occupation/ Business :

Address :

Telephone No. :

Witness's Name :

Witness's Signature :

Witness's NRIC No. :

FIRST AUTOWORKS

1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933 Tel: 68441985 Fax: 68445185

TAX INVOICE

AXA Insurance Singapore
8 Shenton Way, #27-01 AXA Tower
Singapore 068811

GST Ref. No: M2-0111811-5

Vehicle No: SLD1629S
Chassis No : W0LSH9EM3G4038079
Engine No: B14NEL19KM0361

Invoice No: CGI-ASC-18IR01300G

Invoice Date: 3/10/2018

DESCRIPTION	AMOUNT SGD
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Parts

No.	Qty	Part Description	Price (SGD)
1	1	REAR BUMPE FASCIA UPPER	1,690.00
2	1	REAR BUMPE FASCIA LOWER, Extension	1,350.00
3	1	REAR BUMPE REINFORCEMENT	850.00
4	1	TAIL LID	2,450.00
5	1	TAIL LID LOCK	250.00
6	1	TAIL LID CHROME HANDLE	950.00
7	1	RR WINDSCREEN MOULDING	130.00
8	1	REAR EMBLEM	80.00
9	1	LETTERING "MERIVA"	70.00
10	1	LETTERING "TURBO" - Chrome	60.00
11	1	GUIDE,RR BPR FASCIA OTR RH	70.00
12	1	GUIDE,RR BPR FASCIA OTR LH	70.00
13	1	SENSOR,RR OBJECT with Ring, Service kit	450.00
14	1	AIR BAG CONTROL UNIT	980.00
15	1	FRT DRIVER SEAT BELT PRETENSIONER RH, INNER	1,020.00
16	1	FRT DRIVER SEAT BELT PRETENSIONER LH, INNER	1,020.00

Parts Total: 11,490.00
Less 10%: 1,149.00
Total : 10,341.00

Labour

No.	Description	Price (SGD)
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate & align repair / replacement parts	1,625.00
2	Carry out spray painting on affect area frt portion (Frt bumper)	1,650.00
3	To disconnect wire harness of electrical component to facilitate repairs, reconnect and check electrical function after repair	50.00
4	To remove and refix rear tail gate windscreen	120.00
5	To conduct transfer of parts from old tailgate to new tailgate	120.00
6	Remove and refix seat cushion/upholstery to facilitate repair	120.00
7	To remove and refix reverse sensor and conduct test	90.00
8	To remove and refix reverse camera and conduct test	90.00
9	To conduct reset & reprogram system of air bag & seat belt light on	450.00

Labour Total : 4315.00

Other

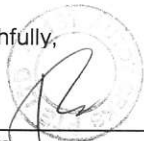
1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Next to Vicom Building, Singapore 415933 Tel : 6844 1985 Fax : 6844 5185

<u>No.</u>	<u>Other Description</u>	<u>Price (SGD)</u>
1	Rear bumper clip	50.00
2	Rear Number Plate	40.00
3	Rear Windscreen Sealant	40.00
Other Total :		130.00

Total : 14786.00
GST (7%) 1035.02
Grand Total: 15821.02

Yours Faithfully,



Ronnie Tan
Service Advisor
Tel: 68441985 Fax:68445185

E & O E

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "I ST AUTOWORKS PTE LTD".
- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.



AlpineCarRental

TAX INVOICE

GST Reg no.: M2-0094320-1
Co. Reg no.: 199003483E

CHONG KUM WENG
BLK 348D YISHUN AVE 11
#12-599
SINGAPORE 764348

INVOICE NO. **REN-18IR06058R**

20-Sep-18

DATE :

DESCRIPTION		AMOUNT
SKN 8076A		
CAR NO. :		
<u>RENTAL PERIOD:</u> 24/7/2018 - 11/9/2018		
* RENTAL DAILY	\$150.00 * 19 DAYS	\$2,850.00
* GST 7%		\$199.50

E. & O. E.

TOTAL:

\$3,049.50

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO '**ALPINE CAR RENTAL PTE LTD**'.
- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.
- PAYMENT IS DUE ON THE TERMS STATED HEREIN. INTEREST WILL BE CHARGED AT THE RATE OF 12% PER ANNUM UNTIL FULL PAYMENT OF THE OUTSTANDING SUM.

ALPINE CAR RENTAL PTE LTD

This Invoice is computer generated.
No signature is required.