



# CITY AUTO PTE LTD

*One Stop Automotive Solution*

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Your ref: CC4/ASM18012972/Kha3  
Our ref: SJS5884P

17/08/2018

WITHOUT PREJUDICE

Attn: Motor Claim Dept

AXA INSURANCE SINGAPORE PTE LTD  
NO. 8  
SHENTON WAY  
AXA TOWER  
SINGAPORE 068811

Dear Sir/Mdm,

**Accident involving SJS5884P and SLQ5556Z on 12/07/2018**

We refer to the above said accident.

We enclosed here with relevant documents as stated below:-

- Repair tax invoice
- Letter of authorization
- GIA search receipt

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

Cost of Repair	:	S\$ 8,025.00
Loss of use (23 Days x \$100.00)	:	S\$ 2,300.00
LTA Search Fee	:	S\$ 2.00
		<u>S\$10,327.00</u>

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.

Thanks & regards

Vronica Law (Claim dept.)  
Tel: 6453 1235  
Fax: 64537944  
Email: [cityauto@singnet.com.sg](mailto:cityauto@singnet.com.sg)



Auto  
Consultants  
Pte Ltd

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

17 AUGUST 2018

**TING YI SHENG AUGUSTINE  
BLOCK 641 HOUGANG AVENUE 8  
#08-175  
SINGAPORE 530641**

Dear Sir/Madam,

**OUR REF : CC4/ASM18012972/Kha3  
YOUR REF : SLQ 5556Z  
ACCIDENT INVOLVING SLQ 5556Z / SJS 5884P / OTHERS ALONG PENANG LANE  
ON 12.07.18**

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 CITY AUTO PTE LTD, acting on behalf of the owner of SJS 5884P 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 SJS 5884P. 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 [vicalpeh@lkkauto.com](mailto:vicalpeh@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)



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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](mailto: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](mailto:vicalpeh@lkkauto.com)

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



## CITY AUTO PTE LTD

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### RE: LETTER OF AUTHORIZATION

Name of owner: MITSUHIRO SHIBATA NRIC: F1926031M

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

Name of Driver: HASHIMOTO TAKASH NRIC: 4639859M

Address: 55 DEVANSHIRE RESIDENCE, DEVANSHIRE ROAD # 03-02 SINGAPORE 229466

Accident on 12/07/2018 Involving SLQ 5556Z & SJQ 3811Z AND SJS5884P.

At/along ERP GANTRY OF CLEMENCED AVE TOWARDS SOMERSET ROAD

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle TOYOTA COROLLA ALTIS at my/our request I/We the above owner of Motor Vehicle No: SJS5884P do authorize them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our behalf concerning the said claim and such, all future correspondence should be addressed to the said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a valid discharge voucher or any other documents in connection with this on my/our behalf and for me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of repairs to my motor vehicle.

Owner Signature: \_\_\_\_\_

Name: MITSUHIRO SHIBATA

Date: 12/07/2018

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witness Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: 12/07/2018



redefining / insurance

CLAIM REF : S8M000GE  
INSURED : TING YI SHENG AUGUSTINE

**DISCHARGE VOUCHER**

We/I, MITSUHIRO SHIBATA, NRIC NO. F1926031M hereby agree to accept the sum of dollars NINE THOUSAND FIVE AND CENTS SEVENTY FIVE ONLY (\$9,005.75) 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. SLQ 5556Z as a result of an accident along PENANG LANE on 12.07.2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SJS 5884P.

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. SLQ 5556Z 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. SLQ 5556Z.

Dated this 24<sup>th</sup> day of AUGUST 2018

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : F1926031M

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

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

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

Witness's Name : CITY AUTO PTE LTD

Witness's Signature : [Signature]

Witness's NRIC No. : \_\_\_\_\_

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(Claims Section)



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## AXA INSURANCE SINGAPORE PTE LTD

NO. 8

SHENTON WAY

AXA TOWER

SINGAPORE 068811

Attention: Motor Claim department

Contact : 6338 7288

Fax No. : 6880 4838

## TAX INVOICE

**Tax Invoice : I2018-005825**

Date : 17/08/2018

Vehicle No. : SJS5884P

Make / Model : TOYOTA COROLLA ALTIS 1.6  
AUTO

Mileage (km) : 74035

Chassis No. : MR053ZEE106151319

Accident Date : 12/07/2018

Claim No. : CC4/ASM18012972/Kha3

Reference : JO201807-0377

Policy No. : J3000005698MY

S/No. Particular	Amount
* Lumpsum repair	<u>S\$</u> 7,125.00

Total S\$ : 7,125.00

GST @ 7% S\$ : 498.75

Grand Total S\$ : 7,623.75

CASH / NETS / CREDIT CARD PAYMENT ONLY

Customer's Signature/Co. Stamp

  
for CITY AUTO PTE LTD

Please note all works performed by City Auto Pte Ltd as performed in this invoice is subjected to the following Warranty conditions:

1) Any replacement of electrical components will carry 1 month warranty period from date of this invoice.

2) Any replacement of mechanical components will carry 3 months warranty period.

Please note that all warranty does not cover wear and tear conditions regardless of any components.

City Auto Pte Ltd reserves the right to determine any warranty conditions.

**Thank You For Your Business !**



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

## Third Party Insurer Enquiry

Our Ref No: GR-18-107760

Date of Request: 14/07/2018

Your Ref No: Online Purchase

City Auto Pte Ltd  
160 Sin Ming Drive #05-01,  
Sin Ming AutoCity,  
Singapore 575722

Dear Sir/Madam,

Enquiry Date 14/07/2018

Enquiry By Jason Quak Leng Hui

TP Vehicle No. SLQ5556Z

Accident Date 12/07/2018

### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLQ5556Z	AXA Insurance Pte Ltd	17/07/2017-16/07/2018	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.



RECORDS MANAGEMENT CENTRE

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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-18-107760

Date of Request: 14/07/2018

Your Ref No: Online Purchase

City Auto Pte Ltd  
160 Sin Ming Drive #05-01,  
Sin Ming AutoCity,  
Singapore 575722

Dear Sir/Madam,

Enquiry Date 14/07/2018  
Enquiry By Jason Quak Leng Hui  
TP Vehicle No. SLQ5556Z  
Accident Date 12/07/2018

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque