

AXA Insurance Pte Ltd  
Attn: Motor Claims Dept

**LETTER OF DEMAND**

Dear Sir/ Madam

**ACCIDENT INVOLVING VEHICLE NO FBG 1827P & SLE 450R ALONG/AT  
TECK WHYE AVE TOWARDS CHOA CHU KANG DR ON 27/06/2018**

We understand that you are the insurer of SLE 450R vehicle.

We are instructed by the owner of motor vehicle FBG 1827P to write, negotiate and settle the claim on their behalf for the abovementioned accident. We therefore propose to claim from you as follows: -



1.	Cost of repair	S\$ 5,500.00
2.	Loss of Use (7days x \$35.00)	S\$ 245.00
3.	LTA Search fee	S\$ 7.45

**TOTAL                      S\$ 5,752.45**

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

Signed by "the workshop" (with chop)



Auto  
Consultants  
Pte Ltd

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

26 JULY 2018

**LAU WENG THOR**

BLK 71 CHOACHU KANG LOOP

#05-17

SINGAPORE 689673

Dear Sir/ Mdm

**OUR REF : CC4/ASM18013059/T1pb3**

**YOUR REF : GA113445/1 (SLE 450R)**

**ACCIDENT INVOLVING SLE 450R AND FBG 1827P ALONG/AT TECK WHYE LANE  
TOWARDS TECK WHYE AVE ON 27/06/2018**

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 LEONG SENG MOTOR PTE LTD acting on behalf of the owner of FBG 1827P against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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

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

Date : 17/7/18

**THIRD PARTY INSURANCE CLAIM**

Claimant : Abdul Rauf B. Ya'akop

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

Third Party Insurer : AXA Ins P/L

Attn : Motor Claims Dept

ACCIDENT INVOLVING VEH NO. FBG 1827 P & SLE 450 R ON 27/6/18

I am the owner of vehicle No. FBG 1827 P which was involved in the above accident with vehicle No. SLE 450 R which I understand is insured with you.

The accident was occurred due to your insured's ( veh no. SLE 450 R ) negligence, my motorcycle sustained damages and is now at my workshop :

Leong Seng Motor Pte Ltd.

BLK 1006, Bukit Merah Lane 2,

# 01 - 08. Singapore 159762. Tel : 62737469.

I hereby authorized my workshop Leong Seng Motor Pte Ltd to handle all my insurance claim matters.

Please arrange your representative / surveyor to inspect my motorcycle at the abovementioned workshop as soon as possible.

Thank you .

Yours faithfully





redefining / insurance

CLAIM REF : S8M00MJ7  
INSURED : LAU WENG THOR

**DISCHARGE VOUCHER**

We/I, **ABDUL RAUF BIN YA'AKOP**, NRIC NO. **S9602793A** hereby agree to accept the sum of dollars **FIVE THOUSAND SIX HUNDRED EIGHTY ONLY (S\$5,680.00)** 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. **SLE 450R** as a result of an accident along **TECK WHYE AVE TOWARDS CHOA CHU KANG DR** on **27/06/2018** which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **FBG 1827P**.

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. **SLE 450R** 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. **SLE 450R**.

*\* This settlement is without prejudice to my personal injury claim.*

Dated this 19<sup>th</sup> day of OCTOBER 2018

Claimant's Signature : 

NRIC no./ Company Stamp : S9602793A

Occupation/ Business : AETOS OUTRIDER

Address : 21 HOLLAND DRIVE, #02-413, S'Pore 271021

Telephone No. : 91017361 / 87491092

Witness's Name : C. S. Teo

Witness's Signature : 

Witness's NRIC No. : S71179012

**隆盛摩哆私人有限公司**  
**LEONG SENG MOTOR PTE LTD**

代理各國名牌電單車，修理兼代理電單車保險

Reg. No.197502181K

Vehicle No. FBG 1827P Date: 14/9/18

Please Sign here for job done. Thank you!

統計  
Total



Authorized Signature

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Jul 2018 / 12:41:12

Receipt Date/Time : 17 Jul 2018 / 12:41:12

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-180717-000970

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLE450R

As at 27 Jun 2018/21:50:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SLE450R

Enquiry Fee

20180717124009471371

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx2558 Credit Card:  
Visa/MasterCard 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.