



Auto  
Consultants  
Pte Ltd

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

01 Aug 2019

**MUHAMMAD KHAIRUDDIN ARIF BIN YAAKOB**  
BLK 736 WOODLANDS CIRCLE  
#06-517  
SINGAPORE 730736

Dear Sir/ Mdm

**OUR REF : CC4/ASM18015296/R1pa3// S8M00SWA**  
**YOUR REF : FBF299A**  
**ACCIDENT INVOLVING FBF 299A(AXA) / JRX 6476/ OTHERS ALONG/AT TPE**  
**TOWARDS PIE BEFORE LORONG HALUS EXIT (8KM MARK) ON 23/06/2018**

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 third party claim(s) from RACE WERKS PTE LTD acting on behalf of the owner of JRX 6476 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 agent 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.

As Insurers, they 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 intent must be formally expressed to AXA and acknowledged by AXA.

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 7 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)
- Copy of the letter of authorization
- 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to AXA Customer Care Centre.

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), we 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 [chewht@lkkauto.com](mailto:chewht@lkkauto.com). Please quote our 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)*



# RACE WERKS PTE LTD

1008 Bukit Merah Lane 3, #01-26, Singapore 159722

Phone: 6273 2203 Fax: 62730130

UEN: 20141018K

## AUTHORIZATION TO ACT

I, Lee Teo Fui (Full Name) of \_\_\_\_\_

\_\_\_\_\_ (Address), owner of JPX 6476 (Vehicle no.)

hereby authorize:

**RACE WERKS PTE LTD**

**Of**

**Blk 1008 Bukit Merah Lane 3**

**#01-26 Singapore 159722**

to act for me with respect to work done, servicing or/and inspection of/for use for my vehicle no.

JPX 6476

I further authorize the workshop to settle my above mentioned in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of work done with payment or/and cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar.

Dated this 23 day of 08 (month) 20 18 (year)

Signed by "Owner"



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	<b>FBF 299A</b> (Insd veh)	Model: <b>Yamaha T135 (135cc)</b>
	<b>JRX 6476</b> (TP veh)	
Date of Accident/ Time:	<b>23/06/2018</b>	

Repair Estimate:	4,604.20	
Local Repair Total:		
Days of Trip:		days at \$ per day
Special Expenses:		days at \$ per day
TIA / CAR Search Fee:		
Others:		
Final Settlement Sum (Global Sum)	\$ <b>1,600.00</b>	
<b>Payee Name : RACE WERKS PTE LTD</b>		
Is Third Party Workshop GIA Registered?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(Circle your selection)
A) Is Non GIA Registered Workshop:	Approved liability	<b>50</b>
B) Is GIA Registered Workshop:	BOLA Applicable Y/N	BOLA Status No.
	Approved liability (%)	(%)
Approval of liability to be effective for claims submitted for claims up to 30 days after date of accident.		

#### NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim. All documents 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/it 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 authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp  
 Name of Representative: **RACE WERKS PTE LTD**  
 Date: **14/01/2020**

Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: **CHIA WEL WEN GABRIEL**  
 Date: **17/1/2020**

Signature of AXA's surveyor/representative  
 Name of AXA's surveyor/representative: **LKK**  
 Date: **15/01/2020**



POSTING RECEIPT FOR REGISTERED ARTICLE(S)

SINGAPORE POST
MACPHERSON RD
GST Reg. Add: SINGAPORE POST CENTRE
10 EUNOS ROAD #
SINGAPORE 408600
GST Reg. No : M2-0105651-9
Date: 09 Apr 2019 Time: 10:11:06

Table with 3 columns: Description, Amount (\$), GST@7%. Includes Ref. No: PSL01/1927/099/0029, Postage Label LOCAL 7 X, and SUB TOTAL 17.78, 1.16.

TOTAL AMOUNT 17.78
GST COLLECTED BY SINGPOST 1.16
MOP:CASH : \$17.78

Enjoy up to 3% cashback on eligible online and retail spend with the Spree Credit Card. No minimum spend required. T&Cs apply. Sign up now at singpost.com/spreecard

Pay any bills on SAM and earn LinkPoints now! Terms & conditions apply

Thank you for visiting Singapore Post

#Zero-rated for GST
\*Exempt
+Out of Scope
\*\*Supplier Item
Price inclusive of 7% GST where applicable
I have checked & confirmed the product is visually good, functional & performed within expectation.

Singapore Post Limited
Reg. No. 1100022301
10 Finlay Road #
02-35 Singapore Post Centre
Singapore 408600

Tel: 1000
Fax: 6842 5114
To check delivery status or to make an enquiry on your registered article(s), please visit www.singpost.com

(Signature)

- NOTES:
a) Separate forms are to be used for Insured and Non-Insured Registered Article.
b) Please provide all information requested and produce this receipt for all enquiries.
c) \* Please tick where applicable. It shall be assumed no Article of Receipt (AOR) is required or delivery by air is requested if relevant \* is left blank.
d) Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
e) Please post item(s) at the post office counter according to the sequence stated below.

Form fields for sender details: 1. Name & Address of Addressee (MURRAY KIM RUDIN RAJ BINA...), 2. Name & Address of Addressee (WONG EU LI JOHN EU LI WONG...), Insurance options, and Counter information.

Sender's Agreement

I have read, understood and agreed to the terms and conditions of posting overland. I accept the maximum liability payable for Registered Mail Services and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature

Date