



Auto
Consultants
Pte Ltd

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

28 June, 2019
Xinyan Professional
BLK 202A COMPASSVALE DRIVE,
#14-575,
Singapore 541202

Dear Sir,

OUR REF : S8M00T4L

YOUR REF : SJW 4364J

ACCIDENT INVOLVING SJW 4364J & SLE 474Y ALONG ESPLANADE DR ON 23/08/2018

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 **VERMOGEN ACE PTE LTD** acting on behalf of the owner of SLE 474Y against your motor insurance policy.

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 inform you that Section II of the Motor Insurance Policy is attached, and capped, with an excess of **\$1,500.00** for third party claim settlements.

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 Vivianlau@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 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 6841 8625 or Vivianlau@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vivian Lau

Case Handler

DID: 6841 8625

FAX: 6741 4108

EMAIL: Vivianlau@lkkauto.com

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



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA 5(658064)
TEL : 6694 4919 FAX : 6694 4929
Email : vermogenace@gmail.com
REG No : 201606023C

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLE474Y & SJW4364J
(DOA 23 AUG 2018 1400HRS)

I/We **LCRF PTE LTD** UEN/NRIC NO. **201624597K** owner of Vehicle No. SLE474Y _____, hereby authorise M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to forward the claim for damages sustained in the above accident to the third party driver and /or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in consideration of you giving up your repairer's lien. I/We agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my / our behalf) shall accept this as my /our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject liability, i/We will fully be responsible for the repair costs and other incidentals.

I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event of the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.



Owner Signature
(Company Stamp if applicable)

TO: ~~AAA~~ INSURANCE PTE LTD

Dear Sirs,

CLAIMANT: LCRF PTE LTD

ACCIDENT INVOLVING SLE474Y and SJW4364J
on

23 AUG 2018 At ESPLANADE DR

I/WE LCRF PTE LTD, am/are the registered Owner of Vehicle No. SLE474Y.

Please note that I have assigned all compensation monies due -to me/us in the above said accident to **Vermogen ACE Pte Ltd**.

I/We, hereby authorize you to release **all** compensation monies pertaining to the above said accident to **Vermogen ACE Pte Ltd** and forward your settlement cheque to **Vermogen ACE Pte Ltd** whom I/we had authorized to collect the said compensation monies..

Thankyou.



Signature of Claimant
(company Stamp, if applicable)

Name : LCRF P/L
NRIC No. : 201624597K
Date : 28/8/18



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJW4364J (Insd veh)	Model: TOYOTA SIENTA
	SLE474Y (TP veh)	
Date of Accident/ Time:	23/08/2018	

Repair Estimate	: \$	10,444.46	
Final Repair Cost	: \$		
Loss of Use	: \$		4 days at \$ 60 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	3,350.00	
Payee Name : VERMOGEN ACE PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: 15	
	BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

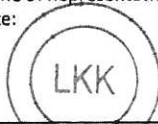
1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document 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/I 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: 15/10/19
Date:



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 15/10/19

Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date: 15/10/19





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-18-129706

Date of Request: 23/08/2018

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd
Blk B, 44 Benoi Rd
Singapore 629904

Dear Sir/Madam,

Enquiry Date 23/08/2018
Enquiry By Lim Jian Zhi, Edmond
TP Vehicle No. SJW4364J
Accident Date 23/08/2018**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJW4364J	AXA Insurance Pte Ltd	28/07/2017-23/09/2018	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.



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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-18-129706

Date of Request: 23/08/2018

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd
Blk B, 44 Benoi Rd
Singapore 629904

Dear Sir/Madam,

Enquiry Date 23/08/2018

Enquiry By Lim Jian Zhi, Edmond

TP Vehicle No. SJW4364J

Accident Date 23/08/2018

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque



Efficient Towing Services

403 Sin Ming Avenue #13-307, Sin Ming Garden, Singapore 570403

Ah Di Mobile: 8588 8877

Email: efficienttowing.sg@gmail.com

Business Reg. No.: 53349344K

Nº. 17413

CASH SALE / JOB ORDER

Date: 23/02/18

Messrs: Vermogen Ace
车牌 SLE 4294 车型 Toyota Sienna
Vehicle No. SLE 4294 Model No. Toyota Sienna
时间 (日/夜) Day 联络号码 94741199
Time (day/night): Day Contact No: 94741199
由 Esplanade Dr. Vg
Location: Esplanade Dr. Vg
到 6 Benoi Sector
To: 6 Benoi Sector
银额 50 其他 Others:
Cash \$ 50 Others: Others:
经手人 Di Tow Truck Di Mao
Authorised By: Di Driver Name: Di Mao

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

注意: 本公司对所拖之车辆, 在进行中如有任何损失或破坏, 一概由车主自行负责。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

E. & O. E.