

Reg No 201325741R BLK 8 SIN MING INDUSTRIAL ESTATE #01-64/66 SINGAPORE 575643

1/10/2018

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

RE: ACCIDENT INVOLVING SKA446L & SDT888C ON 30/8/2018 ALONG IMM BUILDING CARPARK

Dear officer in charge

We act on behalf of SKA446L to claim against SDT888C AXA Insurance Singapore Pte Ltd.

Attached documents for your perusal, kindly make payment to - S THREE AUTOMOTIVE RECOVERY PTE LTD and mail to - BLK 8 SIN MING INDUSTRIAL ESTATE #01-64/66 SINGAPORE 575643

1 – invoice for repair cost \$2568

2 - LOSS OF RENTAL \$100X5 = \$500

3 LTA SEARCH - \$2

Total - \$3070

admin@sthreeautomotive.com.sg

Thank you with Best Regards

RECOVERY PTE LTD STHREE AUTO

Alming Industrial Estate 1/16 Singapore 5756-43 F4x: 6487 5315 Joey Kho Fdx: 6487 3370 Sthree Momotive @gmail.com

S THREE AUTOMOTIVE RECOVERY PTE LTD

6284 1575

Asher Sng (LKKAuto)

From:

Asher Sng (LKKAuto)

Sent:

Tuesday, 16 October 2018 2:21 PM 'HUANG.CELINE@YAHOO.COM.SG'

To: Subject:

ACCIDENT INVOLVING SDT 888C AND SKA 446L ALONG IMM 3RD LEVEL CARPARK ON

30/08/2018

16 OCT 2018

TANG RUI YI / HUANG JIN

Dear Sir/ Mdm

OUR REF

: CC4/ASM18016021/Gea3

YOUR REF

: SDT 888C

ACCIDENT INVOLVING SDT 888C AND SKA 446L ALONG IMM 3RD LEVEL CARPARK ON 30/08/2018

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 claim from M/s S THREE AUTOMOTIVE & RECOVERY PTE LTD acting on behalf of the owner of SKA 446L against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SKA 446L. As such, liability is down against us.

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 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 ashersng@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)
- 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 6256 3561 or email us at ashersng@lkkauto.com.

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

Yours sincerely,

Asher Case Handler DID: 6841 6051 FAX: 6741 4108

Email: ashersng@lkkauto.com

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



LETTER OF INDEMNITY AND AUTHORITY

Re: Accident on 30/08 involving my / our motor vehicle no. SKA 446 along
Re: Accident on 30 08 involving my / our motor vehicle no. A The lalong 1. Involved 1000 3. 1. Involved 1000 3.

- 2. If for whatever reason, my / our claim is not successful or is rejected or no payment is received whether in whole or part, I/we agree and undertake to pay full/balance amount of the repair costs, survey fees, (rental fees for the replacement vehicle if any), and other expenses reasonably incurred on my / our behalf as the case may be.
- 3. As I/we have not paid our repair cost nor reimbursed you for the survey report fee (nor rental fees for the replacement vehicle if any), I/we agreed that upon settlement of my / our claim, the compensation / settlement monies shall be irrevocably assigned and paid to you after deduction of the costs and disbursements of my / our solicitors in this matter.
- 4. If I am / we are contacted by the third party or his insurers or their agents to discuss anything about my / our claim in the above accident, I/we will not entertain their quiries and will direct them to contact my / our lawyers. I/We will not enter into any agreement with third party or his insurers or their agents. If I/we receive any monies from the third party or his insurers or their agents, I/we hereby undertake to forward all the monies received to you in full immediately.

I/We undertake to co-operate fully with you and all parties concerned including but not limited to (if necessary) attending meetings at my / our solicitors' office, attending at the accident site, arranging for my / our vehicle to be re-inspected at your premises and attending Court to see the claim to its conclusion,

Date this 03 day of 09

Owner's Signature

(Company stamp, if applicable)

Full Name: Joey the





CLAIM REF

: S8M00U5C

INSURED

: TANG RUI YI

DISCHARGE VOUCHER

We/I [TEO CHOON LONG, NRIC NO. S8714334A] hereby agree to accept the sum of dollars [THREE THOUSAND AND SEVENTY ONLY.] [\$\$3,070.00] 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. [SDT 888C] as a result of an accident along [IMM BUILDING LEVEL 3 CP] on [30/08/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SKA 446L].

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. [SDT 888C] 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. [SDT 888C].

Dated this	3 day of NOV	2018
Claimant's Signature	<u>- 4</u>	
NRIC no./ Company Stamp	SS714334A	
Occupation/ Business	SAP	
Address	Blt 635B Senja Rd	5672635
Telephone No.	: 98519719	361106 55
Witness's Name	: Joey Kw	
Witness's Signature	: Dory	
Witness's NRIC No.	: S\$327582C	

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

S THREE AUTOMOTIVE RECOVERY PTE LTD

Blk 8 Sin Ming Industrial Estate #01-64/66 Singapore 575643

> Tel: (65) 6284 1542, (65) 6284 1575 Fax: (65) 6487 5315 Reg. No: 201325741R

TAX INVOICE

GST Reg. No: 201325741R

Name & Address:

TEO CHOON LONG BLK 635A SENJA ROAD #07-269 SINGAPORE 672635

Date	1/10/2018
Number:	S3-10765
Vehicle Number	SKA446L
Job Sheet	3,000
Make and Model	HONDA CIVIC

Payment Method Cheque No.

S/No.	Description	Qty	Amount
	REPAIR COST FOR VEHICLE SKA446L Standard Rated (7%)		2,400,00 168.00

Total amount excluding GST

\$2,400.00

Add GST @ 7%

\$168.00

Total amount payable

\$2,568.00

Bik 8 Sin Ming Industrial Total 2 #01-64/50 Singaporo 57/0-3 Tel : 6284 1542 / 6034 1675 Fex: 6487 5315 Sthreesulomotive & gmail.com STHREE AUTOMOTIVE RECOVERY PTE LTD

TREE AUTOMORVE RESOVE IN PTE LTD

RECEIVED BY

Name

STAR CAR LEASING PTE LTD BIK 8 Sin Ming Industrial Estate

Car leasing Ptc Ltd #01-64/66 Singapore 575643

Invoice

Customer:

TEO CHOON LONG BLK 635B SENJA RD #07-269 SINGAPORE 672635

Invoice Date	26/9/2018
Invoice No.	STAR2439

Terms	Customer Veh No.	VRA No.
	SKA446L	1981

Description	No. of Days	Price	Amount
GE1570E TOYOTA ALTIS /9/2018 TO 6/9/2018	5	100.00	500.00

Total Amount

\$500.00

Authorized by:

STAR CAR LEASING RTE LTD

Bik 8 Sin Mint; Industrial Estate
#01-64/66 Gingapote 575643

Tel: 6284 05/22 / 6284 1575

Fax/16/87 5315

starcarleasing @gmail.com

Joey Kho



STAR CAR LEASING FIELID

Blk 8 Sin Ming Industrial Estate #01-64/66 Singapore 575643 Tel: (65) 9766 2745 / 9636 4376 / 9642 0017 REG. No: 201325738Z

VRA No: 1981

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR - Ch - / 50.0	VEHICLE NO: SPA PHO L'REPLACE VEH NO: SALS
Name: (as in 1/C) TEO Choon Long	Mileage Out: Mileage Out:
NRIC/PASSPORT NO: 58717334A	Make & Model: Toyota A1-12 Auto/Manual Group:
Address (Hes) # 57 - 26 9	OUT: Date (Churges starting on the day of collection) 9 18 Time: 15 9 \$ U.s.
Name & Address of Employer 5 6 7 2635	HIRE/PERIOD EXPIRY
	COLLISION DAMAGE WAIVER EXCESS 700 YES / NO
Occupation: Driving Exp:	PERSONAL ACCIDENT INSURANCE YES / NO
Oriving Licence No: D/L Typer: Local / International	CHARGES
ssue Date: Date of Birth:	Daily per day
Tel: (O) HP/PG	Weekly @\$ per week
ADDITIONAL DRIVER'S PARTICULARS	
Name: (as in I/C)	Monthly @\$ per month
NRIC/PASSPORT No:	Hours @\$ per hour
Address(Res):	Others @\$
Driving Licence No: D/L Type: Local / International	CDW @\$ per day/month
Issue Date: Date of Birth:	PAI @\$ per day/month
Occupation: Driving Exp:	Delivery Service @S
	SUB-TOTAL \$
/EHICLE CHECK LIST	
ES	PETROL LEVEL
S - SCRATCHES	Out E 1/4 1/2 3/4 F
	EXTENSION
	Collection Service
66	Misc.
	TOTAL CHARGES \$
A-ACCIDENTS A-ACCI	For Singapore use only
RIGHT FRONT TOP LEFT	h
A TOTAL	(
ACCESSORIES CHECK	Hirer's Signature
Ashtray Clg Ligher S/Tyre	
STD Tools Jack Hub Caps	
	Addition Driver's Signature
Radio / Cass CD Catridges	

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All Information I have given STAR CAR LEASING PTE LTD in connection with this agreement is true.

* IMPORTANT

- 1, ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE
- 2. ALL VEHICLES ARE SUPPLIED WITH A FULL TANK AND SHOULD BE RETURNED WITH A FULL TANK.
- 3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF COW AND/OR PAI WHERE APPLICABLE.
- 5. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY STAR CAR LEASING PTE LTD.
- 6. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO SETHE DAY AND TIME THE VEHICLE IS RETURNED TO STAR CAR LEASING PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EDVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	1
69	1730)		11111	SIGNATURE OF HIRER/DRIVER

Invoice



9/3/2018

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Operating Hours: Monday to Friday 9am to 5pm Phone: +65 6224 0010 Fax: +65 6224 0030 6 Raffles Quay #18-00, Singapore 048580 GST Registration No: M400017735

Third Party Insurer Enquiry

Date of Request: Our Ref No:

GR-18-135245

03/09/2018

Your Ref No:

Online Purchase

S Three Automotive Recovery Pte Ltd Blk 8 Sin Ming Industrial Estate

#01-64/66 Sector C Singapore 575643

Dear Sir/Madam,

03/09/2018 Enquiry Date

Joey Kho Choo Siew SDT888C TP Vehicle No. Enquiry By

Accident Date

30/08/2018

Enquiry Result

TP Vehicle No.

SDT888C

17/09/2017-16/09/2018 Period of Insurance AXA Insurance Pte Ltd Insurer

Insurer Tel. No. 6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the Ceneral 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.

9/3/2018



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735 6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030

TAX INVOICE

Our Ref No:

GR-18-135245

Date of Request:

03/09/2018

Your Ref No:

Online Purchase

S Three Automotive Recovery Pte Ltd Blk 8 Sin Ming Industrial Estate #01-64/66 Sector C Singapore 575643

Dear Sir/Madam,

Joey Kho Choo Siew 03/09/2018 Enquiry Date Enquiry By

TP Vehicle No. Accident Date

30/08/2018 SDT888C

SCRIPTION	
NOT LEGO	

Total Amount Due (GST Inclusive) GST Amount

0.13 2.00

AMOUNT (S\$)

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque