

**Asher Sng (LKKAUTO)**

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Wednesday, 15 May 2019 2:21 PM  
**To:** William Tan Thoo Seng  
**Cc:** Catherine Koh Mui Gek; Vic (LKKAUTO); Accounts (LKKAUTO)  
**Subject:** [REFUND] Your Ref: T0818/SHC3860D/WT(st), ACCIDENT INVOLVING SHC 3860D AND SJV 710A ON 27/08/2018.

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Your Ref: T0818/SHC3860D/WT(st)

Our Ref: CC3/ASM18015849/K1ha3

Hi William,

We refer to our tele-conversation yesterday.

ACCIDENT INVOLVING SHC 3860D AND SJV 710A ON 27/08/2018.

Our account will process to cancel the invoice and refund the amount of \$171.20 to CDGE.

Hi Account,

Kindly assist on the following matter.

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

phone: 6841-6051 | email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto  
Consultants  
Pte Ltd

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

16 NOVEMBER 2018

**WANG LU ZHONG  
BLOCK 179 TOA PAYOH CENTRAL  
#13-464  
SINGAPORE 310179**

Dear Sir/Madam,

**OUR REF : CC4/ASM18015849/K1ha3  
YOUR REF : SJV 710A  
ACCIDENT INVOLVING SJV 710A AND SHC 3860D ALONG BOUNDARY ROAD ON  
27.08.2018**

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 COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHC 3860D 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 SHC 3860D. As such, liability may not be on your favour.

Please be informed that your No Claim Discount (NCD – if applicable) 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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51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- 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)

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****SONATA SHC3860D , SJV710A  
BOUNDRY RD X YIO CHU KANG RD****ON 27-Aug-18 11:00**

I / We

**NOORDIN BIN IBRAHI...** (Hirer) NRIC No.: **S1193067J**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC3860D**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

**27-Aug-2018**

Name of Hirer

**NOORDIN BIN IBRAHIM MARICAN**

Hirer NRIC

**S1193067J**

Signature :



Address

**358 WOODLANDS AVENUE 5 #02-374  
730358**

Contact No.

**94362770**



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJV 710A	(Insd veh)	Model: HYUNDAI I40
	SHC 3860D	(TP veh)	
Date of Accident/ Time:	27/08/2018 / 11:00		

Repair Estimate	: \$	4,031.08	
Final Repair Cost	: \$	2,675.00	
Loss of Use <i>Taken Sum</i>	: \$	200.00	4 days at \$ 50 per day
Rental (if any)	: \$	460.00	4 days at \$ 115 per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	3,340.00	Global Sum (All In)
Payee Name : COMFORTDELGRO ENGINEERING PTE LTD			
Is Third Party Workshop GIA Registered? [ X ] YES [ ] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>Yes</del> 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:			

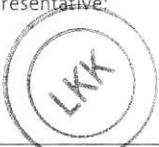
## NOTE:

- 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 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 / <b>Workshop stamp</b>	Signature of Witness / <b>Workshop stamp (if applicable)</b>
Name of Representative: COMFORTDELGRO ENGINEERING PTE LTD	Name of Witness: COMFORTDELGRO ENGINEERING PTE LTD
Date: 22/5/19	Date: 22/5/19
59 LOYANG DRIVE SINGAPORE 508969	59 LOYANG DRIVE SINGAPORE 508969
 <b>AWK</b>	
Signature of AXA's surveyor/representative:	
Name of AXA's surveyor / Representative:	
Date: 22/5/19	

Please forward your cheque made payable to:  
COMFORTDELGRO ENGINEERING PTE LTD

The contents of this document apply to vehicle damages only  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document

TAX INVOICE

8010010  
AXA INSURANCE PTE LTD  
8 SHENTON WAY AXA TOWER #24-01  
SINGAPORE 068811  
CONTACT NO: 63387288

VEHICLE NO  
SHC3860J  
MAKE  
HYUNDAI  
MODEL  
I-40  
NO/DATE  
91393363 31.08.2018  
JOB NO.  
305204959  
OILMETER READING  
DATE OF REG  
05.02.2015  
CHASSIS CODE  
KMHTB41UMPH064528  
JOB TYPE

Description : 3P 27.08.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt 2,500.00  
Add GST @ 7.000 % 175.00  
Total Invoice amount 2,675.00

Issued by : CHEWBEET KNG 03.09.2018 11:06:41  
Repair Type : CISO/57/57  
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THE RISK OF ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS. ALL VEHICLES ARE DAMAGED AND TESTED AT OWNERS' RISK.  
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY AFTER THE REPAIR AND REPORT ANY DAMAGE OR DEFECTS TO THE COMPANY IN WRITING TO THE COMPANY OF ANY COMPLAINTS WITHIN 14 DAYS OF RECEIPT OF THE VEHICLE. THE COMPANY SHALL BE RESPONSIBLE TO MAKE GOOD ANY DAMAGE TO THE VEHICLE.  
INTEREST OF 1% PER MONTH WILL BE CHARGED ON ALL OUTSTANDING DEBTS FROM THE DATE OF DEFAULT TO THE DATE OF PAYMENT BY THE CUSTOMER AND NOT EXCEED THE AMOUNT OF THE DEBT. THE COMPANY SHALL BE RESPONSIBLE TO MAKE GOOD ANY DAMAGE TO THE VEHICLE.  
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT. IF THE COMPANY DOES NOT REPAIR FROM THIS INVOICE, THE CUSTOMER SHALL BE RESPONSIBLE TO MAKE GOOD ANY DAMAGE TO THE VEHICLE.  
THIS INVOICE IS THE PROPERTY OF THE COMPANY AND SHALL REMAIN WITH THE COMPANY. IT IS TO BE USED AS A RECEIPT FOR THE REPAIR AND SHALL BE RETURNED TO THE COMPANY IMMEDIATELY UPON RECEIPT OF THE VEHICLE.  
THIS INVOICE IS THE PROPERTY OF THE COMPANY AND SHALL REMAIN WITH THE COMPANY. IT IS TO BE USED AS A RECEIPT FOR THE REPAIR AND SHALL BE RETURNED TO THE COMPANY IMMEDIATELY UPON RECEIPT OF THE VEHICLE.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
Braddell Road  
Singapore 579701

Please note that no receipt shall be issued unless requested.

OFFICE COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT18080779

Date: 03 September 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      27/08/2018    @ 11:00 hrs  
ALONG                              BOUNDRY RD X YIO CHU KANG RD  
INVOLVING                        SJV710A

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC3860D** (the "Taxi"). The Taxi was hired to **NOORDIN BIN IBRAHIM MARICAN IC NO S1193067J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

Handwritten signature/initials.

MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		
				FROM	TO			5	8	0	6	9		8	FROM	TO
344	48		201	1900	0535	21/8/18	NOORDIN	5	8	0	6	9	8	241	0540	1725
730			282	0545	1748	21/08/18	Old Yunos	5	8	0	9	1	9	215	1745	0600
1946	46		214	1745	0535	22/08/18	NOORDIN	5	8	1	5	9	1	672	0900	1600
1173	33		228	0540	1545	24/8/18	ADAMU	5	8	1	9	4	5	354	1615	0840
1381	81		213	1800	0600	25/8/18	NOORDIN	5	8	2	0	8	0	135	1000	1730
1538	38		157	0900	1730	25/8/18	ADAMU	5	8	2	4	3	4	354	1740	0520
1756	56		217	1800	0600	26/8/18	NOORDIN	5	8	2	5	9	7	162	0900	1500
1874	74		118	0900	1700	16/08/18	Old Yunos	5	8	2	7	7	0	173	1800	0535
2074	74		200	1715	0040	27/8	Accident repair							Fn	1135	/
2272	72		198	0930	1810	31/8								Cut	1530	/
457	57		184	1840	0535											

Handwritten: SFC 28600

8/27/2018

Insurance Particulars Enquiry By Agents Detail

### Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJV710A	27 Aug 2018 / 11:00:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

SNC 38600