



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 24/09/2018

Your Ref : **SLZ6350X**

To : **AXA INSURANCE SINGAPORE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKD3502Y & SLZ6350X ON 16/08/2018 AT BASEMENT CAR PARK OF WHITE SANDS, NO. 1 PASIR RIS CENTRAL ST 3.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188308 @ S\$9,202.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$780.00 (13 Days x S\$60)
- 3) LTA Search @ S\$7.45
- 4) Surveyor Report @ S\$667.00
- 5) Authorisation to Act
- 6) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Sharon Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.


## AUTHORIZATION TO ACT

I, SEE WEE BENG, ROYSTON ("the third party claimant")  
of BLK 879B TAMPINES AVE 8 #05-53 SINGAPORE 520879 (address),  
owner of SKD 3502Y (vehicle no.) hereby authorize  
MG SOLUTION PTE LTD  
("The workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
Vehicle No. SKD 3502Y that was damaged pursuant to the  
accident which occurred on 16/8/2018 (date) along BASEMENT CAR  
PARK OF WHITE SANDS, NO. 1 PASIR RIS CENTRAL ST. 3 (location)  
involving Vehicle No/s SLZ 6350X  
("The accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment 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 as the driver/owner/insurers of the other vehicle/s is concerned.

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

  
Signed by "the third party claimant"

  
  
Signed by "the workshop"



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLZ 6350X (Insd veh)	Model: Volkswagen Scirocco (1390cc)
	SKD 3502Y (TP veh)	
Date of Accident/ Time:	16/08/2018	

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others:	: \$	
	: \$	
Final Settlement Sum (Global Sum)	: \$	9,000.00
Payee Name : MG Solution Pte Ltd		
Is Third Party Workshop GIA Registered? [ ] YES <input checked="" type="checkbox"/> NO (Kindly indicate below)		
A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	BOLA Liability: _____ (%)	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: WONG SU HUI  
 Date: 17/11/2020

Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: SHARON CHIA  
 Date: 17/11/2020

Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date: 17/11/2020

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.





## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

# TAX INVOICE

Bill To:

**AXA INSURANCE PTE LTD**

8 SHENTON WAY  
#27-01 AXA TOWER  
SINGAPORE 068811

INVOICE No : TI 209367

PB No : 188308

Date : 17-November-2020

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SKD 3502Y

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 7,224.00
BEFORE GST		7,224.00
7% GST		505.68
TOTAL		\$ 7,729.68

Cheque should be made payable to **MG Solution Pte Ltd**



Co's stamp & Authorised Signature

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

Print Date/Time : 16 Aug 2018 / 15:10:33

Receipt Date/Time : 16 Aug 2018 / 15:10:33

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-180816-001380

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLZ6350X				
As at 16 Aug 2018/13:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SLZ6350X Enquiry Fee 20180816150950746496	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	20180816150956632	Direct Debit: eNETS Debit (Internet Banking)		7.45
<b>Total</b>				7.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				7.45
<b>Excess Refundable Amount</b>				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.

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## Vehicle Insurance Particulars Result

Vehicle No.

SLZ6350X

Incident Date/Time

16 Aug 2018 / 13:00:00

Insurance Company Name

AXA INSURANCE PTE LTD

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# PREMIER APPRAISER SERVICES

Insurance Loss Adjusters and Qualified Appraisers  
16 Sin Ming Walk, #03-02 Singapore 575568  
Tel: 6554-2269 Fax: 6685-1399  
Regn. No: 52864369W

To Mr. See Wee Beng Royston  
c/o 23 Kaki Bukit Avenue 4  
#02-03 (South Wing)  
Singapore 415933

INVOICE NO : PT1808007  
Our Ref : PT1808007-L  
Your Ref : -  
Date : 30th Aug 2018

	AMOUNT
VEHICLE REGISTRATION NO : SKD 3502 Y	
VEHICLE MAKE/MODEL : Volkswagen Scirocco 1.4 TSI	
TO SERVICE RENDERED:-	
<input checked="" type="checkbox"/> CONSULTANT/APPRaiser FEES	\$ 555.00
<input checked="" type="checkbox"/> PHOTOGRAPHS	\$ 52.00
<input checked="" type="checkbox"/> TRANSPORT CHARGES	\$ 60.00
<input type="checkbox"/> RE-INSPECTION FEES	\$ -
	<u>\$ 667.00</u>
DOLLARS :- SIX HUNDRED & SIXTY SEVEN ONLY	

E. & O. E.

  
for PREMIER APPRAISER SERVICES



Auto  
Consultants  
Pte Ltd

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

25 FEB 2019

**YONG CHU POONG**  
209 JALAN LOYANG BESAR  
#01-23  
SINGAPORE 509489

Dear Sir/ Mdm

**OUR REF : CS3/ASM18015163/Upa3s2-1**

**YOUR REF : SLZ 6350X**

**ACCIDENT INVOLVING SLZ 6350X AND SKD 3502Y ALONG/AT WHITESAND CP B2  
ON 16/08/2018**

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 MG SOLUTION PTE LTD acting on behalf of the owner of SKD 3502Y against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your driver's favour as he had encroached into third party lane and collided with third party. 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)*