

威利摩哆
WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

15, Nov 2018

AXA Insurance PL

Attn: Motor claim dept-3rd party claim

Claiming against your insured vehicle no: SHD362P

Accident involving vehicle no: SLM8605S/SHD362P

ON 20/09/2018 AT Velo City outside Drop off point

Dear officer incharge

We are the workshop for the owner of vehicle no: SLM8605S

Regarding the claim for the case above, this is a liability clear case considering that your client's vehicle collided into the rear portion of our client's vehicle.

The claim for vehicle No: SLM8605S as follow:-

Cost of repair to SLM8605S	\$ 500.00	finalised with your surveyor
Loss of use	\$ 180.00	\$60x3d
LTA search fee	\$ 7.45	

	\$ 687.45	

Enclosed with all the necessary document for your reference.

Kindly let us have your reply soonest possible.

Thank you.

Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Friday, 5 October 2018 3:44 PM
To: claims@transcab.com.sg
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A
Subject: ACCIDENT INVOLVING SHD 362P & SLM 8605S ALONG NOVENA ONE ON 20/09/2018

Transcab Taxi

Singapore

Dear Sir/Madam,

OUR REF : CC4/ASM18017437/Kjb3
YOUR REF : P1680520 (SHD 362P)

ACCIDENT INVOLVING SHD 362P & SLM 8605S ALONG NOVENA ONE ON 20/09/2018

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 **WEI LEE MOTOR WORKS** acting on behalf of the owner of **SLM 8605S** against your motor insurance policy.

Based on the accident report, your taxi had rear-ended Third Party vehicle. We will therefore proceed to negotiate for an amicable settlement with the Third Party in accordance to the procedure.

We also wish to advise that there is an excess of **S\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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 AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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 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 / joyirene@lkkauto.com or deliver it by hand to our 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 authorized 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or cst@axa.com.sg / joyirene@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,
 Joy Irene | Case Handler
 LKK Auto Consultants Pte Ltd
 DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108
 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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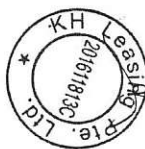
AUTHORIZATION TO ACT

I, KH Leasing PL ("the third party claimant")
of 261 A UPP Chongon Rd (address),
owner of SLM 8605 S (vehicle no.) hereby authorize
Wei Lee Motor Works
("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. SLM 8605 S that was
damaged pursuant to the accident which occurred on 20/9/18 (date) along
Velo City outside drop off point (location)
involving vehicle no/s SHD 362P ("the accident").

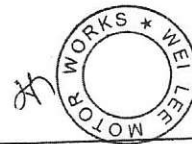
I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

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.

Date this 28 day of Sept (month) 20 18 (year)



Signed by "the third party claimant"



Signed by "the workshop"



redefining / insurance

CLAIM REF : S8M00WQT
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I [KH LEASING PTE LTD, CO REG NO. 201611813C] hereby agree to accept the sum of dollars
[SIX HUNDRED EIGHTY SEVEN AND CENTS FORTY FIVE ONLY] (S\$ 687.45) 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. [SHD 362P] as a result of an
accident along [VELOCITY OUTSIDE DROPOFF PT./NOVENA ONE] on [20/09/2018] of which we/I
were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no.
[SLM 86055].

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. [SHD 362P] 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. [SHD 362P].

Dated this 17 day of Dec 2017 2018

Claimant's Signature : [Signature]
NRIC no./ Company Stamp : [Stamp: Leasing Pte. Ltd. 201611813C]
Occupation/ Business : [Signature]
Address : 261A Upp Thomson Rd
Telephone No. : [Signature]
Witness's Name : Penny ng
Witness's Signature : [Signature]
Witness's NRIC No. : S 9205070 Z

威利摩哆
WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128
Business Regn No: 269436/00J

AXA Insurance PL
143 Cecil Street #01-01 GB Building
S 069542

INVOICE NO:12609
DATE:16,Nov 2018

PARTICULARS	AMOUNT (S\$)
Accident involving vehicle no: SLM8605S/SHD362P	
Cost of repair for vehicle no: SLM8605S	500.00
Lump sum repaired as recommended by your appointed survey,LKK Auto Consultants	----- 500.00 =====



Payments to be made by crossed cheque in favour of WEI LEE MOTOR WORKS

> Back to OneMotoring



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

Print Date/Time : 24 Sep 2018 / 13:47:24

Receipt Date/Time : 24 Sep 2018 / 13:47:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180924-001288

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 - SHD362P				
As at 20 Sep 2018/19:10:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD362P			
	Enquiry Fee	7.00	0.49	7.49
	20180924134618267529			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	20180924134630568	Direct Debit: eNETS Debit (Internet Banking)		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			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.