



Auto
Consultants
Pte Ltd

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

3rd December 2018

CHEN AINING

BLK 986B Buangkok Crescent,
11-56,
Singapore 532986.

Dear Sir/Madam,

OUR REF : CC4/ASM18017452/Kfa3

YOUR REF : SJA 3998C

**ROAD TRAFFIC ACCIDENT INVOLVING NOS. SJA 3998C AND SLG 9700A ALONG
JUNCTION OF AMOY STREET AND CROSS STREET 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 Property Damage claim against your policy.

We have received a claim from M/s ComfortDelgro Engineering Pte Ltd, acting on behalf of the owner of SLG 9700A against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided into Third Party vehicle SLG 9700A. 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 full co-operation in the handling of the claim is required and kindly submit the following to pohkin@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)
- 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



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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 6841 2132 or email us at pohkin@lkkauto.com.

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

Yours sincerely,

Poh Kin Chong
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: pohkin@lkkauto.com

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

COMFORTDELGRO ENGINEERING PTE LTD

A member of ComfortDelGro

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SLG 970DA and (Third Party's Vehicle No.)
STA 3998C on 20/9/18 along Junction of Pickering St
& Cherie St

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, LCRF Pte Ltd *NRIC/PassportNo. 201624597K (Address)* _____

_____ a company

incorporate in Singapore and having its registered office at (Address)* _____

owner of Vehicle Registered No. SLG 970DA

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a

company incorporated in Singapore and having its registered office at 205 Braddell Road (S) 579701

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf
to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorney shall in his absolute discretion, deem fit.
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, to execute, sign, seal and deliver all documents whatsoever in relation thereto.
5. Generally do all such acts as it shall deem necessary for the purpose of settling such claim(s) and
6. To agree to any settlement at the absolute discretion of CDGE.

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that the powers and authority hereby conferred shall remain irrevocable.

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF, *I/We have hereunto to set *my/our hand and seal this day 24 of the month of Sept, Year Two Thousand - (2018)

Signed, Sealed & Delivered By

Customers Name: LCRF Pte Ltd

NRIC No.: _____

Co's rubber Stamp 201624597K

delete as appropriate. Insurance



AXA THIRD PARTY DIRECT SETTLEMENT

| | | | |
|-------------------------|------------|------------|-----------------------------------|
| Vehicle No: | SJA 3996C | (Insd veh) | Model: HONDA SHUTTLE HYBIRD 1.5 A |
| | SLG 9700A | (TP veh) | |
| Date of Accident/ Time: | 20/09/2018 | | |

| | | | |
|---|----------------------------------|---|----------------------------|
| Repair Estimate | \$ | 8,527.04 | |
| Final Repair Cost (WITH GST) | \$ | 4,148.35 | |
| Loss of Use | \$ | — | days at \$ per day |
| Rental (if any) | \$ | 693.00 | 9 days at \$ 77.00 per day |
| LTA / GIA Search Fee | \$ | 2.00 | |
| Others | \$ | | |
| Final Settlement Sum | \$ | 4,843.35 | |
| Payee Name : COMFORTDELGRO ENGINEERING 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: Yes/ No BOLA Scenario No: 9 | |
| | 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.

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Signature of Workshop Representative / Workshop stamp

Name of Representative:

Date: 11 DEC 2018

KSC



Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date:

17/11/19

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

11 DEC 2019

"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."

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

SCHEDULE 1A**1. Rental Plan**TDVL-175**2. Deposit**Please refer to your deposit invoice**3. Rental Fee & Charges**

- (a) The Rental Fee per week is S\$ 539.
- (b) Weekly Payment Fee: All weekly rental payments are due the following Wednesday at 17:00hrs and if the Wednesday falls on a Public Holiday, then the due date will be the next working day at 17:00hrs.
- (c) Late Payment Fee: All outstanding payments after the above mentioned day will be subject to a late payment fee of S\$60.
- (d) Cleaning Fee: S\$300. Not limited to Cigarette odour.
- (e) Vehicle Damage Fee: In cases where the Vehicle has been involved in an accident requiring repairs to the Vehicle, the Hirer will be responsible for the actual cost of repair to the Vehicle up to a maximum of S\$2,200 per accident.

4. Insurance Excess

In the event of an accident resulting in a claim made against or reported to LCR's insurers for damage to third party property (including other vehicles), the Hirer will be liable for any Insurance excess* ("Insurance Excess") payable as a result.

The Insurance Excess is payable in addition to any other amounts that may be applicable under this Agreement.

*** S\$2,140 or such other amount as notified to the Hirer by LCR from time to time**

IN WITNESS WHEREOF the Parties have hereunto set their hands.

LCR

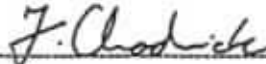
SIGNED by

Name: Francois Chadwick
Title: Director

for and on behalf of
LION CITY RENTALS PTE. LTD.

Date:

)
)
)


Signature



Company Stamp

THE HIRER

ACCEPTED and SIGNED by

Name: FOK KAR LAM
NRIC/Passport No: S7870958H

)
)
)

DocuSigned by:

18E109DDA67F477...

Date: 10-05-2018

X

I, the Hirer, further consent to the collection, use, disclosure and/or Processing of my Personal Data for the purpose set out in Clause 10B(b)(v). I confirm I am aware that I may choose to opt out or withdraw my consent in respect of such purpose by notifying LCR of the same by sending written notice of such withdrawal to the email address at: email at privacy@lioncityrentals.com.sg.

DocuSigned by:

18E109DDA67F477...

The Hirer
Date: 10-05-2018



**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-18-146126
Date of Request: 21/09/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 21/09/2018
Enquiry By Denis Teo Chin Chye
P Vehicle No. SJA3998C
Accident Date 20/09/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SJA3998C | AXA Insurance Pte Ltd | 10/07/2018-09/07/2019 | 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.



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**TAX INVOICE**

Our Ref No: GR-18-146126

Date of Request: 21/09/2018

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 21/09/2018

Enquiry By Denis Teo Chin Chye

P Vehicle No. SJA3998C

Accident Date 20/09/2018

| DESCRIPTION | AMOUNT (\$\$) |
|----------------------------------|---------------|
| 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