

**Cecilia Chong (LKK Auto)**

---

**From:** Cecilia Chong (LKK Auto)  
**Sent:** Wednesday, 16 October 2019 1:00 PM  
**To:** JAMES.ZHONGCHENG.LI@GMAIL.COM  
**Subject:** <STANDARD NOTIFICATION LETTER> OUR REF: CC4/ASM18017737/T1gb3 \*\*\*  
ACCIDENT INVOLVING SJC 8013B & SLB 4443B ON 25/09/2018 \*\*\*

16 OCTOBER 2019

**LI ZHONGCHENG**

Dear Sir/ Mdm

**OUR REF : CC4/ASM18017737/T1gb3**

**YOUR REF : SJC 8013B**

**ACCIDENT INVOLVING SJC 8013B & SLB 4443B ALONG/AT UPPER THOMSON RD & MARYMOUNT LANE JUNCTION ON 25/09/2018**

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 **MOTOR IMAGE ENTERPRISES PTE LTD** acting on behalf of the owner of SLB 4443B against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. 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 [ceciliachong@lkkauto.com](mailto:ceciliachong@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)
- Driver's Work Permit
- Employment Letter from your company
- Authorisation letter
- Rental Agreement/ Leasing Agreement
- 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 6749 4274 or email us at [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com).

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

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Cecilia Chong | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749-4274 | email: [CeciliaChong@lkkauto.com](mailto:CeciliaChong@lkkauto.com) | fax: 6741-4108

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



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

# LETTER OF AUTHORITY AND INDEMNITY

Motor Image Enterprises Pte Ltd

☐ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255

☒ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

Type of Claim:

☒ Third Party (Direct Settlement)

☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLB 4443B AND SJC 8013B  
ON 25-09-2018 AT Traffic light at junction of Marymount lane and upper Thomson Rd

1. I, the owner of vehicle no. SLB 4443B hereby instruct you and authorise you to act for me with respect to the following: -
  - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
  - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
  - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
  - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
  - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
  - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.



Claimant's Particulars		Authorized Workshop	
Name	<u>Chong Seow Hock</u>	Company Name	
Address	<u>98 Hwa Guan Ave</u> <u>S(58195)</u>	Claim Officer's Name	<u>Jeff Teh</u>
Telephone No	<u>8111 0045</u>	Telephone No	<u>6703 8631</u>
Date	<u>15/11/18</u>	Email	<u>kwahswai@gmail.com</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>[Signature]</u>	Date	<u>14-11-2018</u>
		Claim Officer Signature <u>[Signature]</u>	



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJC80138	(Insd veh)	Model: SUBARU FORESTER 2.0 I-L (SJ) (A)
	SLB44430	(TP veh)	
Date of Accident/ Time:	26/06/2018		

Repair Estimate	: \$	6,655.62	
Final Repair Cost (WGST)	: \$	2,771.90	
Loss of Use	: \$	—	days at \$ per day
Rental (if any)	: \$	353.10	3 days at \$ 117.70 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	—	
Final Settlement Sum	: \$	3,127.00	

Payee Name : MOTOR IMAGE ENTERPRISES PTE LTD

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: <u>27</u>
	BOLA Liability: <u>100</u> (%)	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 / Workshop stamp

Name of Representative: JIFF TEH

Date: 05/12/2019

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: RAJENDRAN

Date: 05/12/2019

Signature of AXA's surveyor/representative:

Name of AXA's surveyor / Representative:

Date:

MOTOR IMAGE ENTERPRISES PTE LTD  
SERVICE WORKSHOP  
25 LENG KEE RD

S(159097)  
ATTN : MR DAVID KOH

GST Reg No. : M2-0067432-4  
Tax Invoice : S1014214  
Inv. date...: 15-NOV-2018  
Print date...: 15-NOV-2018  
Print time...: 17:57:34  
Page no.....: 1  
Agreement no: TP2018607  
Salesman....: AK

Description	Amount
=====	=====
RENTAL CHARGE FROM 12-NOV-2018 TO 15-NOV-2018	330.00
SUBARU FORESTER 2.0X AWD 4AT ABS - SKG4743X	
(CHONG SEOW HACK)	

TOTAL SGD(BEFORE GST)	330.00
GST(7%)	23.10
TOTAL SGD(AFTER GST)	353.10

N.B. Cheques should be crossed and made payable to  
**DOWNTOWN TRAVEL SERVICES PTE LTD**  
Interest at 0.05% per day on overdue account. Terms  
of payment strictly 7 days.

**DOWNTOWN TRAVEL SERVICES PTE LTD**

  
Authorized Signature



# Hiring Agreement

Co.Reg.No : 198403671H  
GST Reg.No.: M2-0067432-1

TP2018607

CUSTOMER COPY

SALESMAN CODE: AK

Vehicle Number: SKG4743X Make & Model: SUBARU FORESTER 2.0X AWD 4AT ABS Date: 12/11/2018  
Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD

Address: 25 LENG KEE RD

Singapore: (159097)

Contact Person: MR DAVID KOH Tel: \_\_\_\_\_

## 1st Driver

Name: CHONG SEOW HACK

Address: 98 HUA GUAN AVE

Singapore: (589195)

Contact No: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport / NRIC No: S0213484E Nationality: SINGAPOREAN

Driver's Licence No: S0213484E Driving Exp: yrs

Country of Issue: SINGAPORE Driving Date: \_\_\_\_\_

## Additional Driver

Name: KWA SU AI

Address: 98 HUA GUAN AVE

Singapore: (589195)

Contact No: 81110045 (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: 11/02/1966

Passport / NRIC No: S8602852B Nationality: \_\_\_\_\_

Driver's Licence No: S8602852B Driving Exp: yrs

Country of Issue: SINGAPORE Driving Date: \_\_\_\_\_

## Remarks / Delivery Location

SLB4443B 3RD PARTY CLAIM REF MIE LK JEFF

## Check In / Out

Date Out: 12/11/2018 Time Out: 11:30:00 Km Out: 12345.00

Petrol Level: F

Agreed Date of Return: 16/11/2018 11:30:00

Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ Km In: \_\_\_\_\_

Petrol Level: E

## Collision Damage Waiver & PAI

### ACCEPTS

To Pay Extra Fees

Daily \$S\$0.00

Weekly \$S\$

Monthly \$S\$

Weekend \$S\$

Non-Waivable Excess

\$S\$ 0.00 per accident

### DECLINES

Hirer Declines CDW

Excess \$S\$ 2,000.00

per accident

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

\*The above is subjected to 7% GST.

Per Day	110.00	440.00
Per Week		
Per Month		
Weekend		
Rental Charges	440.00	
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	30.80	
Sub Total	470.80	

## OVERALL CHARGES

## Deposit Tax Invoice

Deposit Inv: \_\_\_\_\_ Amount: \_\_\_\_\_

O/R No: \_\_\_\_\_ Date: \_\_\_\_\_

## For Official Use

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of \$250 will be applicable to sanitize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of \$350 will be applied.

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD

### Third Party Insurer Enquiry

Our Ref No: GR-18-147906

Date of Request: 25/09/2018

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd  
25 Leng Kee Road  
Singapore 159097

Dear Sir/Madam,

Enquiry Date 25/09/2018

Enquiry By Jeff Teh

TP Vehicle No. SJC8013B

Accident Date 25/09/2018

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJC8013B	AXA Insurance Pte Ltd	28/02/2018-27/02/2019	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-18-147906

Date of Request: 25/09/2018

Your Ref No: Online Purchase

Motor Image Enterprises Pte Ltd  
25 Leng Kee Road  
Singapore 159097

Dear Sir/Madam,

Enquiry Date 25/09/2018

Enquiry By Jeff Teh

TP Vehicle No. SJC8013B

Accident Date 25/09/2018

DESCRIPTION	AMOUNT (S\$)
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:

☒ GIRO ☐ Cash ☐ Cheque