

OUR REF : TP/85008663/SLE9313U/ AD /29/9/2018/ MF
YOUR REF : SJY3470G
1 November 2018

Motor Claims Department
AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#27-01, AXA TOWER
SINGAPORE 068811
ATTN: CLAIMS OFFICER IN CHARGE

ACCIDENT INVOLVING SLE9313U and SJY3470G ON 29/9/2018
ALONG SELETAR WEST TOWARDS YISHUN AVE 1

We refer to the above matter.

	Rate per day	Repair days	AMOUNT BEFORE GST	AMOUNT AFTER GST
Cost of Repair			\$3,500.00	\$3,745.00
Loss of Use	\$120.00	10	\$1,200.00	\$1,200.00
Loss of Income	\$100.00	10	\$1,000.00	\$1,000.00
LTA Search Fee			\$1.87	\$2.00
Total				\$5,947.00

The accident was caused solely by the negligence of your insured and as a result, We had incurred the following costs of repair and losses:

Enclosed are copies of the following documents for your perusal:

- Original Photocopy Survey Report
- Original Photographs
- GIA/ Police Report
- LTA Search Slip
- Certificate of Insurance
- Letter of Authority (Hirer)

Please look into our client's claim soonest possible

Yours sincerely
DING AUTO PTE LTD
Michelle Fang
HP: 8748 3145
Office: 6452 1208 Fax: 6452 0614



Auto
Consultants
Pte Ltd

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

09 JAN 2019

JANICE ANN JOSEPH
BLK 782A WOODLANDS CRESCENT
#13-307
SINGAPORE 731782

Dear Sir/ Mdm

OUR REF : CC4/ASM18017755/T1pb3

YOUR REF : SJY 3470G

ACCIDENT INVOLVING SJY 3470G AND SLE 9313U ALONG/AT SELETAR WEST
LINK TOWARDS YISHUN AVE 1 ON 29/09/2018

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 DING AUTO PTE LTD acting on behalf of the owner of SLE 9313U 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 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.

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

Cc *AXA Insurance Pte Ltd*
(Motor Claims Dept)

LETTER OF AUTHORITY

Accident Involving SLE9313U & SJY3470G on 29 SEP 2018

I/We, LCRF Pte Ltd, Company Registration No : 201624597K, Owner of Vehicle Registration No. : SLE9313U hereby authorize Ding Auto Pte Ltd to submit correspond, negotiate and settle my claim for cost of repair and uninsured losses arising from the above accident.

I hereby authorise Ding Auto Pte Ltd to appoint such law firms on my behalf as necessary to commence legal proceedings and to take such instructions, from time to time as required, for the conduct of the case, including authorising such law firms to enter into a settlement agreement with the potential Defendant, his insurers and/or his solicitors.

I further authorize that agreed settlement sum for cost of repair, loss of income and rental, survey report fee, third party vehicle Insurance particulars enquiry fess etc. be made in favour of Ding Auto Pte Ltd and that the said payment be forwarded to them as full and final discharge of my claim.

Stamp & Signed By

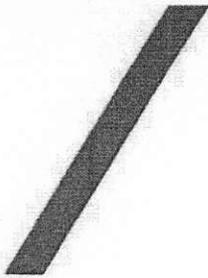


Owner _____

DATE: 1/10/18



redefining / insurance



CLAIM REF : S8M00XFR
INSURED : JANICE ANN JOSEPH

DISCHARGE VOUCHER

We/I, LCRF PTE LTD, NRIC NO. 201624597K hereby agree to accept the sum of dollars **FOUR THOUSAND ONE HUNDRED ONLY (\$\$4,100.00)** 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. SJY 3470G as a result of an accident along SELETAR WEST TOWARDS YISHUN AVE 1 on 29/09/2018 which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLE 9313U.

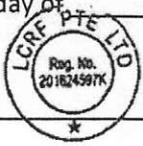
We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SJY 3470G in connection directly or indirectly with 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. SJY 3470G.

Dated this 11th day of March 2019

Claimant's Signature : _____



[Handwritten signature]

NRIC no./ Company Stamp : _____

Occupation/ Business : _____

Address : _____

Telephone No. : _____

Witness's Name : Chan Jia Le

Witness's Signature : *[Handwritten signature]*

Witness's NRIC No. : 68653991N



DING AUTO PTE LTD

Business Reg. No : 201311788Z

BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645

Tel: 6452 1208 Fax: 6452 0614

(24 hrs towing services)

TAX INVOICE**AXA INSURANCE PTE LTD**

8 SHENTON WAY #27-01, AXA TOWER

SINGAPORE 068811

INVOICE : I-001211**DATE** : 11/03/2019**GST REG NO** : 201311788Z**TERMS** : C.O.D.**PO NO** : SJY3470G**OUR REF** : SLE9313U**PAGE** : 1 of 1

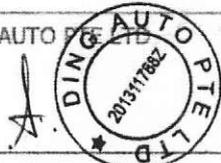
ATTN :

TEL :

FAX :

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Repair Cost - SLE9313U REF : S8M00XFR	1	3,500.00	3,500.00
2	LTA Search Fee	1	1.87	1.87
3	Loss of Use (w/o GST)	7	40.00	280.00
4	Loss of Income (w/o GST)	7	10.43	73.00
REMARKS : REPAIR COST FOR SLE9313U TP CLAIM AGAINST SJY3470G		SUB TOTAL	:	3,854.87
		GST	:	245.13
		TOTAL SGD	:	4,100.00
		DEPOSIT	:	
		O/S BALANCE	:	

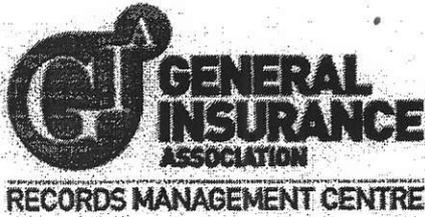
FOR DING AUTO PTE LTD



Authorised Signature

Customer Signature

I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction



**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-18-150617
Date of Request: 01/10/2018

Your Ref No: Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date: 01/10/2018
Enquiry By: You Jing Feng
TP Vehicle No: SJY3470G
Accident Date: 29/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJY3470G	AXA Insurance Pte Ltd	23/02/2018-22/02/2019	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.

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**GENERAL
INSURANCE
ASSOCIATION**

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-18-150617

Date of Request: 01/10/2018

Your Ref No:

Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date 01/10/2018
Enquiry By You Jing Feng
TP Vehicle No. SJY3470G
Accident Date 29/09/2018

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