Workshop Address: Blk 1008, Bukit Merah Lane 3

01-04/06/08 Singapore 159722



"WITHOUT PREJUDICE"

Your Ref

: SLP6074X

Our Ref

: SGJ8237X / T051118

Date

: 13 June 2019

LKK AUTO CONSULTANT PTE LTD 51, Ubi Avenue 1 #01-25 Paya Ubi Industrial Park Singapore 408933.

ATTN: MOTOR CLAIMS DEPT

Dear Sir / Madam,

ACCIDENT INVOLVING SGJ8237X & SLP6074X ON 28/09/2018 ALONG AYE TOWARDS CITY

We refer to the above.

Enclosed herewith are documents for your attention and actions.

Please issue payment in favor of MOVA AUTOMOTIVE PTE LTD.

If you have any enquiries, please contact us at 6272 3892 or alternatively:

- Ms Vivian, <u>vivianwkl@mova.com.sg</u> for feedback, workshop & claims matters, Lawyer Cases and all Own Damages & Windscreen matters.
- Ms Suanne Chiu, <u>suann@mova.com.sg</u> for all Third Party matters.

Thank you.

Note: Enclosed tax invoice & discharge voucher.

Yours faithfully For Claims Manager Claims Department

Tel: 62723892 Fax: 627083149

^{*}This is a computer generated letter and does not require a signature.



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLP	6074X (Insd veh)		
venne ive	SGJ 8237X (TP veh)		Model: Honda Civic (1799cc)	
Date of Accident/ Time:)/2018		
Date of Accidenty				
Repair Estimate	:\$			
Final Repair Cost	:\$		days at \$ per d	
Loss of Use	:\$		days at \$ per d	
Rental (if any)	:\$			
LTA / GIA Search Fee	:\$			
Others:	:\$			
Final Settlement Sum (Global Su		830.00		
	,	7.7.200		
Payee Name : Mova Automotive	ristered? [X] YE	S [] NO	(Kindly indicate below)	
Is Third Party Workshop GIA Reg	istereu: [A]			
A) For Non GIA Reg	istered Workshop:	Agreed	Liability(%)	
		BOLAA	Applicable: Yes/ No BOLA Scenario No:	
B) Fol dia registered volumes (4)				
BOLA Liability: _	(%)			
* Assessed Lighti	ity to be filled only for ch	hain collisions and	for cases where BOLA does not apply.	
7,3503703 23	100000000000000000000000000000000000000			
Remarks:				
Only applicable to rental claim - agreement / invoices are not rece per the NIMA rates.	All document are to be ived within 7 days of this land final settlement rtfeasor) for any and all	e submitted with the signed confirmate that we and or or losses (past/preser	this settlement confirmation. In the event, rentation, we will automatically revert to loss of use clain ur client have/had/has against you (AXA and the nt/future) arising from this accident.	
Signature of workshop representative: Date:		Name of W Date:	f Witness / Workshop stamp (if applicable) itness:	
Signature of AXA's surveyor/rep Name of AXA's surveyor /Repre Date:	resentative: sentative:			