

51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

21 NOV 2018

LOH YIN LEONG 78 LICHI AVENUE SINGAPORE 348854

Dear Sir/ Mdm

OUR REF

: CC4/ASM18018391/Kpa

YOUR REF

: SLN 8639P

ACCIDENT INVOLVING SLN 8639P/ GBF 2079E/ OTHERS ALONG/AT PIE TOWARDS CHANGI BEFORE EXIT 16A ON 02/10/2018

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 CAR TIMES AUTOLUTION PTE LTD acting on behalf of the owner of GBF 2079E against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed loss adjuster of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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)



160 Sin Ming Drive Autocity #02-04

tion Singapore 575722

LETTER OF AUTHORISATION

To: CARTIMES AUTOLUTI	ION PTE LTD	
RE: ACCIDENT INVOLVIN	G VEHICLE	
Vehicle No .: GBF 20	79E & SLN 86391	Along (Road Name)
PIE Changi Near Too	и Рауви бот	2 2 10 2018
1/We CZ P Rent-A	t-Car Pt LTRRIC/Passport No	: 193900477H owner of vehicle
no. GBF 2079E	hereby authorize you to con	mmence repair to the said vehicle
forthwith		To the sold vehicle

- 1. I/We hereby irrevocably authorize you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name for the costs of repair and loss of use, etc. and to you appointing any Solicitor to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claims to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorization to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claims to as successful conclusion.
- 2. I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable authorize you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
- 3. I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.
- My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
- Upon settlement of the third party claims and in case the settlement monies was sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Solicitor the cost of repairs settled and related expenses and disbursement incurred.

Owner's Signature

(Company's Stamp if applicable)

Witness Signature/Name



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLN 8639P (Inso ven)					
	GBF 2079E	GBF 2079E (TP veh) 02/10/2018		Model: NISSAN NV200 1.5 MT		
Date of Accident/ Time:	02/10/2018					
Repair Estimate	1:5	9,188.3	1 n			
			*1			
Final Repair Cost (WITH GST) 5	4,494.00				STUDIO TO SE
Loss of Use	1.5	00.088			11 days at \$ 80.0	O per day
Rental (of any)	- 5	_			days at 5	per day
LTA / GIA Swarch Fee	5	7.45				
Others.	- 5					
	1.5					
Final Settlement Sum	:5	5,381.45	1			
Payee Name : CARTIMES AL	TOLUTION PTE	LTD				
is Third Party Workshop GIA	Registered?	1 YES	[X] NO	(Kindly indicate below)		

A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)
B)	For GIA Registered Workshop:	BDLA Applicable: Yes/ No BOLA Scenario No:
	BOLA Liability:(%)	Assessed Liability (*) 0 (%)
	* Assessed Liability to be filled only for chair	collisions and for cases where BOLA does not apply.

NOTE:

- 1. 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.
- 3. 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.

QS%

Signature of workshop representative / Workshop Ham.

Date: 8/11/2019

Signature of Witness: / Workshop stamp (if applicable)
Name of Witness: Yur Ka Peuk

Date: 8/4/2019

Signature of AXA's surveyor/Representative: Name of AXA's surveyor /Representative:

Date: fi/ti/2

> Back to OneMotoring

Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

GBF 2079E

Print Date/Time:

04 Oct 2018 / 14:11,23

Receipt Date/Time: 04 Oct 2018 / 14:11:28

Tax Invoice/Receipt

Receipt No.: ITNET-00000-181004-001225

Previous Receipt No. :

S/N Item Description/ Business Transaction Reference No. Result of Insurance Enquiry - SLN8639P As at 02 Oct 2018/07:30:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SLN8639P		Amount Before GST (8\$)	GST Amouni (S\$)	Amount After GST (S\$)
Enquiry Fee 20181004141036933173		7.00	0.49	7.49
	Sub-Total	7.00	5.49	7.49
	Total Before Rounding	7.00	0.49	
	Rounding Difference	1,00	0.49	7.49
	Total Amount Payable			0.04
				7.45
	Paid By			
	#X000000000X1013	Credit Card: Visa/MosterCard		7.48
	Total			7.45
	Cash Change			0.00
	Tendered Amount			
	Excess Refundable Amount			7.45
	The second second			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.

Print Receipt

OK

Save as PDF