

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

11 July, 2019

MOHAMMED YACOB BIN M K KADER MUHAIADEEN BLK 131 PASIR RIS STREET 11 #07-281 SINGAPORE 510131

Dear Sir/ Mdm

OUR REF

: CC4/ASM18018467/Kpa3 // S8M00YLX

YOUR REF

: SLL 5488M

ACCIDENT INVOLVING SLL 5488M AND SKL 9056L ALONG/AT SLIP ROAD AT YIO

CHU KANG ROAD INTO BOUNDARY ROAD ON 08/10/2018

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 third party claim(s) from SUPREME AUTO SERVICE PTE LTD acting on behalf of the owner of SKL 9056L against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your favour as it is head-to-rear collision. 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.

As Insurers, they 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. You intent must be formally expressed to AXA and acknowledged by AXA.

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 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)
- · Copy of the letter of authorization
- 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA Customer Care Centre.

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), we 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 as at Mr Poh Kin, Chong (LKK Handler) 6841 2132 or pohkin@lkkauto.com Please quote our 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

CC AXA INSURANCE PTE LTD

Letter of Authorisation

We, I'm Hai Parng (NRIC No. 174415991) owner/driver of motor vehicle no. 1440564, & residing at respectively in consideration of your workshop AVIDWORX HOUSE
respectively in consideration of your workshop AVIDWORX HOUSE
repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the said service of a solicitor to proceed with negotiation with the defaulting party's insurance company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our assistance as per second paragraph stated herein below.
We understand that by signing this Letter of Authorisation, I/we has/have to render whatever easonable assistance to you including signing all relevant Court's document and attendance in Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite equest from you, you shall be entitled to claim from me/us the repair costs together with legal costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain sayment from defaulting party.
You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my/our claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our full authority to collect all compensation monies pertaining to the above-mentioned accident from insurance company or any other party, directly to your workshop M/s
n the event the claim is settled or judgment is obtained against the defaulting party, payment after leducing all costs and disbursements incurred should be drawn in your name or my/our name/s (at your discretion) and will be forwarded to you.
This letter of Authorisation is irrevocable. Um +lai Perna
NO: J744154)I
nis 10 day of OCTOBER 20 18.



AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	SLL 5488M (Insd veh)	27 TV-242
Territori III	SKL 9056L (TP veh)	Model: Volkswagen Passat (1798cc)
Date of Accident/ Time:	08/10/2018	

	* Assessed Liability to I	e filled	only for chain collis	ons and	for cases	where 8	OLA doe	s nat apply.	
в)	For GIA Registered Workshop: BOLA Liability:(%)			Assessed Liability (*):(%)					
A)	For Non GIA Registered				d Liability			Scenario No: _	
Payee Name Is Third Party	: Autoworx House y Workshop GIA Registere	d? [] YES [X]	NO	Contract of	indicate			
Final Settlement Sum (Global Sum) :\$ 6,960.00									
Othurs		:5						H C-00A	
Others:	HCH FEE	:5					1	20 11 12	
Rental (if any LTA / GIA Sea		15							
Loss of Use	1	15						days at 5	per day
Final Repair C	ost	:5		_		- 7		days at S	per day
Repair Estima		:5	13,75037	_					

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.
- 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,

rcc

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

LKK

nop representative / Works Signature of work Name of Repres

Date: 2020 Signature of Witness / Workshop star Name of Witness: Williamlyn 5 3 2020 Date:

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

Date:

(12/2020)



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-18-156128

Date of Request:

09/10/2018

Your Ref No:

Online Purchase

Supreme Auto Service Pte Ltd 176 Sin Ming Drive #02-01 Sin Ming Autocare Singapore 575721

Dear Sir/Madam,

Enquiry Date

09/10/2018

Enquiry By

Yuki Ho

TP Vehicle No.

SLL5488M

Accident Date

08/10/2018

DESCRIPTION	AMOUNT (S\$)		
TP Insurer Enquiry			
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