



Auto
Consultants
Pte Ltd

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

16 JAN 2019

SOH CHEI YONG
39 JALAN LIMAU KASTURI
SINGAPORE 468436

Dear Sir/ Mdm

OUR REF : CC4/ASM18018557/T1wa3

YOUR REF : SGV 3717Y

ACCIDENT INVOLVING SGV 3717Y AND SLM 1710S ALONG/AT NEW UPP CHANGI RD ON 09/10/2018

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 EM-1 AUTO PTE LTD acting on behalf of the owner of SLM 1710S against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver's favour as your vehicle changed lane and collided with third party. Under Motor Accident Guide, vehicles should keep in the proper lane and change lane only when it is safe. 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 AUTHORISATION

ACCIDENT INVOLVING (any vehicle) SLM1710S and S6B3717Y,
ON 9/10/18 ALONG New upper Chong Rd twds Char Chee

I, Favordrive Car Rental, NRIC No. / Company Reg. No.
53356674J of (address) _____

Postal Code _____, the registered owner (or authorised agent) of motor vehicle registration number

SLM1710S hereby authorise your workshop EM-1 Auto P/L (Company/GST REG.No. :
201316380R) Blk 8 #01-68 Sector C Sin Ming Industrial Estate Singapore 575643 to :-

1. Begin or commence repairs to my/our motor vehicle;
2. Start or initiate third party claims for damages incurred by me against third party(ies) responsible for the accident.
3. To instruct EM-1 Auto P/L on my/our behalf to negotiate a settlement with the third party and/or his insurers as you deem fit.
4. To appoint vehicle surveyor on my/our behalf to determine reasonable costs of repair and period of repair.
5. To act on my/our behalf for any documents mailed to EM-1 Auto P/L by the third party and/or his insurers for the claim of my vehicle, if I am not contactable.

I am prepared to attend at my/our solicitors' office or to attend Court in connection with my/our claim, if necessary, I shall give my full co-operation and support for the claim for cost of repair and loss of use and shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay up or receive any monies due to this claim.

I authorise you to claim for the period of loss of use as specified by the motor surveyor or such shorter period due to accelerated work. I further authorise you to accelerate the repair period with overtime work and additional resource, I will pay you a reasonable amount to reflect the additional period of time to shorten.

I agree to keep you informed of any document(s), including cheques, mailed to me by third party and/or his insurers before taking any action. I also will not bank in any cheques issued by third party insurance and/or his insurers without the approval of EM-1 Auto P/L, and should I get approval from EM-1 Auto P/L to bank in the said cheques, I agree to pay EM-1 Auto P/L the full settlement amount as stated on the cheques within 5 working days.

Should my/our claim be partly successful or unsuccessful or cannot be proceeded with and/or if any judgement or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of us to partially offset the difference.
2. Agree to pay you such increased cost for additional resources and overtime work to shorten the period of repair.
3. Will pay for any shortfall that may result in the settlement amount.

In the event that EM-1 Auto P/L or the Repairer is compelled to enforce this undertaking, I/We agree that I/we shall pay on a full indemnity basis, the total costs incurred by EM-1 Auto P/L or the Repairer.

Signature: _____

Company Stamp:
(if applicable)



Name: _____

NRIC No: _____

Contact No: _____

Date: _____

Favordrive Car Rental
53356674J
98580486
9/10/18



Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV 3717Y (Insd veh)	Model: HONDA VEZEL
	SLM 1710S (TP veh)	
Date of Accident/ Time:	09/10/2018 / 09:40	

Repair Estimate	: \$	16,373.35	
Final Repair Cost	: \$	7971.50	
Loss of Use	: \$	450.00	09 days at \$ 50.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	36.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	8450.00	(global sum)
Payee Name : EM-1 AUTO PTE LTD			
Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability	100 (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/No	BOLA Scenario No:
	BOLA Liability: (%)	Assessed Liability (*): (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			


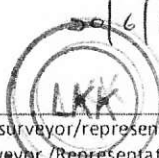
NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR 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.

 Signature of workshop representative / Workshop stamp Name of Representative: Chia Sin Muk Date: 20/6/2019	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: Cheong Mee Choo Date: 20/6/19
 Signature of AXA's surveyor/representative: Name of AXA's surveyor / Representative: Date: 1/7/2019	

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO: 201316380R

TAX INVOICE

M/S FAVORDRIVE CAR RENTAL

Invoice No : 19/00188/5341TP

Date : 13-Jun-2019

AXA Insurance Singapore Pte Ltd

Motor Claim Department

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Date of Accident : 09-Oct-2018
Our Client's Vehicle Number : SLM 1710S
Vehicle Make/ Model : HONDA VEZEL
Your Insurer : SGB 3717Y

DESCRIPTION	SUB-AMOUNT	GST 7%	AMOUNT (SGD)
Lump Sum Repair Cost (Recommended LKK Taufik)	7,450.00	521.50	7,971.50 SR

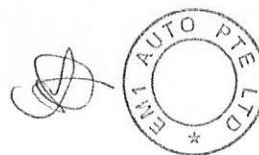
SGD (Seven Thousand Nine Hundred Seventy-One And
Cents Fifty only)

GRAND TOTAL

7,971.50

Subject to 7% GST

521.50



Authorised Signature and Company Stamp

TAX INVOICE

Our Ref No: GR-18-157606

Date of Request: 11/10/2018

Your Ref No: WALK IN BOEY LH

EM1 AUTO PTE LTD
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C
SINGAPORE 575643

Dear Sir/Madam,

Date of Accident: 09/10/2018

Vehicle No: SLM1710S

Place of Accident: NEW UPPER CHANGI RD TOWARDS CHAI CHEE

Involving Vehicle No: SGV3717Y

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGV3717Y	NEW UPPER CHANGI RD TOWARDS CHAI CHEE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-18-157605

Date of Request: 11/10/2018

Your Ref No: WALK IN BOEY LH

EM1 AUTO PTE LTD
BLK 8 #01-68 SIN MING INDUSTRIAL ESTATE SECTOR C
SINGAPORE 575643

Dear Sir/Madam,

Your Vehicle No: SLM1710S
Date of Accident: 09/10/2018
Place of Accident: UPP CHANGI RD
Involving Vehicle No: SGV3717Y

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

[> Back to OneMotoring](#)

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Oct 2018 / 10:12:51

Receipt Date/Time : 11 Oct 2018 / 10:12:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181011-000454

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SGV3717Y

As at 09 Oct 2018/09:40:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SGV3717Y

Enquiry Fee

20181011101145189448

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

20181011101154869	Direct Debit: eNETS Debit (Internet Banking)
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7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

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