

Poh Kin (LKKAUTO)

From: Joel Goh <joel.goh@eqinsurance.com.sg>
Sent: Thursday, 10 January 2019 2:05 PM
To: Poh Kin (LKKAUTO)
Cc: Admin A
Subject: RE: Direct Settlement - Accident Involving SKZ389L (OI : EQI - DM18HO02760-JG) AND SMA4130Y (TP : LKK REF - CC6/EQI18018727/Awa3) on 11/10/2018

Dear Poh Kin

Please proceed to resolve this matter up to S\$12,607.45

Best Regards,

Joel Goh
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190
www.eqinsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.

From: Poh Kin (LKKAUTO) [mailto:pohkin@lkkauto.com]
Sent: Friday, January 4, 2019 6:11 PM
To: Joel Goh
Cc: Admin A
Subject: RE: Direct Settlement - Accident Involving SKZ389L (OI : EQI - DM18HO02760-JG) AND SMA4130Y (TP : LKK REF - CC6/EQI18018727/Awa3) on 11/10/2018

WITHOUT PREJUDICE

Your ref : DM18HO02760-JG
Our ref : CC6/EQI18018727/Afa3

Dear Joel,

ROAD TRAFFIC ACCIDENT INVOLVING SKZ 389L AND SMA 4130Y ALONG PIE ON 11/10/2018

We refer to the above matter.

Liability: Insured collided into the rear of third party vehicle. Liability is down against our insured.

Poh Kin (LKKAUTO)

From: Poh Kin (LKKAUTO)
Sent: Friday, 4 January 2019 6:11 PM
To: 'Joel Goh'
Cc: Admin A
Subject: RE: Direct Settlement - Accident Involving SKZ389L (OI : EQI - DM18HO02760-JG) AND SMA4130Y (TP : LKK REF - CC6/EQI18018727/Awa3) on 11/10/2018
Attachments: LKK ADJUSTMENT REPORT.pdf; LKK INSPECTION REPORT.pdf; LKK RESURVEY PHOTO.pdf; LKK SURVEY PHOTO.pdf; TP LOD_ SMA 4130Y.pdf

WITHOUT PREJUDICE

Your ref : DM18HO02760-JG
Our ref : CC6/EQI18018727/Afa3

Dear Joel,

ROAD TRAFFIC ACCIDENT INVOLVING SKZ 389L AND SMA 4130Y ALONG PIE ON 11/10/2018

We refer to the above matter.

Liability: Insured collided into the rear of third party vehicle. Liability is down against our insured.

We did clarify with Insured(Mr Koh) the nature of the accident and he's agree to settle and aware that NCD (if any) would be affected.

We seek your approval to offer Third Party repairer "**Premium Carz Services Pte Ltd**" at **\$12,607.45(all-in)**.

The summary is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair	\$ 19,309.95	\$ 10,600.00
2. Loss of Rental	\$ 2,400.00 (20days x \$120.00)	\$ 2,000.00 (20days x \$100.00)
3. LTA search fee	\$ 7.45	\$ 7.45
Total	\$ 21,717.40	<u>\$12,607.45</u>

****16 days** recommendation for repair + 4 days (3 weekends) = 20 days.

Enclosed here with all the relevant documents for your perusal.

For your approval please.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

To : M/s EQ INSURANCE COMPANY LTD

Date: 16/01/2019

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	SKZ 389L (Insd Veh)	Your Ref. No. : DM18HO02760-JG
	SMA 4130Y (TP Veh)	Our Ref. No. : CC6/EQ18018727/Afa3s2
Date of Accident	11/10/2018	

Liability	100%	
Final Repair Cost	: \$ 10,600.00	
Loss of Use	: \$	days
Rental (If any)	: \$ 2,000.00	20 days
Others:	: \$ 7.45	
	: \$	
	12,607.45	
Final Settlement Sum	: \$ 12,600.00	(GLOBAL SUM)
Remarks	:	

Payment Instruction: Payee's Breakdown

1)	PREMIUM CARZ SERVICES PTE LTD	: \$ 12,600.00
		: \$

NUR SHAQILAH
LKK Auto Consultants Pte Ltd



Co. Reg. No.: 201416720C

1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883

Tel : 6636 9100 Fax : 6636 9113

Date : 29/11/2018

Your Ref: CC6/EQI18018727/Awa3

Our Ref : 0342/SMA4130Y/TP/PC/1018

EQ INSURANCE COMPANY LTD

5 Maxwell Road

#17-00 MND Complex

Singapore 069110

Attn : Motor Claims Dept.

Dear Sir/Madam

**ACCIDENT INVOLVING SMA4130Y & SKZ389L ON 11/10/2018 ALONG PIE
BEFORE JURONG WEST AVE 1 EXIT**

We refer to the above accident.

The accident was caused solely by the negligence of your insured and as a result, we had incurred the following Costs and Losses: -

Costs of Repair (Lump Sum)	\$10,600.00
Rental Fee (20 days at \$120/day)	\$ 2,400.00
LTA TP Search Fee	\$ 7.45
Claimed Amount	<u>\$13,007.45</u>

Enclosed are the supporting documents for your perusal:

1. Invoice SMA4130Y
2. Rental Agreement/Receipt
3. LTA Tax Invoice/Receipt
4. GIA Report for SMA4130Y
5. Certificate of Insurance
6. Satisfaction Voucher
7. Letter of Authority and Indemnity

Please let us hear from you within the next 14 days.

Yours faithfully



PREMIUM CARZ SERVICES PTE LTD



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC6/EQI18018727/Afa3

5th November 2018

KOH GEOK KHOON

45A Jalan Daud,
Singapore 419584.

Dear Sir,

ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. SKZ 389L AND SMA 4130Y ALONG PIE ON 11.10.2018.

We refer to the above accident where we are acting for EQ INSURANCE COMPANY LIMITED to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Poh Kin, Chong

Case Handler

DID: 6841 2132

FAX: 6741 4108

Email: pohkin@lkkauto.com

c.c. *EQ INSURANCE COMPANY LIMITED*
(Motor Claims Dept)



Co. Reg. No.: 201416720C
1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883
Tel : 6636 9100 Fax : 6636 9113

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SM44130Y AND SK2389L
AT/ALONG PIE BEFORE JURONG WEST AVE 1 EXIT
ON 11 DAY OCTOBER MONTH 2018 YEAR

- I/We, the owner of vehicle no. SM44130Y hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third 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 claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.


Dated this 12 day October month 2018 year

Signature

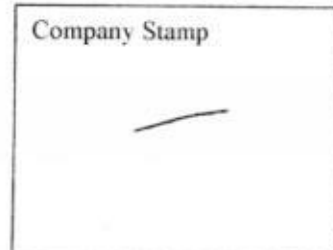
Name

NRIC/ROC No.

Address


Tee Yaw Kiat
S8265440B
Blk 637 Jurong west st.
61, #06-119
Singapore 640637

Company Stamp





INVOICE: 0342

Co. Reg. No.: 201416720C
1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883
Tel : 6636 9100 Fax : 6636 9113

Date : 29/11/2018

Bill To :

EQ Insurance Company Ltd
5 Maxwell Road
#17-00 MND Complex
Singapore 069110

Our Customer

Name : Tee Yaw Kiat
IC No. : S8265440B
Address : Blk 637 Jurong West St. 61
#06-119
Singapore 640637

Vehicle No : **SMA4130Y**
Date of Accident : 11/10/2018
Model : Honda Shuttle

No.		Qty	Unit Price	Amount
1	To supply labour and materials to repair the above-mentioned vehicle to its pre-accident condition (Lump Sum)	1	-	\$10,600.00
TOTAL				\$10,600.00

For Premium Carz Services Pte Ltd



* All cheque should be crossed and make payable to "Premium Carz Services Pte Ltd"



DAWN ENTERPRISES

21 SELETAR WEST FARMWAY 1
SINGAPORE 798125
TEL: 6383 2661 FAX: 6484 2836
REG. NO. 430058/00D

No. 19739

Date, 1/11/18

OFFICIAL RECEIPT

Received from

the sum of Dollars

The New Kiat
Two thousand four hundred only

being Payment Of

SRH 4897E (12/10/18 - 1/11/18)

DAWN ENTERPRISES

\$

2400/7

Cash/Cheque No.



DAWN ENTERPRISES

21 Seletar West Farmway 1
Singapore 798125
Tel: 63832661 Fax: 64842836
Reg No. 430058/00D

Premium Car

SM14130Y

Nº 36091

12/10/18

RENTAL AGREEMENT

DATE

HIRER'S PARTICULARS

Name Lee Yaw Kiat
Address 637 Jurong West St. 61
#06-119
S 640637
8265440B
I/C or Passport No. _____ Country _____
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (HPT) 98932552 (Residence) _____

DRIVER'S PARTICULARS

Name _____
Address _____
I/C or Passport No. _____ Country _____
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (Office) _____ (Residence) _____

IMPORTANT NOTES:

1. No insurance coverage if the driver is below 24yrs old or less than 2 years driving licence.
2. This vehicle is licenced to carry 84 passengers only.
3. Hirer is liable to pay first \$ 2000 as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
4. For usage to Malaysia subject to higher excess all claims of S\$5,000.00 and different rental rate.
5. Please notify our office should there be any accident involving this hired vehicle within 24 hrs.
6. No refund will be given for vehicle returns early. Tu: 1124 849332
7. No refund will be given for petrol left in vehicle.
8. Hirer is liable to pay all parking fee and traffic summonses.
9. Vehicles to be return during office hour only.
10. No Service on Public Holiday and Sunday.

CHARGES

20 Day at \$ <u>120.00</u> per days	\$ <u>2400.00</u>
Day at \$ _____ per week	
Day at \$ _____ per month	
TOTAL AMOUNT	\$ <u>2400.00</u>
AMOUNT PAID	\$ <u>2400.00</u>
BALANCE DUE	
Days Extension From _____ To _____	
Amount Deposit (refundable) \$	

SCHEDULE

MODEL

SKH 4897E

T/RENTS

Date	Time	Mileage
<u>12/10/18</u>	<u>11-45am</u>	
<u>1/11/18</u>	<u>5.00pm</u>	

FROM

12/10/18

TO

1/11/18

I/we have read and understood the terms and conditions above and hereby agreed to abide

Hirer's Signature

Driver/Gurantor's Signature

DAWN ENTERPRISES

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 12 Oct 2018 / 14:28:54

Receipt Date/Time : 12 Oct 2018 / 14:28:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181012-001510

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKZ389L As at 11 Oct 2018/17:30:00 Insurance Co: EQ INSURANCE COMPANY LTD				
1	Insurance Enquiry - SKZ389L Enquiry Fee 20181012142801495513	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20181012142817527	Direct Debit: eNETS Debit (Internet Banking)		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.