

Our Ref : SKA5764K / TOTAL LOSS  
Your Ref : TO BE ADVISED

Date : 7 November 2018

**AXA INSURANCE PTE LTD**  
**8 Shenton Way**  
**#24-01 AXA Tower**  
**Singapore 068811.**

**Attn: MOTOR CLAIM DEPT.**

Dear Sir/Mdm

**ACCIDENT INVOLVING: SKA5764K & EU9292U**

**DATE OF ACCIDENT: 12 OCTOBER 2018**

**ALONG: PIE TOWARDS CHANGI AIRPORT**

**TOTAL LOSS**  
**WITHOUT PREJUDICE**

**Main Office:**  
Mova Building  
No. 22, Jalan Kilang,  
Singapore 159419  
Tel: **(65) 6476 3333**  
Fax: (65) 6271 5891  
www.mova.com.sg

**Workshop Dept:**  
Block 1008,  
Bukit Merah Lane 3,  
#01-04/06/08/94  
Singapore 159722  
Tel: **(65) 6272 3892**  
Fax: (65) 6270 8314  
Co. Reg. 198904033G  
GST Reg. M2-0088864-2

We refer to the above.

We are claiming as per below:

Total Loss:	\$ 8,000.00
#Loss of Use (\$ <u>80.00</u> x <u>14</u> days)	\$ 1,120.00
Loss of Rental (\$ <u>  </u> x <u>  </u> days) + 7% GST	\$
Surveyor Fees	\$
Towing Fees	\$ 85.60
Police Report/GIA Search Fees	\$ 2.00
Medical Fee	\$ 114.00
Admin Fee	\$
<b>Grand Total</b>	<b>\$ 9,321.60</b>

Documents enclosed:

<input type="checkbox"/>	Invoice	<input type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Excess Invoice	<input checked="" type="checkbox"/>	LTA/GIA Search Bill
<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>	Taxi Bill
<input checked="" type="checkbox"/>	Police Investigation Report/GIA	<input checked="" type="checkbox"/>	Medical Bill
<input type="checkbox"/>	Copies of NRIC/License of Owner/Driver	<input type="checkbox"/>	Color Photos of the Accident Scene
<input type="checkbox"/>	Rental Bill/Rental Agreement	<input type="checkbox"/>	Witness Statement
<input type="checkbox"/>	Survey Report with Photographs	<input checked="" type="checkbox"/>	De-Registration letter from LTA
<input type="checkbox"/>	Vehicle Registration Card/COE	<input checked="" type="checkbox"/>	Towing Bill
<input type="checkbox"/>	Letter from Third Party Insurer	<input type="checkbox"/>	Traffic Police Investigation Result

\* This is a computer generated letter and does not need a signature.

Please issue the cheque of **S\$ 9,321.60** in favor of **MOVA AUTOMOTIVE PTE LTD.**

If you have any enquires, please call or email **Suann Chiu – [suann@moval.com.sg](mailto:suann@moval.com.sg)**

Thank you.

Yours faithfully,  
For Claims Manager  
Claims Department

**Main Office:**

Mova Building  
No. 22, Jalan Kilang,  
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Tel: **(65) 6476 3333**  
Fax: (65) 6271 5891  
[www.moval.com.sg](http://www.moval.com.sg)

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**NOTE:** # Please note that the Loss of Use/Rental will be paid based on negotiation and on the NIMA Protocol (Court Guideline). Co. Reg. 198904033G  
GST Reg. M2-0088864-2

# As of 01.06.08 all claims scenario will be based on the BOLA, Barometer Of Liability,  
set by GIA, General Insurance Association of Singapore.



Auto  
Consultants  
Pte Ltd

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

21 NOV 2018

**LIM ENG YEOW**

BLK 691 JURONG WEST CENTRAL 1

#08-175

SINGAPORE 640691

Dear Sir/ Mdm

**OUR REF : CC4/ASM18019028/R1pa3**

**YOUR REF : EU 9292U**

**ACCIDENT INVOLVING EU 9292U/ SKA 5764K/ OTHERS ALONG/AT PIE BFR EXIT  
LOR CHUAN ON 12/10/2018**

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 MOVA AUTOMOTIVE PTE LTD acting on behalf of the owner of SKA 5764K 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](mailto: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](mailto: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](mailto:chewht@lkkauto.com)

Cc     *AXA Insurance Pte Ltd*  
         *(Motor Claims Dept)*

AUTHORIZATION TO ACT

I, Lim Choon Kwee ("the third party claimant")  
of APT BLK 1F Cantonment Road #37-71, S(085601) (address),  
owner of SKA5764K (vehicle no.) hereby authorize  
MOVA AUTOMOTIVE PTE LTD  
("the workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
vehicle no. SKA5764K that was damaged pursuant to the  
accident which occurred on 12/10/2018 (date) along PJE  
towards Changi Airport (location)  
involving vehicle no/s EU9292U  
("the accident").

I further authorize the workshop to settle my above mentioned  
claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim  
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach  
on my behalf is on a without prejudice and without admission of  
liability basis insofar as the driver/owner/insurers of the other  
vehicle/s is concerned.

Dated this 12 day of Oct (month) 18 (year)

  
Signed by "the third party claimant"

  
Signed by "the workshop"  
(with chop)



redefining / insurance

CLAIM REF : S8M00Z5A  
INSURED : LIM ENG YEOW

**DISCHARGE VOUCHER**

We/I, LIM CHOON KWEE, NRIC NO. S1654116H hereby agree to accept the sum of dollars EIGHT THOUSAND FOUR HUNDRED FORTY ONE AND CENTS SIXTY ONLY (S\$8,441.60) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. EU 9292U as a result of an accident along PIE TOWARDS CHANGI AIRPORT on 12/10/2018 which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SKA 5764K.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. EU 9292U in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. EU 9292U.

Dated this 5 day of March, 2019

Claimant's Signature : 

NRIC no./ Company Stamp : S1654116H

Occupation/ Business : \_\_\_\_\_

Address : APT BLK 1F Cantonment Road #37-71, 5085601

Telephone No. : 96613796

Witness's Name : MOVA AUTOMOTIVE PTE LTD  
Blk 1008, BUKIT MERAH LANE 3

Witness's Signature : #01-04 (S) 159722  
Tel: 62723892 Fax: 62708314

Witness's NRIC No. : GST Reg No : M2-0088864-2

### Third Party Insurer Enquiry

Our Ref No: GR-18-158603  
Date of Request: 12/10/2018

Your Ref No: Online Purchase

Mova Automotive Pte Ltd  
Blk 1008, #01-04/06/08/94  
Bukit Merah Lane 3  
Singapore 159722

Dear Sir/Madam,

Enquiry Date: 12/10/2018  
Enquiry By: Ho Kerl Shin  
TP Vehicle No.: EU9292U  
Accident Date: 12/10/2018

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
EU9292U	AXA Insurance Pte Ltd	19/05/2018-18/05/2019	6338 7288

Thank You.

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.

This is a computer generated document and requires no signature.



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-18-158603  
Date of Request: 12/10/2018

Your Ref No: Online Purchase

Mova Automotive Pte Ltd  
Blk 1008, #01-04/06/08/94  
Bukit Merah Lane 3  
Singapore 159722

Dear Sir/Madam,

Enquiry Date 12/10/2018  
Enquiry By Ho Kerl Shin  
TP Vehicle No. EU9292U  
Accident Date 12/10/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
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:

☒ GIRO ☐ Cash ☐ Cheque



SKA 5.764 K

Ng Teng Fong General Hospital  
Jurong Community Hospital  
Jurong Medical Centre



**TAX INVOICE**

Members of the NUHS

TO: MR. JOHN S/O SINGHAMUTHU  
BLK 440D #08-755  
BUKIT BATOK WEST AVENUE 8  
WEST RIDGES @ BUKIT BATOK  
SINGAPORE 654440

MRN/NRIC : S7348367J  
BILL NO : 12900764H  
BILL DATE : 12.10.2018  
VISIT DATE : 12.10.2018  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : 200910555Z

PATIENT NAME: JOHN S/O SINGHAMUTHU

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9218495987J Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	114.00
Total Charges	114.00
Add: 7% GST	7.98
Less: GST Absorbed	7.98-
<b>Amount Payable</b>	<b>114.00</b>

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
<b>Total Bill Amount</b>	<b>114.00</b>				
MEDICAL CLAIMS PRORATION SYSTEM	114.00	0.00	0.00	114.00	S7348367J
JOHN S/O SINGHAMUTHU	0.00	0.00	0.00	0.00	

**Amount to be paid: \$0.00**

# Tax Invoice

05/03/2019

**AXA INSURANCE PTE LTD**  
**8 SHENTON WAY**  
**AXA TOWER #27-01**  
**SINGAPORE 068811**

Attention :- **XA009**

Page # :- 1

Veh # :- SKA5764K

Veh Model :- CITREON SD3

Tax # :- CK629636

Claim # :-

ACC. Date :- 12/10/18

Terms :- C.O.D Days

Remarks :-

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No.	Description	Qty	U.Price	Amounts S\$
	<b>LABOUR :</b>			
	NORMAL TOWING			80.00
	FROM TOA PAYOH SPRTS HUB TO BUKIT MERAH			
	LABOUR TOTAL S\$			80.00

E. &amp; O.E



NON-TAX AMOUNT S	
AMOUNT S\$	80.00
GST @ 7 %	5.60
AMOUNT DUE S\$	85.60

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

NO: 001369

 GST Reg. M2-0088864-2  
 CO Reg. 198904033G

 Date : 25 Oct 2018

 NRIC No. : S16541161-1

 Seller's Name : Lim Choon Kwee

 Address : 1F Cantonment Road #37-71

 Contact No. : (HP) 96613796 (H) \_\_\_\_\_ (O) \_\_\_\_\_

Email Address : \_\_\_\_\_

**VEHICLE DETAILS**

Registration No. : SKA 5764 K  
 Make & Model : Citroen DS3  
 Registration Date : 15 Mar 2011  
 Year of Manufacture : 2010  
 Chassis No. : VF7SASFS9AW586210  
 Engine No. : 10 FHCIC0996449  
 No. of Transfers : \_\_\_\_\_  
 Mileage : \_\_\_\_\_

**VEHICLE PRICING**

Agreed Price : S\$ 20000  
 Deposit : S\$ \_\_\_\_\_  
 Cash / Cheque : \_\_\_\_\_  
 Finance Balance : S\$ \_\_\_\_\_  
 Finance Co. : \_\_\_\_\_ Due : \_\_\_\_\_  
 Others : S\$ \_\_\_\_\_  
 Remarks : \_\_\_\_\_  
 Balance : S\$ \_\_\_\_\_  
 Cheque No. : \_\_\_\_\_ Date : \_\_\_\_\_

**OTHERS**

 Expected Date of Delivery: Car delivered to MOVA on 12 Oct 2018

 Special Remarks : Please forward Scrap document to Avel for insurance claims
**TERMS & CONDITIONS:**

- 1 If MOVA Automotive Pte Ltd has examined the said vehicle prior to its confirmation and acceptance of the contract, the said vehicle shall be delivered to MOVA Automotive Pte Ltd in the same condition as the date of such examination (fair wear & tear accepted).
- 2 The agreed price quoted above is subject to the said vehicle being accident-free & no major engine or gear box problem.
- 3 MOVA Automotive Pte Ltd reserves the right to re-negotiate the agreed price if the said vehicle is delivered after the expected delivery date stated above.
- 4 MOVA Automotive Pte Ltd reserves the right to claim 10% of the agreed price in the event of any cancellation of this Purchase Agreement by the seller.
- 5 The seller shall be fully responsible for any illegal acts and/or expenses relating to unlawful driving or parking offences arising from the use of the said vehicle at any time prior to the date of delivery on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) to the Company.

 Signed for and on behalf of  
**MOVA Automotive Pte Ltd**

Authorised Signature \_\_\_\_\_

 Name : Andy Peh

NRIC No : \_\_\_\_\_

I/We have read &amp; agree to the terms &amp; Conditions of this Purchase Agreement the above information given is true &amp; correct.

Authorised Signature of Seller \_\_\_\_\_

(Stamp &amp; Sign for Corporate Seller)

Name : \_\_\_\_\_

NRIC No : \_\_\_\_\_