

Vic (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Sunday, 12 May, 2019 1:47 PM
To: VICTORKANG79@YAHOO.COM
Subject: ACCIDENT INVOLVING SGY 1717U AND SHC 6884R ALONG STADIUM DRIVE ON 25/10/2018

12 DEC 2019

VICTOR HARTONO

Dear Sir/ Mdm

OUR REF : CC4/ASM18019642/K1ea3
YOUR REF : SGY 1717U
ACCIDENT INVOLVING SGY 1717U AND SHC 6884R ALONG STADIUM DRIVE ON 25/10/2018

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 M/s PREMIER AUTOMOTIVE SERVICES PTE LTD acting on behalf of the owner of SHC 6884R against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had filter into third party lane and collided into the Third Party vehicle SHC 6884R. As such, liability is down against us.

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 7 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 ashersng@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:

- Copy of Deep Poll for Mr Victor Kang

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 6256 3561 or email us at ashersng@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. *AXA Insurance Pte Ltd (AXA)*
(Motor Claims Dept)

AUTHORISATION TO ACT

I/We, **PREMIER TAXIS PTE LTD** ("the third party claimant") of **23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443** (address), owner of **SHC 6884R** (vehicle no.) hereby authorize **PREMIER AUTOMOTIVE SERVICES 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. **SHC 6884R** that was damaged pursuant to the accident which occurred on **25/10/2018** (date) along **STADIUM DRIVE** (location) involving vehicle no/s **SGY 1717U** ("the accident").

I/We 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/We 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 13 (day) of JANUARY (month) 2020 (year)



Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)

LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd
23 Changi South Avenue 2
#03-02
Singapore 486443

And

Premier Automotive Services Pte Ltd
23 Changi South Avenue 2
#01-02
Singapore 486443

ACCIDENT INVOLVING SHC 6884R & SGY1717U
ON 25/10/18 AT/ALONG STADIUM DRIVE

1. I, TAN CHENG YONG, NRIC No. S7903813Z

am the registered Hire / Relief Driver of motor taxi No. SHC 6884R at the time of the above accident.

2. Hereby you have my authority to:

- (a) send a letter of demand on my behalf;
- (b) negotiate a settlement on my behalf;
- (c) confirm a settlement / accept any offer on my behalf;
- (d) sign any Discharge Voucher (if necessary) on my behalf;
- (e) receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.

陳清雄 S7903813Z 13012020
Signature with NRIC No. Date

Name : _____

Address _____

Contact No. : _____ Email : _____



This Settlement excludes any
bodily injuries arising out of the
above said accident and pertains
to property damage only

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGY1717U (Insd veh)	Model: KIA OPTIMA 1.7(A) DIESEL
	SHC6884R (TP veh)	
Date of Accident/ Time:	25/10/2018 @ 2140HRS	

Repair Estimate:	\$ 1,652.51	
Final Repair Cost:	\$ 727.60	
Loss of Use:	\$ 60.00	1.5 days at \$ 40 per day
Rental (if any):	\$ 148.95	1.5 days at \$ 99.30 per day
LTA / GIA Search Fee:	\$ 2.00	
Others:	\$	
Final Settlement Sum:	\$ 930.00	(Global Sum)
Payee Name: PREMIER AUTOMOTIVE SERVICES PTE LTD		
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)		
A) For Non GIA Registered Workshop:	Agreed Liability: _____ (%)	
B) For GIA Registered Workshop:	BOLA Applicable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No. 15	
BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

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/TORTEASOR IN ANY MANNER WHATSOEVER.
- 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: 		Signature of Witness / Workshop stamp (if applicable): 
Name of Representative: SHAFWATI MD RANI	Name of Witness: VINCENT CHUA	
Date: 13-01-2020	Date: 13-01-2020	
 		
Signature of AXA's surveyor/representative:		
Name of AXA's surveyor /Representative:		
Date: 14/01/2020		



01 November 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tan Cheng Yong (Chen Qingxiong) of NRIC Number S7903813Z is a registered driver of SHC6884R. Tan Cheng Yong (Chen Qingxiong) is paying daily rental rate of \$99.30 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Kellie Poh", written over a horizontal line.

Kellie Poh

Administration Manager

Prepared By: Hasnah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com
Co. Reg. No. 206304975H



CHECK IN / OUT VOUCHER

REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

|||||

DRIVER'S NAME <u>TAN CHENG YONG</u>	
NRIC <u>S 579038132</u>	HANDPHONE <u>97961953</u>
TAXI REGN NO. <u>S H C 68842</u>	MAKE / MODEL <u>KO2</u>
DATE IN <u>29/01/18</u> TIME IN <u>0930</u>	DATE OUT <u>30/01/18</u> TIME OUT <u>0945</u>
KILOMETRES IN <u>505815</u> FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT <u>505815</u> FUEL OUT <u>E 1/4 1/2 3/4 F</u>

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

D D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D D M M Y Y H H M M

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

CHECK IN

CHECK OUT

DRIVER'S NAME

DRIVER'S NAME

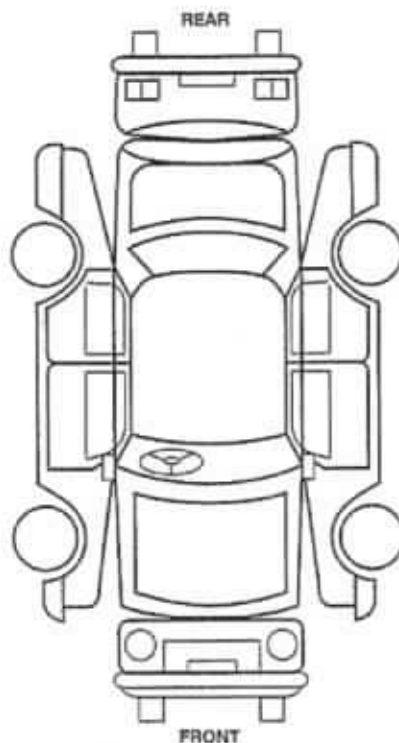
DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

- | | |
|---------------------|-------------|
| 1 - Light Dent | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>D D M M Y Y H H M M</u> <input type="checkbox"/> BRAKE SYSTEM <u>TPW</u> <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	

**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

Third Party Insurer Enquiry

Our Ref No: GR-18-166350
Date of Request: 26/10/2018

Your Ref No: Online Purchase

Premier Automotive Services Pte Ltd
23 Changi South Ave 2
#01-02
Singapore 486443

Dear Sir/Madam,

Enquiry Date: 26/10/2018
Enquiry By: GOH WEE DEK
Vehicle No.: SGY1717U
Accident Date: 25/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGY1717U	AXA Insurance Pte Ltd	29/07/2018-28/07/2019	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-18-166350

Date of Request: 26/10/2018

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd
23 Changi South Ave 2
#01-02
Singapore 486443

Dear Sir/Madam,

Enquiry Date: 26/10/2018
Enquiry By: GOH WEE DEK
☐ Vehicle No: SGY1717U
Accident Date: 25/10/2018

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque