



22 November 2019

TAY SU YONG DEREK
25 PUNGGOL FIELD WALK
#01-23
SINGAPORE 828751

Dear Sirs,

OUR REF : CC4/ASM18019781/K1pa3 // S8M0114V
YOUR REF : SJF 2819S
ACCIDENT INVOLVING SJF 2819S AND SHC 6346C ALONG/AT AIRPORT BLVD
TOWARDS CITY ON 29/10/2018

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 **PREMIER AUTOMOTIVE SERVICES PTE LTD** acting on behalf of the owner of **SHC 6346C** against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your 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.

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. Your 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 chewht@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 us at 6742 3197 or chewht@lkkauto.com. Please quote our 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)*



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJF 2819S (Insd veh)	Model: Kia Optima (1685cc)
	SHC 6346C (TP veh)	
Date of Accident/ Time:	29/10/2018	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	2,100.00	

Payee Name : PREMIER AUTOMOTIVE SERVICES PTE LTD

Is Third Party Workshop GIA Registered? YES [] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes / No BOLA Scenario No: <u>NIL</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>100</u> (%)

* 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/TORTFEASOR 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 / Workshop stamp
Name of Representative:
Date: 13/04/2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date: 13/04/2020



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 14/04/2020

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

AUTHORIZATION TO ACT

I, PREMIER TAXIS PTE LTD (the third party claimant") of 23 CHANGI SOUTH AVENUE 2 #03-02 SINGAPORE 486443 (address), owner of SHC 6346C (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 6346C that was damaged pursuant to the accident which occurred on 29/10/2018(date) along AIRPORT BLVD - CITY (location) involving vehicle no/s SJF 2819S ("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 13 (day) of 04 (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 SHC6346C & SJF2819S
ON 21/10/18 AT/ALONG ANGKAT BLVD

1. I, Khoo Chuan Sang, Eddie, NRIC No. 6942807/2

am the registered Hirer / Relief Driver of motor taxi No. SHC6346C at the time of the above accident.

2. Hereby you have my authority to:

- send a letter of demand on my behalf;
- negotiate a settlement on my behalf;
- confirm a settlement / accept any offer on my behalf;
- sign any Discharge Voucher (if necessary) on my behalf;
- 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.

Eddie x 6942807/2
Signature with NRIC No.

20/10/18
Date

Name: Khoo Chuan Sang, Eddie

Address: Blk 201-D, Punggol Field, #15-276, Spore (824201)

Contact No.: 9765-8900

Email: _____



02 November 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Khoo Chuan Seng Eddie of NRIC Number S6942807Z is a registered driver of SHC6346C. Khoo Chuan Seng Eddie is paying daily rental rate of \$102.72 (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 read "Kellie Poh".

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. 200304975H

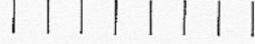


REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

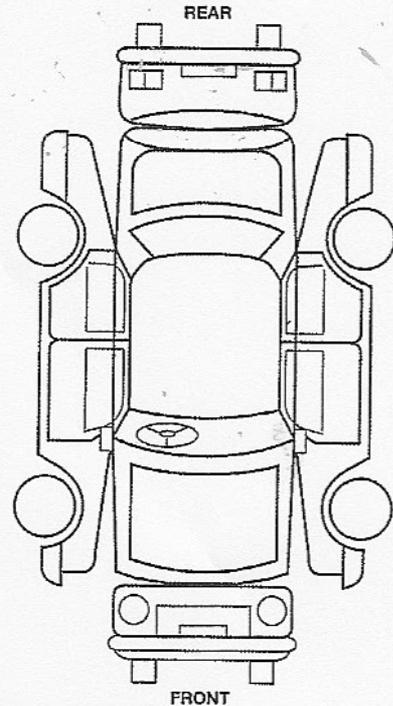
JOB NO. _____

CHECK IN / OUT VOUCHER



DRIVER'S NAME KHOO CHUAN SENG, EDDIE	
NRIC S 6942807Z	HANDPHONE 97658988
TAXI REGN NO. SHC 6346C	MAKE / MODEL KO2
DATE IN 29/10/18 TIME IN 23:00	DATE OUT 05/11/18 TIME OUT 09:00
KILOMETRES IN _____ FUEL IN E 1/4 1/2 3/4 F	KILOMETRES OUT _____ FUEL OUT E 1/4 1/2 3/4 F

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 |

TAXI METER DOWNLOADED	DATE / TIME TOWED IN TO WORKSHOP D: D M M Y Y H: H M M
YES <input type="checkbox"/> NO <input type="checkbox"/>	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 Khoo Chuan Seng, Eddie	DRIVER'S NAME Khoo Chuan Seng, Eddie
DRIVER'S SIGNATURE / DATE / TIME [Signature] 30/10/18	DRIVER'S SIGNATURE / DATE / TIME [Signature] +

CHECKED IN BY (PREMIER'S AUTHORISED WORKSHOP) _____ CHECKED OUT BY (PREMIER'S AUTHORISED WORKSHOP) _____

<p>SERVICE / REPAIRS DONE</p> <p><input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS:</p> <p><input type="checkbox"/> T / BELT</p> <p><input type="checkbox"/> AIRCON SYSTEM <input checked="" type="checkbox"/> ACCIDENT, DATE / TIME of ACCIDENT:</p> <p><input type="checkbox"/> TURBO 29/10/18 18:00</p> <p><input type="checkbox"/> BRAKE SYSTEM</p> <p><input type="checkbox"/> CLUTCH SYSTEM</p> <p><input type="checkbox"/> BULB</p> <p><input type="checkbox"/> UNDER CARRIAGE</p> <p><input type="checkbox"/> CPF</p> <p><input type="checkbox"/> BATTERY</p> <p>TP/W</p>	<p>DRIVER'S REMARKS</p>
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**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-18-167829
Date of Request: 30/10/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 30/10/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SJF2819S
Accident Date 29/10/2018

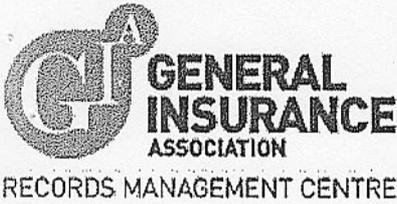
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJF2819S	AXA Insurance Pte Ltd	28/05/2018-25/05/2019	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.



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RECORDS MANAGEMENT CENTRE**

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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-18-167829
Date of Request: 30/10/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 30/10/2018
Enquiry By GOH WEE DEK
Vehicle No. SJF2819S
Accident Date 29/10/2018

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