

51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

09 NOV 2018

CHEONG HOOI HONG 656D JURONG WEST ST 61 #16-333 SINGAPORE 644656

Dear Sir/ Mdm

**OUR REF** 

: CC4/ASM18020198/Geb3

YOUR REF : E

: EQ 3T

ACCIDENT INVOLVING EQ 3T AND SLP 8255C ALONG NUS CAMPUS @ DUNEARN RD ON 05/11/2018

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 PROGRESSIVE AUTOMOTIVE PTE LTD acting on behalf of the owner of SLP 8255C against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle hit Third Party Vehicle SLP 8255C. 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 <a href="mailto:ashersng@lkkauto.com">ashersng@lkkauto.com</a> within 7 days from the date of this letter <a href="mailto:if not provided at our reporting centre">if not provided at our reporting centre</a>. 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)



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

 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 6256 3561 or email us at <a href="mailto:ashersng@lkkauto.com">ashersng@lkkauto.com</a>.

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)



Progressive Car Care Pte Ltd (Co. Reg. No. 201006949C) Blk 3022A Ubi Road 1 #01-45/ 46 S408716 T: +65 6741 5336 | F: +65 6741 7208 E: claims@procarcare.com.sg W: www. procarcare.com.sq

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U	ale	

: 23 February 2019 : TP 1118-5291

Our Ref

1/200 Kenneth Paul Andrew Sze-Sian Tan S72094337

Residing at 7A Lothian Terrace Smappure

Vehicle No SLP8255C hereby authorize PROGRESSIVE CAR CARE PTE LTD at

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716 to resolve the above matter.

In respect of this authorization, I / We confirmed to accept whatsoever settled or agreed by them

and also agreed that all Payments include Loss of Use to make in favour of

PROGRESSIVE CAR CARE PTE LTD.

I / We am/are fully aware that all settlement made in respect of the accident occurred on

11 18 Along / at NUS But Timah Campus will be full and

Final discharge of the claims inclusive of damages, loss of use etc.



Vehicle No:

# Without Prejudice to any claim for personal injury

### AXA THIRD PARTY DIRECT SETTLEMENT

(Insd veh)

Vehicle No:	EQ3T		(Insd veh)		
	SLP8255C		(TP veh)	Model: MERCEDES	-BENZ C180-1.6 AVANTGARDE (R17 LED) (A
Date of Accident/ Time:	05/11/2018				
Repair Estimate	:\$	9,20	3.86		
Final Repair Cost	:\$	1			
Loss of Use	:\$				days at \$ per day
Rental (if any)	:\$				days at \$ /0° per day
LTA / GIA Search Fee	:\$				
Others:	:\$				
	:\$				
Final Settlement Sum (Global S	um) :\$	5,070.00			
Payee Name : PROGRESSIVE CA	R CARE PTE LTD	.1			
Is Third Party Workshop GIA		[√] YES	[ ] NO	(Kindly indicate bel	ow)
A) For Non GIA F	Registered Work	shop:	Agreed	Liability	_(%)
B) For GIA Regis	tered Workshop	);	BOLA A	pplicable: Yes, No	BOLA Scenario No: 9
BOLA Liability	:100(%	)	Assesse	ed Liability (*):	(%)

### NOTE:

Remarks:

- 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/TORTFEASOR IN ANY MANNER WHATSOEVER.

\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

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.

Name of Witness:

Date:

Signature of Witness / Workshop stamp (if applicable)

We confirmed that we have the authority of our client to act for and on their behalf in this accident

PROGRESSIVE CAR CARE PTE L Blk 3022A Ubi Road 1 # 01-45/46

Singapore 408716

Tel: 6741 5338 Fax: 6741 7208

Signature alwarkshapmore sector to como signop stamp

Name of Representative:

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date:



# **EXPRESS RENTAL**

TP 1118 - 5241

Blk 3022A Ubi Road 1 #01-45 Singapore 408716 Tel: 6841 8055 (2 Lines) Fax: 6741 7208

RENTAL AGREEMENT NO: 7325 SZQ-STan GUARANTOR / ADD. DRIVER HIRER'S PARTICULAR Kennoth Paul Andr Name Name Address Address 456786 Nric No Nric No Tel (R) Tel(R) H/P H/P Off Off Licence Licence Class : Expiry Expiry Driving Driving Experience: Age Experience: Co.Name/ Co Name/ Address Address Occupation: Occupation: Mercedes Vehicle No: METHODS OF PAYMENT SS RENTAL CHARGES per hour Hours @\$ Cheque Cash @\$ per day Davs No. per week Weeks @\$ Bill Co: per month Monthly @\$ Credit Card No: SUB-TOTAL Exp. Date Deposit Type: TOTAL CHARGE INSURANCE EXCESS CLAUSE excess for collision / damage / fire & theft for the first party Hirer is responsible for the first S\$ 3,000 excess for collision / damage / fire & theft to third (I.e.EXPRESS RENTAL'S) vehicle and also first S\$ party's vehicle for each and every accident / damage. CHECK IN CHECK OUT Date In X

### HIRER'S DECLARATION

11900 am

Time Out

I have read the terms & conditions on overleaf of this rental agreement. I acknowledge receipt of vehicle in good condition plus accessories and if I opt to pay by credit/charge card, my signature here is to deemed to have been made on the application credit card charge slip. I am aware that Express Rental may have to take necessary steps by contact my employer in order to qualify me as a hirer.

Hire's Signature

Date Out 30

**EXPRESS RENTAL** 



# EXPRESS RENTAL

# OFFICIAL RECEIPT

Blk 3022A Ubi Road 1 #01-45 Singapore 408716 Tel: 6841 8055 (2 Lines) Fax: 6741 7208

No: 5469

	the sum of Dollars _	Received from	
COTO MADE TO	Nime Hundred	Received from Kanneth Paul Andrew SZR-Sian	
TO Y	Only	Sian	ν.
		Tan	Date: 8 = 818

being payment of .

Cash/Cheque No.

All receipts subject to the clearance of cheque.

EXPRESS RENTAL

**Authorised 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

# Third Party Insurer Enquiry

Our Ref No:

GR-18-171118

Date of Request:

05/11/2018

Your Ref No:

Online Purchase

Progressive Car Care Pte Ltd Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716

Dear Sir/Madam,

**Enquiry Date** 

05/11/2018

Enquiry By

Soo Leong Keat

TP Vehicle No.

EQ3T

Accident Date

05/11/2018

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
EQ3T	AXA Insurance Pte Ltd	25/11/2017-24/11/2018	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.

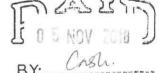
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### RECORDS MANAGEMENT CENTRE

# 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-18-171118

Date of Request:

05/11/2018

Your Ref No:

Online Purchase

Progressive Car Care Pte Ltd Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716

Dear Sir/Madam,

**Enquiry Date** 

05/11/2018

**Enquiry By** 

Soo Leong Keat

TP Vehicle No.

EQ3T

Accident Date

05/11/2018

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