

Poh Kin (LKKAuto)

From: Poh Kin (LKKAuto)
Sent: Wednesday, 26 December 2018 1:38 PM
To: 'jo@tongtar.com'
Cc: Admin A
Subject: ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. PC 1447H AND SKT 3180H ALONG PIE TOWARDS SIMEI ON 02.11.2018

Importance: High

Our Ref: CC4/ASM18020232/fa3
Your Veh: PC 1447H

TONG TAR TRANSPORT SERVICES PTE LTD
Policy Holder

Dear Sir/Madam,

ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. PC 1447H AND SKT 3180H ALONG PIE TOWARDS SIMEI ON 02.11.2018

We refer to the above subject.

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 TC Autoclinic Pte Ltd, acting on behalf of the owner of SKT 3180H against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided into the rear of Third Party vehicle SKT 3180H. 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 full co-operation in the handling of the claim is required and kindly submit the following to pohkin@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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
- Authorization letter for driving company vehicle
- Driver Driving License

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 6841 2132 or email us at pohkin@lkkauto.com.

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

Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

LETTER OF AUTHORITY AND INDEMNITY

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☐ Third Party (Direct Settlement)
- ☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SKT3180H AND PC1447H
ON 2/11/2018 AT PTE Exit To Simei

1. I, the owner of vehicle no. SKT3180H hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>Chiang Hwee Yee Jean (Cheng Huiyan Jean)</u>		Company Name	
Address <u>91 Tampines Ave 1,</u> <u>#08-38, S(528690)</u>		Claim Officer's Name <u>Ym Lo</u>	
Telephone No <u>96377802</u>		Telephone No <u>67038432</u>	
Date	Email	<u>TC AutoClinic Pte Ltd</u> <u>1 SIXTH LOK YANG ROAD</u> <u>SINGAPORE 628099</u> <u>TEL: 6262 2212</u> <u>FAX: 6282 3892</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>X [Signature]</u>	Claim Officer Signature <u>[Signature]</u>	



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PC 1447H	(Insd veh)	Model: NISSAN NOTE
	SKT 3180H	(TP veh)	
Date of Accident/ Time:	02/11/2018 / 15:45		

Repair Estimate	: \$	9,279.85	
Final Repair Cost	: \$	3,210.00	(W/GST)
Loss of Use	: \$	250.00	5 days at \$ 50.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum	: \$	3,460.00	
Payee Name : TC AUTOCLINIC 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: Yes/ No BOLA Scenario No: 24	
BOLA Liability: 100 (%)		Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

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.
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.

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

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628080
TEL: 6282 2212

Signature of workshop representative / Workshop stamp
Name of Representative: Y N PLO
Date: 8/8/2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Jeanne Chua
Date: 8/8/19

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 13/8/2019



www.tanchong.com

TC AutoClinic Pte. Ltd.

1 SIXTH LOK YANG ROAD, SINGAPORE 628099
913 BUKIT TIMAH ROAD, SINGAPORE 589623
17 LORONG 8 TOA PAYOH, SINGAPORE 319254

TEL: 6262 2212 FAX: 6262 3692
TEL: 6460 1666 FAX: 6469 7472
TEL: 6357 0555 FAX: 6356 4922

Regn No: 199105199R GST Regn No: 19-9105199-R



TAX INVOICE

CO. REG: 19-9105199-R

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : TDWAREZE12VDAY381Z
CHASSIS NO : HRI2079628B
VEHICLE NO : JN1TBAE12Z0981063
SKT3180H

INVOICE NO. : W82115367
INVOICE DATE : 06-AUG-2019
TERMS : CREDIT
DATE REC'D : 16-MAY-2019
SA/SE : HQ
JOB NO : CG290200
MILEAGE : 044412
YOUR REFERENCE : 233/IC/TC/H0/2018

ITEMS		JOB DESCRIPTION	AMOUNT
1	LABOUR	LUMP SUM REPAIR NOT EXCEEDING \$3000.00	3000.00
		SUBTOTAL	3000.00
	PARTS		
		SUBTOTAL	0.00
1	REMARKS	TYPE OF CLAIM: AXA 3RD PARTY DIRECT SETTLEMENT	
2		AUTHORISED BY LKK (CHONG POH KIN) ON 20/02/2019	
3		@1205HRS VIA E-MAIL	
4		SURVEY BY LKK (GUO QIANG) ON 22/02/2019	
		AS PER SURVEYOR RECOMMENDATION	
		OWNER CLAIM AXA 3RD PARTY DIRECT SETTLEMENT	
		ACCIDENT INVOLVING SKT3180H & PC1447H ON 02/11/18	
		@1600HRS ALONG PIE EXIT TO SIMEI	
		Insurance Co : AXA INSURANCE PTE LTD	
		Policy No. AXA 3RD PARTY DIRECT SETTLEMEN	
		Claim Type ... DIRECT SETTLEMENT / THIRD PARTY CLAIM	
		DOA 02-NOV-2018	
		Our Ref. 233/IC/TC/H0/2018	

DOLLARS:

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

TC AutoClinic Pte. Ltd.

1 SIXTH LOK YANG ROAD, SINGAPORE 628099
913 BUKIT TIMAH ROAD, SINGAPORE 589623
17 LORONG 8 TOA PAYOH, SINGAPORE 319254

TEL: 6262 2212 *FAX: 6262 3692
TEL: 6460 1666 FAX: 6469 7472
TEL: 6357 0555 FAX: 6356 4922



Regn No: 199105199R GST Regn No: 19-9105199-R

TAX INVOICE

CO. REG: 19-9105199-R

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : TDWAREZE12VDAY381Z
CHASSIS NO : HR12079628B
VEHICLE NO : JN1TBAE12Z0981063
SKT3180H

INVOICE NO. : W82115367
INVOICE DATE : 06-AUG-2019
TERMS : CREDIT
DATE REC'D : 16-MAY-2019
SA/SE : HO
JOB NO : CG290200
MILEAGE : 044412
YOUR REFERENCE : 233/IC/TC/HO/2018

ITEMS	JOB DESCRIPTION	AMOUNT
	Surveyor.....: SURVEYOR FROM INSURANCE CO	
	LABOUR	3000.00
	PARTS	0.00
	SUBTOTAL	3000.00
	TOTAL	3000.00
	GST(7%)	210.00
	AMOUNT DUE	3210.00

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)

DOLLARS: THREE THOUSAND TWO HUNDRED TEN ONLY.

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER