



Auto  
Consultants  
Pte Ltd

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

17 DEC 2018

**LIM ENG MOY**  
BLK 903 TAMPINES AVE 4  
#06-302  
SINGAPORE 520903

Dear Sir/ Mdm

**OUR REF : CC4/ASM18021806/R1pb3**  
**YOUR REF : SLD 4042P**  
**ACCIDENT INVOLVING SLD 4042P/ SLE 5993H/ OTHERS ALONG/AT PIE TWDS TUAS**  
**ON 01/12/2018**

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 VERMOGEN ACE PTE LTD acting on behalf of the owner of SLE 5993H 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 agent 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)*



Vermogen ACE Pte Ltd  
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA 5(658064)  
TEL : 6694 4919 FAX : 6694 4929  
Email : vermogenace@gmail.com  
REG No : 201606023C

### LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLE5993H & SLD4042P (DOA 01 DEC 2018 1620HRS)

I/We LCRF PTE LTD UEN/NRIC NO. 201624597K owner of Vehicle No. SLE5993H, hereby authorise M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to forward the claim for damages sustained in the above accident to the third party driver and /or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in consideration of you giving up your repairer's lien. I/We agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my /our behalf) shall accept this as my /our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject liability, I/We will fully be responsible for the repair costs and other incidentals.

I/We also authorise you to sign all discharge vouchers/indemnity forms and all necessary paper in connection with the above claim in my/our absence.

I/We authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event of the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.



Owner Signature  
(Company Stamp if applicable)

TO:

Dear Sirs,

CLAIMANT:

ACCIDENT INVOLVING SLE5993H and SLD4042P  
on

01 DEC 2018 At PIE TOWARDS TUAS

I/WE LCRF PTE LTD, am/are the registered Owner of Vehicle No. SLE5993H.

Please note that I have assigned all compensation monies due -to me/us in the above said accident to **Vermogen ACE Pte Ltd**.

I/We, hereby authorize you to release all compensation monies pertaining to the above said accident to **Vermogen ACE Pte Ltd** and forward your settlement cheque to **Vermogen ACE Pte Ltd** whom I/we had authorized to collect the said compensation monies..

Thank you



Signature of Claimant  
(company Stamp, if applicable)

Name : LCRF Pte Ltd  
NRIC No. : \_\_\_\_\_  
Date : 3/12/18.



**WITHOUT PREJUDICE to:**  
(a) Insurers' Subrogated Claim and/or  
(b) Any Personal Injury Claims  
[Note: This Notice supersedes any  
inconsistencies found in this  
Discharge Voucher]

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLD 4042P (Insd veh)	Model: Honda Vezel 1.5X
	SLE 5993H (TP veh)	
Date of Accident/ Time:	01/12/2018	

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)	: \$	19,030.00	
Payee Name : VERMOGEN ACE PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES [ ] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>20</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>100</u> (%)	
* 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.

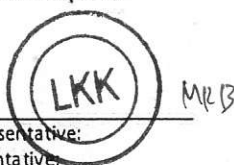
We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

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

Signature of workshop representative / Workshop stamp  
Name of Representative: VERMOGEN ACE PTE LTD  
Date: 13/5/2019

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: VERMOGEN ACE PTE LTD  
Date: 13/5/2019

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor / Representative:  
Date: 13/5/19





Vermogen ACE Pte Ltd  
1 BUKIT BATOK CRESCENT #05-23  
WCEGA PLAZA S(658064)  
TEL : 6694 4919 FAX : 6694 4929  
CO & GST REG NO : 201606023C

Tax Invoice: 21087

**AXA Insurance Singapore Pte.Ltd.**

8 Shenton Way,  
#27-01/02 AXA Tower  
Singapore 068811  
Tel: +65 6880 4741 Fax: +65 6880 4838

Bill Date: 29/4/2019  
Vehicle No: SLE5993H  
Vehicle Model: HONDA VEZEL  
Date of Accident: 1/12/2018  
Claim No:

Attn: Motor Claims Dept

S/N	QTY	Descriptions	Unit Price	Amount S\$
1		Lumpsum Repair		16500.00

E. & O.E.

Total	S\$	16500.00
GST 7%	S\$	1155.00
Amount Due	S\$	17655.00



for Vermogen ACE Pte Ltd



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-18-187048

Date of Request: 03/12/2018

Your Ref No:

Online Purchase

Vermogen Ace Pte Ltd  
6 Benoi Sector  
Singapore 629904

Dear Sir/Madam,

Enquiry Date 03/12/2018  
Enquiry By Lim Jian Zhi, Edmond  
TP Vehicle No. SLD4042P  
Accident Date 01/12/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLD4042P	AXA Insurance Pte Ltd	19/12/2017-18/12/2018	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-18-187048

Date of Request: 03/12/2018

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd  
6 Benoi Sector  
Singapore 629904

Dear Sir/Madam,

Enquiry Date 03/12/2018  
Enquiry By Lim Jian Zhi, Edmond  
TP Vehicle No. SLD4042P  
Accident Date 01/12/2018

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