



mbm wheelpower
DARE TO BE

Your ref : SLD68S
Our ref : SGB5588U

23 July 2020

AXA Insurance Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

TEL: 6338 7288

Attn: Motor Claims Dept

WITHOUT PREJUDICE

Dear Sir / Mdm,
Accident involving SGB5588U and SLD68S Along AYE Towards MCE
on 04/12/2018 at 1900hrs

We refer to the above said accident.

Our investigation reveals that you are the insurers of the vehicle SLD68S at the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final Repair Invoice
- 2 Authorisation Letter
- 3 Car Rental Invoice
- 4 GIA Search Fee
- 5 Towing Fee

We are instructed to claim the following

1 Costs of Repair -Part By Part (\$18,002.31 + 7% gst)	\$ 19,262.47
2 Loss of rental (\$214.00 x 13 days)	\$ 2,782.00
3 GIA Search Fee	\$ 2.00
4 Towing Fee	\$ 139.10

Grand Total: \$ 22,185.57

Please kindly let us know whether you are prepared to settle our client's claim.

Thanks & Warmest Regards,



Ivy Lwi
HP: 8588 3198
ivy.lwi@mbmwheelpower.com.sg

MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming Autocity Singapore 575722
Customer Service Hotline 6262 8888
www.mbmwheelpower.com.sg
Company Registration Number: 200204110W
GST Registration Number: M90368446L

Letter of Authorisation

Date : 06/12/2018

To : MBM WHEELPOWER PTE LTD

160 Sin Ming Drive #06-02 Sin Ming Autocity Singapore 575722

FROM : GOY ZHEN NI JUSTINA (Name of Owner & Policyholder)

CLAIM VEHICLE No : SGB5588U

ACCIDENT DATE : 4/12/2018

LOCATION : AYE TOWARDS MCE

OTHER VEHICLE : SLD68S

1 I hereby authorise MBM WHEELPOWER PTE LTD to :-

a. Proceed with the repair (the repair) to the above accident (the accident) damaged vehicle (the vehicle); and

() Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and / or bodily injury sustained as a result of the accident from third party and / or resolved
(Claim against own Insurer)

(✓) Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and / or bodily injury sustained as a result of the accident from third party and / or third party insurer in question until the claim is wholly completed, settled and / or resolved.
(Claim against Third Party)

2 I confirm that MBM's authorisation shall include without limitation paying for all the relevant reports / documents, corresponding and negotiating with the insurer / third party and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the claim and, any or all such other tasks concerning the settlement, resolution and / or completion of the claim.

Where authorising party is not vehicle owner and policyholder

EXCEPT :-

a. Such as matters or task that the insurer / third party and / or the law requires me to personally attend to ; and

b. The submission of the claim to the insurer (Where applicable)

3 I understand if I submit a claim of whatever nature to my own insurer [**FOURTEEN DAYS (14 days)**] after the accident (or such other time stipulated by my own insurer and / or the law), such claim will not or may not be accepted by my own insurer.

4 I further confirm and accept that :-

a. To the extent permitted by laws :-

i) I will indemnify and keep MBM indemnify in connection with or arising from the claim ; and

ii) That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold MBM liable for losses / damages of whatever nature arising or in connection with the claim.

b. MBM does not guarantee and never represent that the insurer / third party will fully indemnify me for the damage and / or the repair's cost and, that I shall be and continue to be liable to MBM for the whole of the repair's cost.

5 As the extend to which the insurer / third party will indemnify me or be liable is not conclusive, I agree to place a deposit of \$ _____ (excluding Gst) for the repair's cost.

6 I agree and accept MBM deposit refund policy, If the final successful percentage of indemnification / contribution / liability from or of the insurer / third party in respect of the repair's cost to me :-

a. **50% and below - NO REFUND**

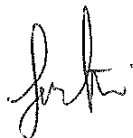
b. **100% - FULL REFUND**

- 7 I shall inform and forward to MBM all correspondence and letters received by me from the insurer / third party, any other insurer, solicitors governmental authorities and / or, any other relevant party.
- 8 I shall fully co-operate with and act expeditiously on any requests by MBM, particularly the signing / endorsement / execution of any "Discharge Voucher", failing which I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
- 9 In any case if the claim is repudiated by the insurer of the third party, I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
- 10 I shall not :-
- a. respond to correspondence and letter; and
 - b. negotiate agree or accept any offer from the insurer / third party or any other relevant party; without consultation of and expressed approval from MBM WHEELPOWER PTE. LTD.
- 11 In consideration hereof (including without limitation MBM's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to MBM WHEELPOWER PTE. LTD. All proceeds of the claim for :-
- a. the repair's costs and
 - b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis and expenses in connection with the accident, repair and / or claim; which MBM shall be further entitled to apportion in its absolute discretion with any excess being paid by MBM to me as it deems fit in its absolute discretion.
- 12 I further confirm that payment to MBM or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.

13 I understand and agree that MBM will not be liable if:

- a. the delay of receiving parts is caused by suppliers
- b. the Loss of Use/Loss of income claim amount provided by the insurer of the third party is lower than desired and that MBM will not top up to the expected amount.

14 MBM has the right not to disclose any correspondences to the client.



Owner & Policyholder's Signature / Company Stamp (if applicable); or
Authorising party's Signature / Company Stamp (if applicable)

Name : GOY ZHEN NI JUSTINA

NRIC : S8802873B

Address : _____



Witness's Signature

Name : Danny ong

NRIC : _____



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 68S (Insd veh)	Model: BMW 520i (1998cc)
	SGB 5588U (TP veh)	
Date of Accident/ Time:	04/12/2018	

Repair Estimate	: \$		
Final Repair Cost w/GST	: \$	19,262.47	
Loss of Use	: \$		days at \$ per day
Rental (if any) w/GST	: \$	1,348.20	7 days at \$ 180 per day
LTA / GIA Search Fee	: \$	2.00	
Others: (Towing Fee)	: \$	130.00	
	: \$		
Final Settlement Sum	: \$	20,742.67	

Payee Name : MBM Wheelpower Pte Ltd

Is Third Party Workshop GIA Registered? [X] 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>28</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>0</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: My Lwi
Date: 13/08/2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Siew Theng
Date: 13.08.20

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 14/08/2020



mbm wheelpower
DARE TO BE

To: **AXA Insurance Pte Ltd**
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

TEL: 6338 7288

Attn: Motor Claims Dept

Tax Invoice: **47324**
Date: 23-7-2020
Vehicle No.: **SGB5588U**
Make / Model: BMW 5 series Sedan 520i
Chassis No.: WBAJA12020BJ19965
Engine No.: 20975261B48B20A
Year of Make: 2018
Accident Date: 04-12-18

S/N	DESCRIPTION	Amount S\$
1	COSTS OF REPAIR - PART BY PART	\$ 18,002.31

Total : \$	18,002.31
7% GST: \$	1,260.16
Amount Due S\$	\$ 19,262.47

For & on behalf
MBM WHEELPOWER PTE LTD



Prepared by: Ivy Lwi

MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming Autocity Singapore 575722
Customer Service Hotline 6262 8888
www.mbmwheelpower.com.sg
Company Registration Number: 200204110W
GST Registration Number: M90368446L



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DARE TO BE

INVOICE TO:

Name : Wong Poh Yung Jeron

Tax Inv: 00372

Add : Blk 440A Clementi Avenue 3
#26-14 Singapore 121440

Invoice Date: 20/12/2018

Vehicle No: SKA5985P

Make/Model: Mercedes E250

Reference No: SGB5588U

S/N	Qty	Description	Unit Price		Price	
01		CAR RENTAL FROM				
	13	05.12.2018 TO 18.12.2018	S\$	200.00	S\$	2,600.00

GST S\$ 182.00

Total S\$ 2,782.00

MBM WHEELPOWER PTE LTD



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160 Sin Ming Drive #06-02
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mbm *DARE TO BE*

RENTAL AGREEMENT

NO. 07324

MBM Wheelpower Pte Ltd

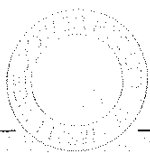
178 Sin Ming Drive, #01-11/14/15/16 Sin Ming Autocare, Singapore 575721
Customer Service Hotline 6262 8888

www.mbmwheelpower.com.sg Company Registration Number: 200204110W

VEHICLE			CHECK OUT / CHECK IN		
Vehicle No: SFA 5985P	Model: Mercedes E250		DATE OUT: 05.12.2018	TIME OUT: 0930AM	HRS
Change Over 1:	Date:	Initial:	PETROL LEVEL OUT: <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input type="checkbox"/> 3/4 <input type="checkbox"/> 7/8 <input type="checkbox"/> F		
Change Over 2:	Date:	Initial:	DATE IN: 18.12.2018 TIME IN: 1851hrs		
			PETROL LEVEL IN: <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input type="checkbox"/> 3/4 <input type="checkbox"/> 7/8 <input type="checkbox"/> F		
			KM OUT: 32183	KM IN: 32560	
			KM DRIVEN:		
CORPORATE HIRER					
Co. Name:					
Co. Address:					
Contact Person: Tel:					
NAMED DRIVER					
Name: Wong Poh Yung Jeron					
Address: Blk 440A Clementi Avenue 3					
#26-14 Singapore 121440					
Office Tel:		Residence Tel:			
Occupation:		Hp:			
P.P.I.C. No: 589445283		Nationality: Singaporean			
Date of Birth: 16.12.1989		Place of Birth:			
Dr. Licence No:					
Date of Issue: 24.10.2012		Country of Issue:			
ADDITIONAL NAMED DRIVER					
Name:					
Address:					
Office Tel:		Residence Tel:			
Occupation:		Hp:			
P.P.I.C. No:		Nationality:			
Date of Birth:		Place of Birth:			
Dr. Licence No:					
Date of Issue:		Country of Issue:			
Remarks: Accident claim, Ref no: SGB5568U Singapore use only.					
Invoice No:		Rec. No:			
<small>IMPORTANT: The vehicle will not be insured after the expiry of the hire period and in case of any accident the Hirer will be liable for all consequences. For extension of rental please inform us at least 24 hours before the expiry time and payment for the extended rental will have to be made within 24 hours. Late charges at 1/5 (one fifth) of the daily rate of rental for each hour exceeding the time for return of the Vehicle will be imposed (i.e., a full day rental will be charged if the Hirer is 5 or more hours late in returning the vehicle.) Any vehicle not returned within 24 hours will be reported as stolen. Hirer is responsible for all parking & traffic violations and missing items.</small>					
HIRER'S DECLARATION: I agree to the terms and conditions above and as set overleaf and I declare that all information given on this form are true and accurate. If I opt to pay by credit card, my signature here is to be deemed to have been made on the applicable credit card voucher.					
CHECKED OUT BY:	CHECKED IN BY:	CHECKED BY:			
Chloe	Merissa				
			COLLISION DAMAGE WAIVER		
ACCEPTS CDW EXCESS			DECLINES CDW EXCESS		
\$ 2,500 per accident			\$ per accident		
SIGNATURE: <i>[Signature]</i>			SIGNATURE:		
EXCESS AMOUNT					
SINGAPORE		MALAYSIA		SIGNATURE	
\$ 3,500		\$ 3,500		<i>[Signature]</i>	
CHARGES					
Months	@ \$	per month			
Weeks	@ \$	per week			
13 Days	@ \$ 200	per day			
Hours	@ \$	per hour			
SUB-TOTAL (1)					
Less Discount:		%			
RENTAL CHARGES					
CDW	@ \$	per day / month			
PAI	@ \$	per hour			
PETROL TOP-UP					
MISC					
SUB-TOTAL (2)					
GST @ 7%					
TOTAL CHARGES					
PRE-PAYMENT					
DOWNPAYMENT AND DEPOSIT					
AMOUNT REFUNDED / DUE					
SIGNATURE OF REFUND:					

MBM Wheelpower Pte Ltd
As Managers on Behalf of

[Signature]
OWNER



[Signature]
HIRER SIGNATURE

COMPANY STAMP

**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-18-188371

Date of Request: 05/12/2018

Your Ref No: Online Purchase

MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming AutoCity
Singapore 575722

Dear Sir/Madam,

Enquiry Date 05/12/2018
Enquiry By Stephanie Lin XueQi
☐ Vehicle No. SLD68S
Accident Date 04/12/2018

DESCRIPTION	AMOUNT (\$\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

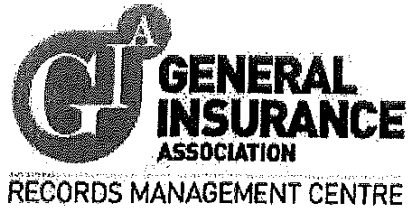
Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**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-18-188371

Date of Request: 05/12/2018

Your Ref No:

Online Purchase

MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming AutoCity
Singapore 575722

Dear Sir/Madam,


Enquiry Date 05/12/2018
Enquiry By Stephanie Lin XueQi
Vehicle No. SLD68S
Accident Date 04/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLD68S	AXA Insurance Pte Ltd	15/06/2018-14/06/2019	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.



Victory Recovery (Business Reg No.: 53096358B)
65 Teban Gardens Rd #23-617, Singapore 600065.
Mobile: 9618 0311 Fax: 6267 8996

CASH /
W.O. No. 97520

TOW JOB WORKS ORDER

M Cash Svc Date 4-12-18
Car Make/Model B.M.W Vehicle No. SGB55884
M'ship/NRIC No./Card No. _____ Contact No. _____
Time - Rec'd _____ Arrived 1920 Completed 2005
Amount Charge S\$ 13012 Tow Truck No YG6835K
Destination (from) A/E Alexandra Rd (to) Kaki Bt 01-48 to Sin Min Auto City
Remark (if any) Accident King Dolley

Tow Driver's Signature [Signature] Member's Signature _____

<input type="checkbox"/> Change Tyres & Towing	<input checked="" type="checkbox"/> Using King Dolley	<input type="checkbox"/> Use Car Carrier
<input type="checkbox"/> Basement / Multi Carpark	<input type="checkbox"/> Low Spoiler / Low Oil Sump	<input type="checkbox"/> Release Brake / Shaft
<input type="checkbox"/> Causeway / 2nd Link	<input checked="" type="checkbox"/> Accident / Over-turn	<input type="checkbox"/> Loaded

Note : The owner or his representative is required to follow along to the towing destination, failing which the tow operator shall not be liable for any alleged damages to the car nor missing items from the same. Vehicle is towed at owner's risk. The tow operator accepts no responsibility for any damages to the owner's vehicle whilst being towed.

Type text here

05 August, 2019

NG POH SOON

169 BUKIT BATOK WEST AVE 8,

#11-377

SINGAPORE 650169

Dear Sir,

OUR REF : CC4/ASM18022012/Kpa3 // S8M015I4

YOUR REF : SLD 68S

**ACCIDENT INVOLVING SLD 68S & SGB 5588U ALONG AYE TOWARDS
CTE/MCE ON 04/12/2018**

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 third party claim(s) from **MBM WHEELPOWER PTE LTD** acting on behalf of the owner of **SGB 5588U** 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.

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.



Auto
Consultants
Pte Ltd

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

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 as 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)