



Motor Image Enterprises Pte Ltd 19 Lorong 8 Toa Payoh Singapore 319255 Tel: (65) 6417 0333 Fax: (65) 6252 5655 BRN 198702032R

# BREAKDOWN OF PAYMENT

VEH	ICLE NO: Sic 905 G
ACC	IDENT ON 22   210cl Fl CC NO TNADI
INVO	DLVING VEHICLE/S \$30 5024R
1)	Repair cost \$!1578: 46. Payable to Motor Image Enterprises Pte Ltd
2)	GIA or LTA Search fees \$
	Medical fees \$Payable to
4)	Loss Of Use or Rental Car \$ 417.30 Payable to YAP WEE KWONG
5)	Total Claim Amount \$1,997-76

- \* KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES
- \*Contact person : Guo Xiang 6703 8104 guoxiang@motorimage.net





51 URI AVE 1, 201-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL ; 1065 (62563561 FAX ; 1065) (62564318

01 August 2016

Lim Poh Long Vincent Blk 153 Rivervale Crescent #17-114 Singapore 540153

Dear Sir/ Mdm

OUR REF : CC4/AXA16013977/wg3

YOUR REF : SJQ 5024R

#### ACCIDENT INVOLVING SJQ 5024R & SLC 905G ALONG PIE TWDS KPE ON 22/07/2016

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from Motor Image Enterprises Pte Ltd acting on behalf of the owner of SLC 905G against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. 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.

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. You 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 Vivianlau@lkkauto.com within 10 days 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



\$1 UHLAVE 1, #01-25 PAYA UBUNDUSTRIAU PARK, SING VPORE 408935 TEL: 0065 62563561 FAX: 005-62564315

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.

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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau Case Handler DID: 6841 8625

FAX: 6741 4108

EMAIL: Vivianlau@lkkauto.com

c.c. AXA Insurance Singapore Pte Ltd (Motor Claims Dept)

# LETTER OF AUTIJORITY & INDEMNITY

To: Motor Image Enterprises Pte Ltd 19 Lorong 8 Toa Payoh Singapore 319255

	CIDENT INVOLVING VEHICLE NO. SLC905G &&	SIQ5024R	_on_	22/07/2016
	· FIE			
1.	<ol> <li>I/We, the owner of vehicle no. <u>SLC905G</u> hereby institute said vehicle. Pending the outcome of my/our claim again sum of \$ 1,947. 76 being refundable deposit of the repair.</li> </ol>	st the third part	v. I/we fo	orthwith nov you the
2	You are further authorised to appoint solicitors on my/our be if the appointment is made and instructions are given by mc/ against the third party driver and/or his insurers including if Court in my/our name against the third party.	us with respect	to the cor	iduct of my/our claim
3.	<ol> <li>You have my/our full authority to instruct my/our solicitors and/or his insurers on such terms as you deem fit.</li> </ol>	and the first an		
4.	4. Upon resolving my/our claim, you are authorised to agree wiprofessional costs and disbursements for acting for me/us ansettlement sum on my/our behalf directly into your account, not successful or is dismissed for whatever reason, Vunderstaliable to bear the legal costs of the third party as well as the psolicitors notwithstanding that my/our solicitors were appoint	d to receive pay In the event that and and agree the professional cos	ment of t t my/our at I/we s ts and dis	he balance of the claim or legal suit is hall be personally sbursements of my/our
5.	<ol> <li>I/we hereby also instruct and authorise you to deduct directly party all outstanding balances that are still owing to you, nan substitute vehicle.</li> </ol>	from the claim nely, the balance	monies i e of repai	received from the third r costs and rental of
6.	In the event that I/we am/are required to attend at my/our solicitors' office or to attend Court in connection with my/our claim, I/we shall render full co-operation.			
7.	7. In the event that my/our claim against the third party and/or have proceeded with and/or if any Judgment or settlement is not he authorise you to revert the claim against my/our own insurers recoverable under my/our policy of insurance. In this respect, amount applicable under the policy of insurance shall be born.	onoured or satis s for the cost of . I/we understan	fied by th	ne third party, I/we
8.	<ol> <li>If for whatever reason, my/our insurers reject my/our claim to other losses recoverable under the policy of insurance or mak by you, I/we agree and undertake to pay the full amount of your expenses reasonably incurred on my/our behalf or to pay you</li> </ol>	te an offer to pa	y less tha	n the amount claimed fees and any other
9.	<ol> <li>I/we shall keep you informed of any correspondences and/or before agreeing to pay or receive any monies due to this claim</li> </ol>	summons that I	may rece	sive due to this action
	Dated this03 day of _	AUGUST	2016	
	Customer's Signature			
me:_	e: YAP WEE KWONG Na	me of Insurers:	AIG AS	IA PACIFIC INS PTE LT
mpan	pany stamp, if applicable)	S11038	5 <u>0</u> 10,000	
		licy No.:	210046	52661-00000
Iress:	ress: APT BLK 82B LORONG 4	cess:		_
OAF	A PAYOH #25-500 (S) 312082			





CLAIM REF

: C0393274

INSURED

: LIM POH LONG VINCENT

#### DISCHARGE VOUCHER

We/I [YAP WEE KWONG, NRIC NO. S7275576F] hereby agree to accept the sum of [ONE THOUSAND NINE HUNDRED NINETY SEVEN AND CENTS SEVENTY SIX ONLY.] [\$\$1,997.76] to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property and all costs and expenses that we/I have or may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. [SJQ 5024R] as a result of an accident at [PIE] on [22/07/2016] of which we/I were/was the hirer/owner/driver/pillion/Passenger/ insurer of motor vehicle [SLC 905G].

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for all claim(s) whatsoever and whosoever present or future that we/I have or may have against the said Insurer, owner and/or driver of vehicle no. [SJQ 5024R] in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. [SJQ 5024R]

Dated this	04	day of	MAR	2019
Claimant's Signature	:	~}~		
NRIC no./ Company Stamp	: <u>\$727</u>	5576F		
Occupation/ Business	:			
Address	; _APT 8	LK 828 LORONG 4 TOA PA	YOH #25-500 (S) 312082	
Telephone No.	: 9833	9089		
Witness's Name	-	ENTERAR	À	
Witness's Signature	:	12	316	
Witness's NRIC No.	:			

AXA Insurance Pte Ltd (Company Reg. No. 199903512M) 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #B1-01

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg



#### Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore 319255

Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535

25 Leng Kee Road Singapore 159097

Service Centre Tel: (65) 6703 8163 Fax: (65) 6479 1137

Website: www.motorimage.net

NAME: AXA INSURANCE SINGAPORE PTE LTD

ADDRESS: 8 SHENTON WAY

#27-01 AXA TOWER, 5(068811)

**TELEPHONE:** 6338 7288

MODEL: OUTBACK 2.5I-S AWD CVT

ENGINE No.: FB25Y233519

CHASSIS No.: JF2BS9KC2GG035375

**REGISTRATION No.: SLC905G** 



#### CO SUBARU

### TAX INVOICE

GST Reg No. M2-0076975-9 Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER Invoice No: L446293

For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

> DATE REC'D: 01-Aug-2016 SERVICE ADVISOR: WILLY

JOB No.: L448428 MILEAGE: 5555

TD:

ITEN	AS CODE	DESCRIPTION OF REPAIRS	61015685 AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
2	INS01	FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN	
		ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	2010000077
3	INS02	IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO	3018808677
		STANDARD RATE CHART (REF. 0338).	
4	INS03	STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM	
		THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
5	INS04	SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT	
		THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
6	INS05	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF	
		IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
7	INS06	THE OWNER IS REQUIRED.	
8	INS07	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF	
		DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
S	INS08	NO. OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO.	
		APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
10	REMARK	TO CONDUCT THIRD PARTY CLAIM - AXA	
		DATE:22/07/2016 TIME:1858HRS	
11	REMARK	LOCATION: PIE	
		VEHICLE B: SJQ5024R	
12	<b>F.EMARK</b>	REPLACE OR REPAIR REAR BUMPER	560.00
13	REMARK	RESPRAY REAR BUMPER	420.00
14	REMARK	SUNDRIES	20.00
		TOTAL(LABOUR	1,000.00
1		BUMPER FACE R OBKFHI	475.20
		4 Ta Mai Mai Mai Mai Mai Mai Mai Mai Mai Ma	

Subtotal GST(7%)

TOTAL(SPARE PARTS)

1,475.20 103.26

475.20

TOTAL

\$1,578.46

DATE: 31-Aug-2016

CUSTOMER

57704AL130(Qty: 1 @ 594.00 each(Discount 20.00%))

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

CUSTOMER

Not yet a DUO Member? Join us now at www.DUO.com.sq and start accumulating your points for your invoice today!





## DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255 Tel (35) 63341700 Fax (65) 63364677 GST Reg. No. M2-0067432-4

S161466

DATE: 01-AUG-2016

OFFICIAL RECEIPT

Company Reg No : 198403671H FOR CHEQUE SETTLEMENT : THIS RECEIPT IS ISSUED SUBJECT TO CLEARANCE OF CHEQUE

Received from YAP WEE KWONG

the sum of offices YAP WEE KWONG FOUR HUNDRED SEVENTEEN AND CENTS THIRTY ONLY.

in payment of FOR DTI : SDTI116042

\$

417.30 MASTER(5411)

BY CASH / CHEQUE / OTHERS

DOWNTOWN TRAVEL SERVICES PTE LTD

Authorised Signature





### DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255 Tel (65) 63341700 Fax (65) 63364677 Čp. Reg. No. 1984-03671/H GST Reg. No. M2-0067432-4

YAP WEE KWONG

BLK 82-B LORONG 4 TOA PAYOH #25-500

S(312082) ATTN: Deposit

Tax Invoice: SDTI116042 Inv. date...: 01-AUG-2016 Print date..: 01-AUG-2016

Print time..: 12:01:12

Page no....: 1

Agreement no: TP2015243 OR no....: S161466

Description Amount

DEPOSIT FOR AGREEMENT NO.: TP2C15243

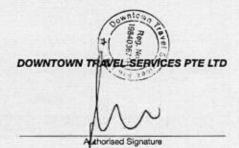
390.00 GST(7%) 27.30

GST(7%) 27.30

TOTAL(AFTER GST) 417.30

=========

N.B. Cheques should be crossed and made payable to 
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per days on overdue account. Terms
of payment strictly days sed Signature





### RECORDS MANAGEMENT CENTRE

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

10 Anson Road, #06-16 International Plaza, Singapore 079903

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-16-085638

Date of Request:

25/07/2016

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd 19 Lorong 8 Toa Payoh Singapore 319255

Dear Sir/Madam,

Enquiry Date

25/07/2016

Enquiry By

Zulkifly Bin Dabal

TP Vehicle No.

SJQ5024R

Accident Date

22/07/2016

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel, No.
SJQ5024R	AXA Insurance Singapore Pte Ltd	14/05/2016-13/05/2017	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.



#### RECORDS MANAGEMENT CENTRE

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

10 Anson Road, #06-16 International Plaza, Singapore 079903

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-16-085638

Date of Request:

25/07/2016

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd 19 Lorong 3 Toa Payoh Singapore 319255

Dear Sir/Madam,

Enquiry Date

25/07/2016

Enquiry By

Zulkifly Bin Dabal

TP Vehicle No.

SJQ5024R

Accident Date

22/07/2016

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