Khanchna (LKK Auto)

From:

Khanchna (LKK Auto)

Sent:

Friday, 26 April 2019 10:57 AM

To:

kalai1218@yahoo.com

Cc:

Vic (LKKAuto)

Subject:

ACCIDENT INVOLVING SKU8396P AND SLW3257T ALONG WOODLANDS TOWARDS

CAUSEWAY POINT ON 28/12/2018

Dear Madam KALAI VANI D/O KOMARASAMY.

OUR REF

: CC4/ASM19000520/T1hb3

YOUR REF : SKU8396P

ACCIDENT INVOLVING SKU8396P [AXA] AND SLW3257T ALONG WOODLANDS TOWARDS CAUSEWAY POINT ON 28/12/2018

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

We have received a claim from M/s TAN CHONG MOTOR SALES PTE LTD, acting on behalf of the owner of SLW3257T against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had reversed and collided to the Third Party vehicle SLW3257T. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD-if applicable) 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 khanchna@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)
- Authorization Letter for the Driver to drive the vehicle
- 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 6841 2360 or email us at khanchna@lkkauto.com.

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

Best Regards, Khanchna | Case Handler LKK Auto Consultants Pte Ltd

DID: **6841 2360** | email: <u>Khanchna@lkkauto.com</u> Fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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)

ACCI	DEVI INVOLVING VEHICLE REG	SISTRATION No. SI	N3257	T	AN	o SKU	18396	P
ON	38.13.3018	AT OUCOTION OF	wdlad	AVE	1	& AVR	2	
1	i, the owner of vehicle no	1W 3057 Thereby ins	truct you and auth	orise yo	u to act f	or me with re	spect to the following	owing: -

- i, the owner of vehicle no LW 32+ hereby instruct you and authorise you to act for me with respect to the fo
 - (a) To submit my claims for all loses 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 youther on my behalf.
- I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without 2 admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
- In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection 3. with my claim, I shall render full cooperation.
- 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 4: 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.
- if for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable 5. 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.
- l 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 6 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 falls, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result 7. 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.
- 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 8. 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.
- I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before 9. agreeing to pay or receive any monies due under this claim.
- 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 10. for the repair and other costs incurred by you.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of 11. 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.

Company Name Claim Officer Name MOTOR SALES PTE LTD				
				913 33 50 500 500
				Telephone No : 6456 7711 FAX : 6469 7472
Date				
Claim Officer s (nat/)				



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No: Date of Accident/Time:		SKU 8396P (Intid veh) SLW 3257T (TF veh)		Model:Nissan Note (1198cc)			
							28/12/2018
Repair Est	imate	1:5 1,715-33					
Final Repl	ir Cost (w/GST)	5 1.045.33	9				
Loss of Us	e .	5 150,00				3 days at 550,00	
Rental (if a	PETY)	\$ -				days at 5	per day
ITA/GIA	Sourch Fee	5 2.00					
Others		15					
		15:					
Final Settl	lement Sum	1,197.33					
Payee Na	me : TAN CHONG MOTOR S	ALES PTE LTD.	-				
Is Third P	wty Workshop GIA Reg	istered? [x] YES []	NO.	Kindly indicat	te below)		
A)	For Non GIA Regi	stered Workshop		(ability			
8)	For GIA Registere	d Workshap:	BOLA Ap	opticable: You '	No BOLA	Stenano No: NE	
	BOLA Liebity: (%)		Assetsed	Liability (*):_	100	(74)	
	*Assessed Liabili	ry to be filled only for chain collis	ons and fa	or coses where	BOLA Vices	not apply.	
Semarks							

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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 HIGHTS 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 TANTICHENE WATTON SALES PTE LTD	TAN CHONG MOTOR SALES PIE TO 913 BURIT TIMAH ROAD SINGAPORE 589623
Signature of workshop representative Workshop stamp Name of Representative: Date:	Sign Titute of Mither? VW 6A Min ph 646 9 47 2 pplicable) Name of Witness Date:
Signature of AXA's surveyor Appresentative Name of AXA's surveyor Appresentative Date	



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-18-199836

Date of Request:

29/12/2018

Your Ref No:

Online Purchase

Tan Chong Motor Sales Pte Ltd 911, Bukit Timah Road Singapore 589622

Dear Sir/Madam,

Enquiry Date

29/12/2018

Enquiry By

Eric Koh Yong Lang

TP Vehicle No.

SKUB396P

Accident Date

28/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.	
SKU8396P	AXA Insurance Pte Ltd	21/08/2018-20/08/2019	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.



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-18-199836

Date of Request:

29/12/2018

Your Ref No:

Online Purchase

Tan Chong Motor Sales Pte Ltd 911, Bukit Timah Road Singapore 589622

Dear Sir/Madam,

Enquiry Date

29/12/2018

Enquiry By

Eric Koh Yong Lang

TP Vehicle No.

SKU8396P

Accident Date

28/12/2018

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:

[X] GIRO [] Cash [] Cheque