Vic (LKKAuto)

From:

Vic (LKKAuto)

Sent:

Thursday, 14 March, 2019 1:55 PM

To:

claims

Cc:

Admin A; Vic (LKKAuto); carrisalee@ava-ins.com; foonghon@ava-ins.com;

icewong@ava-ins.com

Subject:

YOUR REF: P1680520 (SHB9530Y)_ACCIDENT INVOLVING SHB 9530Y AND SLQ

506B AT/ALONG BENDEEMER ROAD ON 12/01/2019

14 MARCH 2019

TRANS-CAB SERVICES PTE LTD SINGAPORE

Dear Sir/Madam,

OUR REF : CC4/ASM19001038/Aha3 YOUR REF : P1680520 (SHB9530Y)

ACCIDENT INVOLVING SHB 9530Y AND SLQ 506B AT/ALONG BENDEEMER ROAD ON 12/01/2019

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 M/s 1^{st} AUTOWORKS PTE LLTD acting on behalf of the owner of SLQ 506B 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. Unless proven otherwise.

Please be informed that your No-Claim Discount (NCD – if applicable) will be withheld for the time being. Pending for final allocation of liability in settlement by our principal.

We also wish to advise that there is an excess of \$\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following 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 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 AXA immediately. You may email it to cst@axa.com.sg/ / vicalpeh@lkkauto.com or deliver it by hand to our 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), 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 vicalpeh@lkkauto.com.

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

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)





Save the Earth Print only when necessary

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Letter of Authorisation & Indeminity

Accident	Involving Vehicle no. Stasob and MB9536 On 12/01/2019
At	Bendemee Road
1.	I/We, the owner of vehicle no. Seasobb hereby instruct and authoriz
	1st Autowalls Pte Ctd ("the workshop"
	to commence repairs to the said vehicle. Pending the outcome of my/our claim against the
	third party, I/we forthwith pay you the sum of \$ being refundable deposit of the
	repair to my/our said vehicle.
	Your are further authorized to appoint solicitors on my/our behalf and give the solicitors ful instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including in a contract to the conduct of my/our claim against the third party driver and/or his insurers including in account in the conduct of my/our claim against the third party driver and/or his insurers including in account in the conduct of my/our claim against the third party driver and/or his insurers including in account in the conduct of my/our claim against the third party driver and/or his insurers including in the conduct of my/our claim against the third party driver and/or his insurers including in the conduct of my/our claim against the third party driver and/or his insurers including in the conduct of my/our claim against the third party driver and/or his insurers including in the conduct of my/our claim against the third party driver and/or his insurers including in the conduct of my/our claim against the third party driver and/or his insurers including in the conduct of my/our claim against the third party driver and/or his insurers including in the conduct of my/our claim against the c
	necessary, to commence legal proceedings in court in my/our name against the third party. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the
٦.	third party and/or his insurers on such terms as you deem fit.
	Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the
	amount of their professional costs and disbursement for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional cost and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on our behalf.
	Twe also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
	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.
	In the event that my/our claim against the third party and/or his insurers is not successful or
9	cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under policy of insurance shall be borne by me/us.
8.	of for whatever reasons, my/our insurers reject my/our 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/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behal
	or to pay you the difference in amount, as the case may be.
	/we shall keep you informed of any correspondences and/or summons that I may receive due
	o this action agreeing to pay or receive any monies due to this claim.
	Dated this day of 20 (9
Signature	of vehicle owner
NI	, mr. 11
Name	Witnessed by:
IC No : _	Suhaimi
	y stamp, if applicable)
	7 Uh (Pare, Apine
Certic	, S'pure 408604
	65113021

Authorization To Act

I, Alpine (at Rental Pte Cta ("the third party claimant") of 7 4h (lose, Alpine Coste, 5 fore 408604" (vehicle no.) hereby authorize 18 A bright 16 (the
1 4h love, Apprile Corte, Spore TOSECT
(address), owner of Stasolb (vehicle no.) hereby
authorize Ist Autowals Pte Cts
("the workshop") to act for me with respect to my claim for repair
costs and/or rental and/or loss of use ("claim") for my vehicle
no. SLA 5068 that was damaged pursuant to the accident which
occurred on 12/61/2019 (date) along Bendence Az (location) involving
vehicle no/s
("the accident").
I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.
I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s is concerned.
Dated this day of (month) 20 (year)
Suhaimi Ong
Signed by "the third party claimant" Signed by "the workshop"

Signed by "the workshop"



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 9530Y (Insd veh)	The state of the s		
	SLQ 506B (TP veh)	Model: Opel Mokka (1598cc)		
Date of Accident/ Time:	12/01/2019			

Repair Est	timate	:\$	10,679.	03	
Final Repa	air Cost (w/GST)	: \$	5,615.90		
Loss of Us	se	: \$	180.00		3 days at \$ 60.00 per day
Rental (if	any)	:\$		·····	days at \$ per day
LTA / GIA	Search Fee	: \$	7.45	- Sulman - S	
Others:		: 5	-		
		: \$			
Final Sett	lement Sum	:\$	5.803.35		
	me: 1st Autoworks Pte Ltd arty Workshop GIA Register	ed? [X] YES [] NO	C (Kindly indicate b	elow)
A)	For Non GIA Registere	d Work	hop: Agre	ed Liability	(%)
B)	For GIA Registered W	orkshop	BOL	A Applicable: Yes/No	BOLA Scenario No: 27
BOLA Liability: 100 (%)		Asse	essed Liability (*):	(%)	
	*Assessed Liability to	be filled	only for chain collisions ar	nd for cases where BO	I A does not apply.

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.

Suhaim! On

Signature of workshop representative / Workshop stamp Name of Representative: Salaini

Signature of Witness / Workshop stamp (if applicable) Name of Witness:

7/8/2019

Signature of AXA's surveyor/representati Name of AXA's surveyor /Representative

Date:

Date: 7/8/2019

"SIGNED WITHOUT PREJUDICE FOR ANY PERSONAL INJURY CLAIM"

1st Autoworks Pte Ltd

23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933

TAX INVOICE

AXA Insurance Pte Ltd Cecil Street #01-01 GB Building Singapore 069542

GST Ref. No: 20-0000274-Z

Vehicle No: SLQ506B

Invoice No: CGI-ASC-19IR00988G

Chasis No:

W0LJD7EC5HB179333

4-Jul-19

Engine No:

DESCRIPTION

A1170165GU7X0137

Invoice Date:

AMOUNT SGD

Parts

No.	Qty.		Description	Price (SGD)	
1	1	Rear Bumper		\$	1,800.00
2	1	Rear Bumper Lower		\$	1,390.00
<u>3</u>	1	Rear Bumper Towing Cover		\$	90.00
4	1	Rear Bumper Sill Plate		\$	344.00
5	1	Rear Bumper Reinforcement Bar		\$	671.00
6	1	LHR Bumper Bracket, Guide		\$	70.00
7	1	RHR Bumper Bracket, Guide		\$	70.00
8	1	LHR Bumper Bracket	8	\$	65.00
9	1	RHR Bumper Bracket		\$	65.00

Total: \$

4,565.00

Less 10%: \$

456.50

Parts Total: \$

4,108.50

Labour

No.		Description	Price ((SGD)
	<u>1</u>	To dismantle / renew the accident damaged portion,to panel beating,reshape,straighten,orientate and align repair /replacement parts. (\$550 per day)	\$	550.00
	2	Carry out spray painting on accident affected area (\$450 per panel)	\$	450.00

<u>3</u>	To disconnect wire harness of electrical component to facilitate repairs, reconnect and check electrical function after repair	\$ 30.00
<u>4</u>	To remove and refix reverse sensor and conduct test	\$ 50.00

Labour Total: \$

1,080.00

Other

No.		Ot	her Description	Price (S	GD)
1	10	Rear bumper upper clip		\$	30.00
2	10	Rear bumper lower clip		\$	30.00
			Other Total:	\$	60.00
			Total:	\$	5,248.50
			GST (7%)	\$	367.40
			Grand Total:	\$	5,615.90

Yours Faithfully,

Suhaimi Ong

Service Advisor Tel: 68441985 Fax:68445185

E&OE

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "1ST Autoworks Pte Ltd".
- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

15 Jan 2019 / 15:15:08

Receipt Date/Time:

15 Jan 2019 / 15:15:07

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190115-002457

Previous Receipt No.:

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	7.00	0.49	7.49
Sub-Total	7.00	0.49	7.49
Total Before Rounding	7.00	0.49	7.49
Rounding Difference			0.04
Total Amount Payable			7.45
Paid By			
20190115151403641 ^{Di}			7.45
Total			7.45
Cash Change			0.00
Tendered Amount			7.45
Excess Refundable Amount			0.00
	Total Before Rounding Rounding Difference Total Amount Payable Paid By 20190115151403641 Di Total Cash Change Tendered Amount	Refore GST (S\$) 7.00 Sub-Total 7.00 Total Before Rounding 7.00 Rounding Difference Total Amount Payable Paid By 20190115151403641 Direct Debit: eN (Internet Batter) Total Cash Change Tendered Amount	Refore GST (S\$) 7.00 0.49 Sub-Total 7.00 0.49 Total Before Rounding 7.00 0.49 Rounding Difference Total Amount Payable Paid By 20190115151403641 Direct Debit: eNETS Debit (Internet Banking) Total Cash Change Tendered Amount

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.