



Auto
Consultants
Pte Ltd

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

5 NOVEMBER 2019

**ANANT BIR SINGH S/O HARBANS SINGH
15 SIGLAP HILL
SINGAPORE 456070**

Dear Sir/ Mdm

OUR REF : CC4/ASM19001074/Ggb3

YOUR REF : SGQ 185C

**ACCIDENT INVOLVING SGQ 185C & SFM 1881C ALONG/AT NORTH BRIDGE ROAD
ON 15/01/2019**

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 **AUTOLUTION INDUSTRIAL PTE LTD** acting on behalf of the owner of SFM 1881C against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. 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. 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 ceciliachong@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)
- Driver's Work Permit
- Employment Letter from your company
- Authorisation letter
- Rental Agreement/ Leasing Agreement
- Coloured photographs of accident scene (if any)
- COUNTER CLAIM STATUS AGAINST THIRD PARTY
- 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 6749 4274 or email us at ceciliachong@lkkauto.com.

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

Yours sincerely



Cecilia Chong
Case Handler
DID: 6749 4274
FAX: 6741 4108
EMAIL: ceciliachong@lkkauto.com

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)



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)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SFM1881C AND SGQ185C
ON 15/01/2019 AT NORTH BRIDGE ROAD / CAPITAL THEATRE

1. I, the owner of vehicle no. SFM1881C hereby instruct you and authorise you to act for me with respect to the following:-
 - (a) To submit my claims for all losses 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 voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. 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 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.
5. If for whatever reason, my insurers reject my 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 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.
6. I 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 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 fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result 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.
8. 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 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.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. 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 for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of 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.

Claimant's Particulars		Authorized Workshop	
Name <u>JOEL LEON NG (HUANG LIYONG)</u>		Company Name <u>AUTOLUTION INDUSTRIAL</u>	
Address <u>530 EAST COAST ROAD</u>		Claim Officer's Name <u>EMER ALFONSO</u>	
# <u>17-04 S(458970)</u>			
Telephone No		Telephone No <u>9645 0084</u>	
Date <u>12/4/2019</u>	Email	Date <u>12/4/2019</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature	
			



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	✓ SGO 185C (Insd veh)	Model: NISSAN ELGRAND
	SFM 1881C (TP veh)	
Date of Accident/ Time:	15/01/2019	

Repair Estimate	: \$	5,623.71	
Final Repair Cost	: \$	2,744.76	W/GST
Loss of Use	: \$		days at \$ per day
Rental (if any) W/GST	: \$	235.40	2 days at \$117.70 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,982.16	

Payee Name : AUTOLUTION INDUSTRIAL PTE LTD ✓

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop: ✓	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ Yes BOLA Scenario No: <u>27</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

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.
- 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 confirm that **AUTOLUTION INDUSTRIAL PTE LTD** is authorised to act for and on their behalf in this accident.

AUTOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD 4
 SINGAPORE 408623
 TEL: 6490 9666 FAX: 68467483

Signature of workshop representative / Workshop stamp
 Name of Representative: ALFONSO
 Date: 03/03/2020

XGQ

Worly

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness:
 Date: 3/3/2020

Signature of AXA's surveyor/representative:
 Name of AXA's surveyor/Representative:
 Date: 4/3/2020

AUTOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD 4
 SINGAPORE 408623
 TEL: 6490 9666 FAX: 68467483

AUTOLUTION INDUSTRIAL PTE LTD

19 UBI ROAD 4
UBI SERVICE CENTRE

S(408623)
ATTN : HAMZAH

GST Reg No. : M2-0067432-4
 Tax Invoice : S1015101
 Inv. date...: 18-APR-2019
 Print date...: 18-APR-2019
 Print time...: 18:01:12
 Page no.....: 1
 Agreement no: TP2019228
 Salesman....: AK

Description	Amount
=====	=====
RENTAL CHARGE FROM 16-APR-2019 TO 18-APR-2019	220.00
NISSAN QASHQAI 2.0L SMT ABS - SKG813D	
(JOEL LEON NG)	

TOTAL SGD(BEFORE GST)	220.00
GST(7%)	15.40
TOTAL SGD(AFTER GST)	235.40
=====	=====

DOWNTOWN TRAVEL SERVICES PTE LTD

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
 Interest at 0.05% per day on overdue account. Terms
 of payment strictly 7 days.


 Authorised Signature



Hiring Agreement

Co.Reg.No : 198403871H
GST Reg.No.: M2-0067432-1

TP2019228

ACCOUNTS COPY

SALESMAN CODE: AK

Vehicle Number: SKG813D Make & Model: NISSAN QASHQAI 2.0L SMT ABS Date: 16/04/2019
 Change Over 1: _____ Initial: _____ Date: _____
 Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: AUTOLUTION INDUSTRIAL PTE LTD

Address: 19 UBI ROAD 4 UBI SERVICE CENTRE

Singapore: (408623)

Contact Person: HAMZAH Tel: _____

1st Driver

Name: JOEL LEON NG

Address: 530 EAST COAST ROAD #17-04

Singapore: (458970)

Contact No: 93801955 (H) (O) _____ (HP) _____

Occupation: _____ Date of Birth: 15/01/1976

Passport / NRIC No: S7601027G Nationality: SINGAPOREAN

Driver's Licence No: S7601027G Driving Exp: yrs

Country of Issue: SINGAPORE Driving Date: _____

Additional Driver

Name: ALEXIA HO WEN TSI

Address: 530 EAST COAST ROAD #17-04

Singapore: (458970)

Contact No: 98164184 (H) (O) _____ (HP) _____

Occupation: _____ Date of Birth: 30/10/1975

Passport / NRIC No: S7638037F Nationality: SINGAPOREAN

Driver's Licence No: S7638037F Driving Exp: yrs

Country of Issue: SINGAPORE Driving Date: _____

Remarks / Delivery Location

SFM1881C 3RD PARTY CLAIM REF TO UBI ELMER

Check In / Out

Date Out: 16/04/2019 Time Out: 11:00:00 Km Out: 12345.00

Petrol Level: F

Agreed Date of Return: 19/04/2019 11:00:00

Date In: _____ Time In: _____ Km In: _____

Petrol Level: E

Collision Damage Waiver & PAI

ACCEPTS

To Pay Extra Fees

Daily \$S0.00

Weekly \$S

Monthly \$S

Weekend \$S

Non-Waivable Excess

\$S 0.00 per accident

DECLINES

Hirer Declines CDW

Excess \$S 2,000.00

per accident

Signature _____

Signature may

*The above is subjected to 7% GST.

Per Day	110.00	220.00
Per Week		
Per Month		
Weekend		
Rental Charges 2 days x \$110	220.00	220.00
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	22.40	15.40
Sub Total	242.40	235.40

OVERALL CHARGES

\$235.40

Deposit Tax Invoice

Deposit Inv: _____ Amount: _____
 O/R No: _____ Date: _____

For Official Use

INV: S1015101 O/R: _____ Date: 18/4/19
 INV: _____ O/R: _____ Date: _____
 INV: _____ O/R: _____ Date: _____

Hirer hereby agrees to abide to the terms and conditions as set out overhead. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of \$250 will be applicable to initialize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of \$350 will be applied.

may
HIRER'S SIGNATURE

Chaffard
 DOWNTOWN TRAVEL SERVICES PTE LTD



Vehicle Check Out / In Report

Hire's Name: IC REVOLUTION (ELMER)
Vehicle Reg. No: SK6813D

Hiring Agreement No: 2P2019228
Make & Model: NISSAN QASHQAI 2L

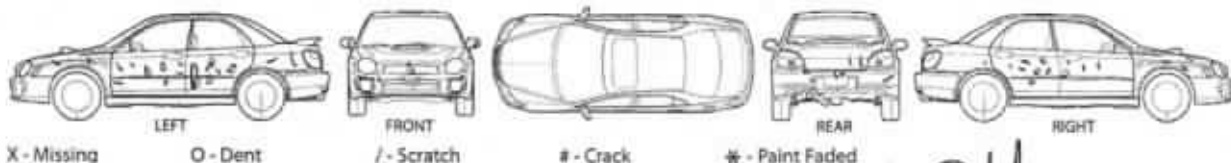
Vehicle Check Out Report

Please tick appropriate box below: YES (✓) NO (✗)

INTERIOR		EXTERIOR		LUGGAGE COMPARTMENT		Petrol
Road Tax Disc	✗	Wipers	✓	Spare Tyre	✓	E ¼ ½ ¾ ↑ F
Breakdown Decal	✓	Fuel Lid	✓	Tool Kit	✓	Date: <u>16/4/2019</u>
Radio/ CD Player	✓	Petrol Cap	✓	Jack	✓	Time: <u>1015hrs</u>
Rear View Mirror	✓	Wheel Cap	✓	Lever	✓	Mileage: <u>92858</u>
Vanity Mirror	✓					

Remarks: _____

BODY EXTERIOR INSPECTION



Checked Out By: RAKIR Received By: [Signature]
Date: 16/4/2019 Passport/ NRIC No: _____ Date: _____

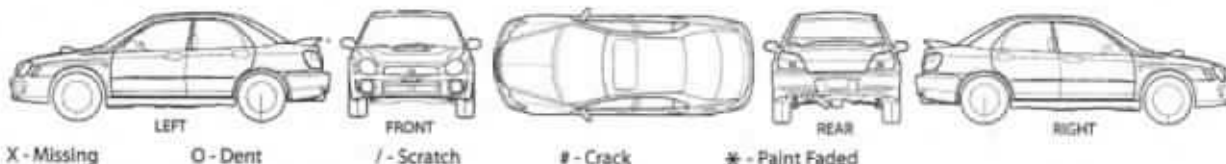
Vehicle Check In Report

Please tick appropriate box below: YES (✓) NO (✗)

INTERIOR		EXTERIOR		LUGGAGE COMPARTMENT		Petrol
Road Tax Disc	✗	Wipers	✓	Spare Tyre	✓	E ¼ ½ ¾ (F)
Breakdown Decal	✓	Fuel Lid	✓	Tool Kit	✓	Date: <u>18/04/19</u>
Radio/ CD Player	✓	Petrol Cap	✓	Jack	✓	Time: <u>16:07</u>
Rear View Mirror	✓	Wheel Cap	✓	Lever	✓	Mileage: <u>92943</u>
Vanity Mirror	✓					

Remarks: As above.

BODY EXTERIOR INSPECTION



KINDLY REMOVE YOUR CASH & VALUABLES FROM VEHICLE
THE MANAGEMENT SHALL NOT BE LIABLE FOR ANY LOSS OF CASH, VALUABLE ITEMS OR ANY ARTICLES FROM THE VEHICLE

Checked In By: Dennis & Koi Returned By: [Signature]
Date: 18/04/19 Passport/ NRIC No: _____ Date: _____



Autolution Industrial Pte Ltd

Tan Chong Motor Sales Pte Ltd's Authorized Dealer
19 Ubi Road 4
Singapore 40823
Tel: 6450 9886 6450 9887
Fax: 6450 9885
E-mail: sales@autolution.com.sg

TAN CHONG MOTOR SALES PTE LTD

TO BE COMPLETE BY TC STAFF

DATE

10/04/19

DEPARTMENT

MOTOR CLAIMS DEPT.

REQUESTED BY

ELMER ALFONSO

INVOICE TO :

AUTOLUTION INDUSTRIAL PTE LTD

REASON(S)

CUSTOMER WILL SEND HIS/HER VEHICLE FOR REPAIR ON

10/04/2019

AT AUTHORIZED NISSAN WORKSHOP UBI BRANCH FOR 3 DAYS REPAIR

CUSTOMER REQUEST REQUEST REPLACEMENT VEHICLE UPON REPAIR OF
HIS VEHICLE.

THIRD PARTY CLAIM

OWNER'S CAR PLATE NO.

SFM1881C

DATE REQUIRED

15/4/2019

DATE RETURN

19/4/2019

RENTAL DAYS

3

MODEL OF VEHICLE REQUIRED: CEFIRO / SUNNY (MANUAL OR AUTO)

AUTHORIZED BY:

THIAM CHUNG YUEN

AUTOLUTION INDUSTRIAL PTE LTD

19 UBI ROAD 4

SINGAPORE 40823

(NAME & SIGNATURE OF DEPT. MANAGER)

TEL: 6450 9886 FAX: 6450 9885

TO BE COMPLETE BY DOWNTOWN STAFF

VEHICLE NUMBER ASSIGN

SKG 873D

RENTAL RATE

\$110/-

PROCESS BY

10/04



**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-19-009275
Date of Request: 16/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 16/01/2019
Enquiry By: Eric Koh Yong Lang
TP Vehicle No: SGQ185C
Accident Date: 15/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGQ185C	AXA Insurance Pte Ltd	28/04/2018-27/04/2019	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.

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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-19-009275
Date of Request: 16/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 16/01/2019
Enquiry By: Eric Koh Yong Lang
TP Vehicle No: SGQ185C
Accident Date: 15/01/2019

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