Mei Kwan (LKKAuto)

From: Joy Irene (LKKAuto)

Sent: Thursday, 14 February, 2019 9:36 AM

To: lwxian@singnet.com.sg

Cc: Admin A

Subject: ACCIDENT INVOLVING SMD 9561M AND SJS 9742P ALONG MND CARPARK ON

17.01.2019

Attachments: SJS9742P - TP VF.MP4

Categories: HMK

LEONG WEY HSIEN

Policy Holder

Dear Sir,

OUR REF : CC4/ASM19001359/Aja3

YOUR REF : SMD 9561M

ACCIDENT INVOLVING SMD 9561M AND SJS 9742P ALONG MND CARPARK ON 17.01.2019

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

We have received a claim from M/s PROGRESSIVE CAR CARE PTE LTD, acting on behalf of the owner of SJS 9742P against your motor insurance policy.

Based on the accident report and accident scenario and video evidence, it was observed that your vehicle reversed and hit stationary Third Party vehicle. As such, liability is down against us.

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 joyirene@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)
- 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 the undrersigned.

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

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com| Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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SIGNATURE OF OWNER

Progressive Car Care Pte Ltd (Co. Reg. No. 201006949C) Blk 3022A Ubi Road 1 #01-45/ 46 \$408716 T: +65 6741 5336 | F: +65 6741 7208 E: claims@procarcare.com.sg W: www. procarcare.com.sg

Date : 25 Aprīl >019
Date : 25 Aprīl >019 Our Ref : TP 0119-5368
Residing at BIK 56 Havelock Road #36-146 Singapore owner of
Residing at BIK 56 Havelock Road #36-146 Singapore owner of
Vehicle No_SJS9742P_hereby authorize PROGRESSIVE CAR CARE PTE LTD at
Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716 to resolve the above matter.
In respect of this authorization, I / We confirmed to accept whatsoever settled or agreed by them
and also agreed that all Payments include Loss of Use to make in favour of
PROGRESSIVE CAR CARE PTE LTD.
I / We am/are fully aware that all settlement made in respect of the accident occurred on
17/119 Along / at MND Carpark will be full and
Final discharge of the claims inclusive of damages, loss of use etc.



Vehide No:

AXA THIRD PARTY DIRECT SETTLEMENT

(Insd veh)

Signature of Witgess / Workshop stamp (if applicable)

SMD 9561M

	SJS	SJS 9742P (TP veh)			Model: HONDA JAZZ 1.5L AT		
Date of Accident/ Time:	17/01/2019						
						4	
Repair Estimate		:5	3'30, 9.	5 -			
Final Repair Cost		:5					
Loss of Use		:\$				days at \$	per day
Rental (if any)		:5				days at \$	per day
LTA / GIA Search Fee		:5					
Others:		:\$					
		:\$					
Final Settlement Sum (Global Sum) :\$		1,300.00					
Payee Name: PROGRESSI	VE CAR C	ARE P	TELTD -				
Is Third Party Workshop GIA	Registere	d?	[] YES [X] NO	(Kindly Indicate below)	
A) For Non GIA	Registere	d Work	shop:	Agrees	d Liability 100 (%)	
B) For GIA Regi	For GIA Registered Workshop:			BOLA	BOLA Applicable: Yes/ No BOLA Scenario No:		
BOLA Liability: (%)			Ř.	Assessed Liability (*):((%)	
					for cases where BOLA do		
Remarks:							
MENNYA SC							

NOTE:

- 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 helpe/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

Name of Witness:

Date:

We confirmed that we have the authority of our client to act for and on their behalf in his accident.

COR-CARE PTE LTD PROGRESS BIK 3022A UK FAROM # 01-45/46
BIK 3022A UK FAROM # 01-45/46
Signature of W53300 Files STANE/200 kshop stamp

Signature of west see the estate /200 kg

11/ordron LKK

Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative:

LWP

Date:

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22

Telephone: +65 6880 4888 - axa.com.sg



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-19-009818

Date of Request:

17/01/2019

Your Ref No:

Online Purchase

Progressive Car Care Pte Ltd Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716

Dear Sir/Madam,

Enquiry Date

17/01/2019

Enquiry By

Lily Lim

TP Vehicle No.

SMD9561M

Accident Date

17/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel, No.
SMD9561M	AXA Insurance Pte Ltd	13/09/2018-12/09/2019	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.

1/17/2019 Invoice



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-19-009818

Date of Request:

17/01/2019

Your Ref No:

Online Purchase

Progressive Car Care Pte Ltd Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716

Dear Sir/Madam,

Enquiry Date

17/01/2019

Enquiry By

Lily Lim

TP Vehicle No.

SMD9561M

Accident Date

17/01/2019

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:

[X] GIRO [] Cash [] Cheque