

51 UBLAYE I, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

23rd APRIL 2019

SIOW CHOO HUAT RICHARD 309A CHANGI ROAD SINGAPORE 419787

Dear Sir/Madam,

OUR REF : C

: CC4/ASM19002123/Kfb3

YOUR REF : SK

: SKL 1090P

ACCIDENT INVOLVING SKL 1090P AND SMH 2835Z ALONG EUNOS LINK ON 29.01.2019

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 MBM WHEELPOWER PTE LTD, acting on behalf of the owner of SMH 2835Z against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided into the Third Party vehicle SMH 2835Z. 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 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to pohkin@lkkauto.com_within 7 days from the date of this letter_if not provided at AXA's 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 anv)
- 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 2132 or email us at pohkin@lkkauto.com.

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

Yours sincerely,

Chong Poh Kin Case Handler DID: 6841 2132

FAX: 6741 4108

Email: pohkin@lkkauto.com

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

Letter of Authorisation

Date :	
To :	MBM WHEELPOWER PTE LTD
	160 Sin Ming Drive #06-02 Sin Ming Autocity Singapore 575722
FROM	: MOKKIZZ (Name of Owner & Policyholder
CLAIM VEHICLE No	: SMH2835Z
ACCIDENT DATE	: 29/1/2019
LOCATION	SLIP ROAD OF EUNOS LINK INTO UBI AVE 3
OTHER VEHICLE	: SKL1090P
a. Proceed with (the vehicle); () Act as sole a and / or bodil (Claim again) () Act as sole a and / or bodil insurer in que (Claim again) 2 I confirm that reports / documents	and principal agent to claim on my behalf for the damaged to the vehicle injury sustained as a result of the accident from third party and / or resolved is town Insurer) and principal agent to claim on my behalf for the damaged to the vehicle injury sustained as a result of the accident from third party and / or third party stion until the claim is wholly completed, settled and / or resolved. St Third Party) MBM's authorisation shall include without limitation paying for all the relevant ments, corresponding and negotiating with the insurer / third party and any
other relevan act in connec resolution and	parties, correspondance of any nature with solicitors, appointing solicitors to tion with the claim and, any or all such other tasks concerning the settlement, if / or completion of the claim.

EXCEPT :-

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b.

100%

а	. Such as matters or task that the insurer / third party and / or the law requires me to personally attend to ; and
b	The submission of the claim to the insurer (Where applicable)
	I understand if I submit a claim of whatever nature to my own insurer [FOURTEEN DAYS (14 days)] after the accident (or such other time stipulated by my own insurer and / or the law), such claim will not or may not be accepted by my own insurer.
	I further confirm and accept that :-
a.	To the extent permitted by laws :-
i)	I will indemnify and keep MBM indemnify in connection with or arising from the claim; and
ii)	That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold MBM liable for losses / damages of whatever nature arising or in connection withthe claim.
b.	MBM does not guarantee and never represent that the insurer / third party will fully indemnify me for the damage and / or the repair's cost and, that I shall be and continue to be liable to MBM for the whole of the repair's cost.
	As the extend to which the insurer / third party will indemnify me or be liable is not conclusive, I agree to place a deposit of \$ (excluding Gst) for the repair's cost.
	l agree and accept MBM deposit refund policy, If the final successful percentage of indemnification / contribution / laibility from or of the insurer / third party in respect of the repair's cost to me ;-
	a. 50% and below - NO REFUND

FULL REFUND

- I shall inform and forward to MBM all correspondence and letters received by me from the insurer / third party, any other insurer, solicitors governmental authorities and / or, any other relevant party.
- I shall fully co-operate with and act expeditiously on any requests by MBM, particularly the signing / endorsement / execution of any "Discharge Voucher", failling which I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
- In any case if the claim is repudiated by the insurer of the third party, I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
- 10 | shall not :
 - a. respond to correspondence and letter; and
 - b. negotiate agree or accept any other from the insurer / third party or any other relevant party; without consultation of and expressed approval from MBM WHEELPOWER PTE. LTD.
- In consideration hereof (including without limitation MBM's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to MBM WHEELPOWER PTE. LTD. All proceeds of the claim for :
 - a. the repair's costs and
 - b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis and expenses in connection with the accident, repair and / or claim; which MBM shall be further entitled to apportion in its absolute discretion with any excess being paid by MBM to me as it deems fit in its absolute discretion.
- 12 I further confirm that payment to MBM or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.

a.	the delay of receiving parts is caused by suppliers	
b.	the Loss of Use/Loss of income claim amount provided by the insurer of the third part is lower than desired and that MBM will not top up to the expected amount.	y
MBM ha	s the right not to disclose any correspondences to the cilent.	
*	X GOO. Reg. NO. X MACO. Reg. NO. X MACO. Reg. NO. X	
	Policyholder's Signature / Company Stamp (if appicable); or	
Authorisir	ng party's Signature / Company Stamp (if appicable)	
Authorisir Name	ng party's Signature / Company Stamp (if appicable) : MOKKIZZ	
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Authorisir Name NRIC Address	ing party's Signature / Company Stamp (if appicable) : MOKKIZZ : 53331843B :	

I understand and agree that MBM will not be liable if:

13



Vehicle No:

WITHOUT PREJUDICE to:

(a) Insurers' Subrogated Claim and/or (b) Any Personal Injury Claims [Note: 1'his Notice supersades any Inconsistencies found in this Discharge Voucher]

AXA THIRD PARTY DIRECT SETTLEMENT

(Insd veh)

SKL1090P

		SMH28	35Z			(TP veh)	Mo	del: HO	NDA SHUT	TLE H	YBRID-1.5 (A)	
Date of Accident/ Time: 29/01/			1/2019											
Repair Es	timate		:\$			10,8	48.	52			T			
Final Rep	air Cost		:\$							on Sold and service			W-WX73300	
Loss of U	se		:\$								1 15	days at \$		per day
Rental (if	any)		:\$								4	days at \$	100	per day
LTA/GIA	Search Fee		:\$						Total Company			m. militari en me		
Others:			:\$											
			:\$											
Final Sett	lement Sum (Global S	ium)	:\$	4,4	90.00									
Payee Na	me : MBM WHEELPOW	ER PTE LTD			5 15 10									
Is Third P	arty Workshop GIA	Registered	? []	YES	[X]	NO	(Kindl	y indicat	e below)			
A)	For Non GIA	Registered	Works	hop:			Agreed	Liabilit	/	(9	%)			
3)	For GIA Regis	tered Wor	kshop:				BOLA	pplicab	le: Yes/	No BO	LA Sc	enario No		
	BOLA Liability	:	(%)				Assesse	ed Liabil	ity (*):_			(%)		
	* Assessed Lia	bility to be	filled	only fo	or chair	n collisio	ons and j	for case:	where	BOLA do	es no	t apply.		

NOTE:

Remarks: 6

- 1. 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 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.

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: 8hm Thur

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

Signature of workshop representative / Workshop stamp

Name of Representative: W W

Date: 1 1 1 9

KSC

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

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



TAX INVOICE

GST REG. NO.: 200106276D

DATE	INVOICE NO.
27-Feb-2019	A 38933

INVOICE TO SHAHAIRULNURIZAM BIN WAGIMIN BLK 156 WOODLANDS STREET 13 #03-685 SINGAPORE 730156

VHA NO.	DUE DATE	VEH. NO.
A 38933	27-Feb-2019	SJV 7360 E
NO. OF DAYS	RATE	AMOUNT
4	120.00	480.00
		\$33.60
		\$513.60
	A 38933 NO. OF DAYS	A 38933 27-Feb-2019 NO. OF DAYS RATE

All cheques must be made payable to BKW Rent A Car Pte Ltd. Please write the vehicle and invoice number on the reserve.

BKW Rent-A-Car Pte Ltd

120 Lower Delta Road #02-15 Cendex Centre (S) 169208 Tel: 6738 7777 Fax: 6738 6666

ACRA No: 200106276D GST Reg. No: 20-0106276-D Website: www.bkw.sg A subsidiary of **BKW Automobile Pte Ltd**





BKW RENT A CAR PTE LTD

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208 Tel: 6738 7777 Fax: 6738 6666

ACRA No: 20-0106276-D GST Reg. No: 20-0106276-D

24 HOURS HELPLINE: 6223 1122

SAIN 28357 VEHICLE HIBING ACREMENT

Hirer's/Driver Signature

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Vehicle stri	ictly for Singapore i	use only and may no	t be driven out of Single Ltd. The hirer is liab	gapore ole for a	report must be made wi all liability from all partie the event of an accident	thin 24 hours. Failt s claim. Full exces	ire to comply	the hirer wi	Il have to hor	no	
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The hirer ar	nd/or driver shall be	responsible for all c	th It's use or operation aims, damages, losse	s.	13. I understand and agree	ie sales transaction to the personal dat	ns and other	relating matt	ore		
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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

Third Party Insurer Enquiry

Our Ref No:

GR-19-017227

Date of Request:

30/01/2019

Your Ref No:

Online Purchase

MBM Wheelpower Pte Ltd 160 Sin Ming Drive #06-02 Sin Ming AutoCity Singapore 575722

Dear Sir/Madam,

Enquiry Date

30/01/2019

iquiry By

Ong Hui Xiang

TP Vehicle No.

SKL1090P

Accident Date

29/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKL1090P	AXA Insurance Pte Ltd	25/04/2018-24/03/2019	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-19-017227

Date of Request:

30/01/2019

Your Ref No:

Online Purchase

MBM Wheelpower Pte Ltd 160 Sin Ming Drive #06-02 Sin Ming AutoCity Singapore 575722

Dear Sir/Madam,

Enquiry Date

30/01/2019

'nquiry By

Ong Hui Xiang

P Vehicle No.

SKL1090P

Accident Date

29/01/2019

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