



ALLSWELL MOTOR TRADERS
25, Defu Lane 9, Singapore 539266
GST Reg No.: 53192889J
Tel No.: 6679 1146

Email: ben@allswellmotor.com.sg
Email: account5@allswellmotor.com.sg

Bill To : AXA Insurance Pte Ltd
(Motor Claims Department)

Tax Invoice Defu-2881
Date 04.09.2020
Terms C.O.D
Ref: Third party claim AXA - SLQ612C

Description	Qty	AMT before GST	GST AMT	AMT include GST
Allswell Leasing & Limousine Pte Ltd				
Vehicle #: SKZ3370U / DOA: 08.02.2019				
Repaired, Replaced and Resprayed	1	\$5,745.79	\$402.21	\$6,148.00
Towing	1	NA	NA	NA
TP Insurer Search	1	\$2.00	NA	\$2.00
GIARMC- SAS Report	0	NA	NA	NA
Loss of Use	1	\$350.00	NA	\$350.00
Pre- Repair Survey Loss of Use \$70.00/ day	0	NA	NA	NA
Replacement Vehicle @ \$100.00 / per day	0	NA	NA	NA
Own Damage Excess	0	NA	NA	NA
Survey Report	0	NA	NA	NA
Singapore Dollars:		Sub Total (Excluding GST)		\$6,097.79
SIX thousand five hundred only		GST Payable @ 7% on \$5,745.79		\$402.21
		Total (Inclusive of GST)		\$6,500.00

Authorised Signature

Allswell Leasing & Limousine Pte Ltd

100, Sultan Plaza, #02-41, Singapore 199001
C/o 25, Defu Lane 9, Singapore 539266

Date: 04.09.2020

Discharge Voucher / Payment Authorisation

Our Claim reference number: Defu - 2881

Attention: AXA C/o Chulita Chang

I/We hereby certify that the repairs to my/our vehicles bearing license number plate : SKZ 3370U which was involved in an accident on 08.02.2019 has been completed by Allswell Motor Traders to my/our satisfaction.

I/We agreed that all 3rd party claim payment to the workshop for repairs, replace and re-spray works shall be made solely to Allswell Motor Traders at 25, Defu Lane 9, S 539266

Signature: _____

Name: **NG Boon Chin, Edmund**

Company Stamp:





AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLQ 612C (Insd veh)	Model: TOYOTA ALTIS
	SKZ 3370U (TP veh)	
Date of Accident/ Time:	08/02/2019	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	6,500.00	(GLOBAL SUM)
Payee Name : ALLSWELL MOTOR TRADERS			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES [] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>28</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>100</u> (%)	
* 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 confirmed that we have the authority of our client to act for and on their behalf in this accident.

[Handwritten Signature]



Signature of workshop representative / Workshop stamp
 Name of Representative:
 Date: 04/09/2020



CTY

Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: 07/09/2020

M

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: Allswell Leasing & Insurance Pte
 Date: 4.9.2020



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Defu-2881
04.09.2020
C.O.D

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SIX thousand five hundred only		GST Payable @ 7% on \$5,745.79		\$402.21
		Total (Inclusive of GST)		\$6,148.00

Authorised Signature



Auto
Consultants
Pte Ltd

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

11 JULY 2019

CHEONG CHAU KUAN (ZHANG CHUJUN)

**BLK 475B UPPER SERANGOON ROAD
#07-525
SINGAPORE 532475**

Dear Sir/ Mdm

**OUR REF : CC4/ASM19002340/Ega3
YOUR REF : SLQ612C
ACCIDENT INVOLVING **SLQ612C & SKZ3370U** ALONG/AT **UPPER SERANGOON ROAD ON 08/02/2019****

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 **ALLSWELL MOTOR TRADERS** acting on behalf of the owner of **SKZ3370U** 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 & Relationship with driver
- ADDEMDUM FORM TO BE SIGN & RETURN
- 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](tel:67494274) 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)



Pls proceed DS with below revised quantum

Type

🔗 Question

Message

COR: \$6140 (pls offer lump-sum repair @ -20% COR, inclusive of GST); LOU: \$350 (70/day for 5 days); LTA Fee: \$2.00. Total: \$6492.00. You have mandate up to \$6500 for global-sum settlement.

Reply