



Auto  
Consultants  
Pte Ltd

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

20 AUGUST 2019

**GOH BOON KIAT MICHAEL  
121 TELOK KURAU LORONG L  
#05-01  
SINGAPORE 425554**

Dear Sir/ Mdm

**OUR REF : CC4/ASM19003877/Egb3**

**YOUR REF : SJS 4064X**

**ACCIDENT INVOLVING SJS 4064X/ GBC 5681L/ OTHERS ALONG/AT MCE ON  
27/02/2019**

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 [SNG AH TEE MOTOR PTE LTD](#) acting on behalf of the owner of [GBC 5681L](#) 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.](#)

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](mailto: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)
- Authorisation letter of vehicle driving by your driver
- 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 us at 6749 4274 or email us at [ceciliachong@lkkauto.com](mailto: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](mailto:ceciliachong@lkkauto.com)

Cc     *AXA Insurance Pte Ltd*  
         *(Motor Claims Dept)*

YOUR REF : \_\_\_\_\_

ATTN: MOTOR CLAIMS DEPT

AXA Insurance P/L

RE: THIRD PARTY CLAIM FOR ACCIDENT INVOLVED GBC 5681L AND SJS 4064X  
ON 27/2/19 ALONG MCE near to Fort Rd Exit

LETTER OF AUTHORITY

Dear Sir / Madam,

I, B S Development P/L hereby authorize and appoint **SNG AH TEE MOTOR & PANEL SERVICE PTE LTD** of **BLK 3 PIONEER ROAD NORTH #01-18 SPORE 628457** to claim on my behalf of the above mentioned matter against SJS 4064X.

I further authorize SNG AH TEE MOTOR & PANEL SERVICE PTE LTD to release my personal information to the third party such as the third party's insurance to direct the payer to make the cheque in favour of M/s **SNG AH TEE MOTOR & PANEL SERVICE PTE LTD**. In case of unsuccessful claim of the third party, Sng Ah Tee Motor & Panel Service Pte Ltd has the right to bill me the necessary cost and disbursements. I/We also acknowledge that the repair of my vehicle will be done in lumpsum as per what the insurer's surveyor has recommended. I hereby authorize my driver Kwek Joon Kiat to do necessary paperwork for the claim.

I further acknowledge that any settlement that the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Yours Faithfully,

X

Signature of Owner





### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJS 4064X (Insd veh)	Model: NISSAN NV200
	GBC 5681L (TP veh)	
Date of Accident/ Time:	27/02/2019	

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	: \$	11,540.00	(GLOBAL SUM)
Payee Name : SNG AH TEE MOTOR & PANEL SERVICE PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>28</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>0</u> (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

#### 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.

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD  
BLK 3 PIONEER ROAD NORTH #01-18  
SINGAPORE 628457  
TEL: 6288 8183 FAX: 6288 1429

Signature of workshop representative / Workshop stamp  
Name of Representative:  
Date: 14/07/2020



Signature of Witness / Workshop stamp (if applicable)  
Name of Witness:  
Date: 14/07/2020

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 14/07/2020





KWEK JOON KIAT

KWEK JOON KIAT  
BLK/HSE 28 #06-29  
BALAM ROAD  
BALAM GARDENS  
SINGAPORE 370028

Accident and Emergency  
**TAX INVOICE**

Page 1 of 2  
GST Reg No 20-0409811-Z  
Business Reg No 53029034X  
Print Date/Time 28.02.2019/11:01:01  
Bill Date 28.02.2019  
Customer No 6146972  
Case No 3019008671  
Bill Document No 8205685823  
Visit Type A&E WALK-IN  
Visit Date 28.02.2019  
Attending Doctor DR SNG KONG CHEE

Date	Code	Service Description	Qty	Amount (S\$)
28.02.2019	3501010014	XR-NECK (CERVICAL SP 2 VIEWS)	1	69.72
28.02.2019	3501010049	XR-CHEST 1 VIEW	1	45.38
28.02.2019	5601000001	A&E ECG 12 LEAD	1	81.53
28.02.2019	7108000001	CONSULTATION - OFFICE HOUR	1	93.46
28.02.2019	METO3	METOCLOPRAMIDE 10mg TABLETS	10	6.90
28.02.2019	TRAM8	TRAMADOL 50MG CAPSULES	10	19.10
Subtotal				316.09
Hospital Charges				316.09
GST @ 7%				22.13
Hospital Charges Subtotal				338.22
Total Bill				338.22
Total Hospital Charges				338.22

Note: (^)-non discountable items (\*)-A&E charges

Customer No./Name: 6146972 KWEK JOON KIAT  
Case Number: 3019008671 Balance Due(S\$): 0.00  
Cheque Amount: \_\_\_\_\_ Cheque Number: \_\_\_\_\_ Bank: \_\_\_\_\_  
Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".  
Please detach and return this section with your payment.

GJA480945



KWEK JOON KIAT

KWEK JOON KIAT  
BLK/HSE 28 #06-29  
BALAM ROAD  
BALAM GARDENS  
SINGAPORE 370028

## Accident and Emergency TAX INVOICE

Page 2 of 2

GST Reg No	20-0409811-Z
Business Reg No	53029034X
Print Date/Time	28.02.2019/11:01:01
Bill Date	28.02.2019
Customer No	6146972
Case No	3019008671
Bill Document No	8205685823
Visit Type	A&E WALK-IN
Visit Date	28.02.2019
Attending Doctor	DR SNG KONG CHEE

Date	Code	Service Description	Qty	Amount (\$\$)
<b>Payment</b>				
28.02.2019	Visa/Master Cd (PEH)	*****5893		338.22-
<b>Balance</b>				
KWEK JOON KIAT : Balance				0.00

## Parkway East Hospital

### OFFICIAL RECEIPT

A registered business of  
Parkway Hospitals Singapore Pte Ltd  
321 Joo Chiat Place, Singapore 427990  
Tel: 6344 7588

GST No: 20-0409811-Z  
Business Reg No: 53029034X

Date/Time : 28.02.2019 11:00:07  
Cashier : Gloria Jasmine  
Cashier ID : 1583  
Machine No : 831  
Receipt No : 235855

Patient : KWEK JOON KIAT  
Case No : 3019008671 A1  
Cust No : 0006146972 338.22  
Patient Bill 338.22

DUE RECEIVED 338.22

VISA/MASTER SGD 338.22  
Approval Code = 006572  
Card Number = \*\*\*\*\*5893

(Gst Inclusive)  
Thank You

For cheque payment, validity of receipt is subject to cheque clearance



PEH-A&E DEPARTMENT  
321 JOO CHIAT PL  
A&E PARKWAY EAST HOSPITAL  
SINGAPORE 427990

DATE/TIME: 28/02/19 11:00:46  
MID: 00001050373497 INV: 010106  
TID: 58278301 BATCH: 000611 TRACE: 015790  
S/W: 4311 00 01 2  
APPR CODE: 005572  
CONTACTLESS SALE  
MASTERCARD OFUS  
ENT: PAYPASS  
REF NUM: 000021015796

BASE : \$ 338.22

TOTAL : \$ 338.22

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

THANK YOU, HAVE A NICE DAY



KK Women's and  
Children's Hospital

SingHealth

Reg No 198904227G

## TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

KFINDN / FB / 27.02.2019 2141 hrs / Page 1 of 1

KONG HUI YIN

\* 151 CEYLON ROAD

SINGAPORE 429713

Patient : KONG HUI YIN

Tax Invoice Number: 7719047128F0001

Bill Ref Number : 7719047128F-0001-01

Tax Invoice Date : 27.02.2019 2141 hrs

Patient NRIC/HRN : S8856178C

Visit Date : 27.02.2019 2004 hrs

Visit / Bill Location : KXLWT / KXLWT / OBS

Payment Class : PR PRIVATE

Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	<b>PROFESSIONAL FEES - DOCTOR</b>	<b>Subtotal</b>	<b>97.00</b>
CONFOBGM	CONSULT - REPEAT VISIT, OG24H/DEL SUITE (PTE)	1	97.00
	<b>LABORATORY INVESTIGATIONS</b>	<b>Subtotal</b>	<b>64.00</b>
BA0310	VP3 DNA PROBE TEST	1	64.00
	<b>X-RAY INVESTIGATIONS</b>	<b>Subtotal</b>	<b>60.00</b>
XRP008D	U/S, OBS/GYN-ROUTINE SIMPLE SC	1	60.00
	<b>SPECIALISED INVESTIGATIONS</b>	<b>Subtotal</b>	<b>51.00</b>
VC0003	CARDIOTOCOGRAPHY (CTG)	1	51.00
	<b>WARD PROCEDURES</b>	<b>Subtotal</b>	<b>22.00</b>
WS014S	SPECIMEN COLLECTION	1	22.00
	<b>Subtotal Charges</b>		<b>294.00</b>
	<b>Total Charges Payable</b>		<b>294.00</b>
<b>AMOUNT PAYABLE BEFORE TAX</b>			<b>294.00</b>
<b>ADD : 7% GST</b>			<b>20.58</b>
<b>AMOUNT PAYABLE AFTER TAX</b>			<b>314.58</b>
<b>NET AMOUNT PAYABLE</b>			<b>314.58</b>
KONG HUI YIN			314.58
<b>PAYMENT</b>			
KONG HUI YIN	27.02.2019	NETS	314.58
<b>AMOUNT DUE FROM</b>			
KONG HUI YIN			0.00

ST: B S8856178C

\*\*\* You are served by D NIRUMALATHAVI \*\*\*

Your next appointment:

Date

09.03.2019

Time

1100 hrs

Location

SPECI

\*\*\*\*\*DUPLICATE\*\*\*\*\*

NETS  
APPROVED

TOTAL: \$314.58

27 FEB 2019 21:41:30  
005603 580509 00

NETS PURCHASE  
DBS BANK

111874344000 87434401  
005603 REF:01  
SAU

NETS016.084  
KK WOMEN'S & CHILDREN'S  
KH-DELIVERY

NETS



ORIGINAL

MEDICAL CERTIFICATE

OBS201964382

Name KONG HUI YIN		NRIC No. S8856178C
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>27-Feb-2019</u> to <u>28-Feb-2019</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (if applicable)
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital  KK Women's and Children's Hospital Pte. Ltd.	Date  27-Feb-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  SMITA LAKHOTIA, 16364C





24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY  
321 Joo Chiat Place #01-00 Singapore 427990  
Tel: 63408666 Fax: 63408660 Co Reg No: 19-9509118-D

### MEDICAL CERTIFICATE

This is to certify that:  
Name: **KWEK JOON KIAT**  
NRIC: S8106147E

MC No: PEH3019008671001

Medical leave for 3 day/s from 28.02.2019 to 02.03.2019 inclusive

Date: 28.02.2019

  
DR SNG KONG CHEE

THIS CERTIFICATE IS NOT VALID FOR ABSENCE FROM COURT OR OTHER  
JUDICIAL PROCEEDINGS UNLESS SPECIFICALLY STATED OTHERWISE



## Pls proceed DS with quantum as per revised below

Type

🔗 Question

Message

COR: \$10700 (as proposed); LOU: \$840.00 (\$60/day for 14 days); LTA: \$2.00. Total: \$11542.00. Please redirect medical expenses to the last car which was the proximate cause of the accident.

Reply

BS Development Pte Ltd

C/O 54 YUNNAN ROAD  
SINGAPORE 637917

OUR REF : 5681 AXA  
YOUR REF : TBA  
DATE : 20/03/2020

ATTN: THE MOTOR CLAIMS DEPT  
AXA Insurance Pte Ltd

Dear Sir/ Mdm,

Re: Accident involving vehicle no. GB(5681L & Your Insured SJS4064X  
On 27/1/2019 along MCE near to Fort Road Exit.

I/We wish to inform you that my/our vehicle have been completed repairs to my/our satisfaction by M/S SNG AH TEE MOTOR & PANEL SERVICE PTE. LTD. I/We therefore propose to claim from you as followed:-

- |  |             |
|--|-------------|
| 1. COST OF REPAIR / EXCESS                     | S\$ 10700/- |
| 2. LOSS OF USE \$ 80.00 /per DAY FOR 14 DAYS   | S\$ 1120/-  |
| 3. SURVEY FEE (Surveying my LK)                | S\$ -       |
| 4. POLICE REPORTS/ LTA SEARCH FEE/ GIA REPORTS | S\$ 2.00    |
| 5. OTHERS (Medical fees \$338.72 + \$314.50)   | S\$ 652.80  |

TOTAL: S\$ 12474.80

For the payment, kindly make payable directly to my/our repairer M/S SNG AH TEE MOTOR & PANEL SERVICE PTE LTD of BLK 3 PIONEER ROAD NORTH #01-18 S'PORE 628457

Your kind and early co-operation will be greatly appreciated.  
Thank You.

Yours Faithfully,

  


Enclosed documents:-

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| GIA report/assessment                 | <input checked="" type="checkbox"/> |
| Original/Copy of Surveyor report      | <input type="checkbox"/>            |
| Original/Copy of Photographs          | <input type="checkbox"/>            |
| Insurance Cert/ Logcard               | <input type="checkbox"/>            |
| Copy of IC/ Driving License           | <input type="checkbox"/>            |
| Witness Statement                     | <input type="checkbox"/>            |
| Final Bill / Tax Invoice              | <input type="checkbox"/>            |
| Others <u>search fee, Medical fee</u> | <input checked="" type="checkbox"/> |

孫亞弟汽車燒焊私人有限公司  
SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Blk 3, Pioneer Road North, #01-18 Singapore 628457

Tel: 6268 6183 (4 Lines) Fax: 6268 1429

Email: sngahtee@singnet.com.sg

Website: www.sngahtee.com

RCB. Reg. / GST Reg. No: 200810440N

AXA INSURANCE PTE LTD

8 Shenton Way #24-01

AXA Tower (S) 068811

ATTENTION :

CONTACT : -

FAX NO: 68804838

TAX INVOICE NO. I311097

DATE: 20/03/2020

ACCIDENT DATE : 27/02/2019

VEHICLE NO : GBC5681L

CHASSIS/ENG.NO :

VEHICLE MODEL : NISSAN NV200

CLAIM NO :

POLICY NO : SURVEY BY LKK

REMARK : 5681AXA TP AGST  
SJS4064X

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
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**\*\* LIST PRICE \*\***

SUB-TOTAL: 0.00

**\*\* WORK LABOUR \*\***

1 AS PER AUDATEX REPORT

10000.00 10,000.00

SUB-TOTAL 10,000.00

SHARON

PAGE: 1 of 1

AFTER EXCESS S\$ 10,000.00

SUB-TOTAL : S\$ 10,000.00

ADD 7% GST. S\$ 700.00

GRAND TOTAL : S\$ 10,700.00

ON BEHALF OF SNG AH TEE MOTOR PANEL & SERVICE PTE L

E & O.E



## TAX INVOICE

Our Ref No: GR-19-032519  
Date of Request: 28/02/2019

Your Ref No: Online Purchase

Sng Ah Tee Motor & Panel Service Pte Ltd  
Blk 3 Pioneer Road North  
#01-18  
Singapore 628457

Dear Sir/Madam,

Enquiry Date 28/02/2019  
Enquiry By Sharon Sng May Yuen  
TP Vehicle No. SJS4064X  
Accident Date 27/02/2019

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.

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For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque