

## Asher Sng (LKKAuto)

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**From:** Asher Sng (LKKAuto)  
**Sent:** Thursday, 9 May 2019 5:11 PM  
**To:** 'HNAHARAS@HOTMAIL.COM'  
**Subject:** ACCIDENT INVOLVING SJW 3859E AND SGT 4135E ALONG MCE ON 07/03/2019

09 MAY 2019

**HIMANSHU NAHARAS**

Dear Sir/ Mdm

**OUR REF : CC4/ASM19004348/Aeb3**  
**YOUR REF : SJW 3859E**  
**ACCIDENT INVOLVING SJW 3859E AND SGT 4135E ALONG MCE ON 07/03/2019**

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 CHEW MOTOR PTE LTD acting on behalf of the owner of SGT 4135E against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SGT 4135E. 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 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 [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) within 7 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 us at 6256 3561 or email us at [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com).

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

Yours sincerely,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

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

# LETTER OF AUTHORISATION

**Chew Motor Pte Ltd**

Kaki Bukit Avenue 6  
Blk 1 #01-11  
Singapore 417883

Dear Sir,

Accident on

07103119, 1805

Involving Vehicles

SGT4135E, SJW3859E

Along

KPE (ECP)

I/We, the registered owner/driver of vehicle registration no: \_\_\_\_\_

SGT4135E

I/We hereby authorize **Chew Motor Pte Ltd** to commence repairs of the said vehicle forthwith.

I/We agree to assign the whole proceeds of my/our comprehensive/third party claim to you and our solicitor, \_\_\_\_\_, to act on my/our behalf in respect of the above matter. And if applicable, my/our solicitors shall accept this as my/our irrevocable authority to pay the amount as deemed compensated direct to you after deduction of their costs on a Solicitor and client basis.

I/We undertake to co-operate fully with you and our solicitors to ensure that claim is successful.

I/We also authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in relation with the above claim in my/our absence.

Your kind co-operation in this matter will be much appreciated.

Yours truly,



Owner's Signature

(Company's stamp if applicable)

Name: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Date: \_\_\_\_\_



WITHOUT PREJUDICE to:  
 (a) Insurance Subrogated Claim and/of  
 (b) Any Personal Injury Claims  
 [Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	SJW 3859E	(Insd veh)	Model: TOYOTA WISH 1.8A
	SGT 4135E	(TP veh)	
Date of Accident/ Time:	07/03/2019 / 18:05		

Repair Estimate	: \$	20,822.57	
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	: \$	5,800.00	Global Sum (All In)

Payee Name : CHEW MOTOR PTE LTD

Is Third Party Workshop GIA Registered? [ ] YES [ X ] NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability 100 (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: \_\_\_\_\_  
 BOLA Liability: \_\_\_\_\_ (%) 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 confirmed that we have the authority of our client to act for and on their behalf in this accident.



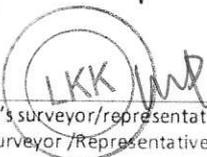
*[Signature]*

Signature of workshop representative / Workshop stamp  
 Name of Representative: Sukji Cheng  
 Date: 8.7.19



*[Signature]*

Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: Chloe Chew  
 Date: 8.7.19



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



# CHEW MOTOR PTE. LTD.

1 Kaki Bukit Avenue 6, Blk A #01-11 Autobay@Kaki Bukit Singapore 417883

Tel: 6509 5545

Fax: 6509 5567

Website: www.chewmotor.com

Registration No.: 201718369R

GST Reg No.: 201718369R

## TAX INVOICE

**AXA Insurance Pte Ltd**

8 Shenton Way,

#B1-01,

Singapore 068811

Client:

BIZLINK RENT-A-CAR PTE LTD

Invoice No : CPI1904-0079

Date : 23-Apr-19

Date of Accident : 7-Mar-19

Vehicle No. : SGT4135E

Model Type : Toyota Wish

Descriptions	Amount
Lump Sum Repair Cost	4,800.00
GST 7% :	336.00
Total :	5,136.00

(SGD) Dollars: FIVE THOUSAND ONE HUNDRED AND THIRTY SIX ONLY



&gt; Back to OneMotoring



Land Transport Authority  
 10 Sin Ming Drive  
 Singapore 575701  
 GST Registration No. : M4-0006529-2

Print Date/Time : 09 Mar 2019 / 11:03:14

Receipt Date/Time : 09 Mar 2019 / 11:03:14

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190309-000614

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJW3859E As at 07 Mar 2019/18:05:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJW3859E Enquiry Fee 20190309110234927001	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	20190309110241810	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.