Cecilia Chong (LKK Auto)

From:

Cecilia Chong (LKK Auto)

Sent:

Wednesday, 25 September 2019 7:43 PM

To:

KATT0829@HOTMAIL.COM

Subject:

<STANDARD NOTIFICATION LETTER> OUR REF: CC4/ASM19004842/Egb3 *** ACCIDENT INVOLVING SMK 1313D & SHA 8829Z ON 15/03/2019 *** (NO ACTION

REQUIRED)

25 SEPTEMBER 2019

LING KEE HOCK

Dear Sir/ Mdm

OUR REF

: CC4/ASM19004842/Eqb3

YOUR REF : SMK 1313D

ACCIDENT INVOLVING SMK 1313D AND SHA 8829Z ALONG/AT TANJONG KATONG RD NEAR THIAM SIEW AVE ON 15/03/2019

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 DING AUTOMOTIVE PTE LTD acting on behalf of the owner of SHA 8829Z 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/ Authorisation letter from your company
- 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.

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

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com| fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth Print only when necessary.

LETTER OF AUTHORITY

| ACCIDENT INVOLVING SHA88292 & | SMK 1313D ON 15/3/2019. |
|-------------------------------|---|
| I, TAN HOCK SOON | NRIC NQ. 2/005438/1 of |
| citycab pte ltd owner/ hire | er of the Vehicle Registration |
| No. SHA8829Z herel | by authorize Ding Automotive Pte |
| Ltd to submit, correspond | , negotiate and settle my claim for |
| | ed losses arising from the above |
| accident. | |
| ≥ | |

I further authorize that agreed settlement sum for cost of repair, loss of income and rental, survey report fee, third party vehicle insurance particulars enquiry fee etc. Be made in favour of the **Ding Automotive Pte Ltd** and that the said payment be forwarded to them as full and final discharge of my claim.

SIGNED BY:



DATE: 15-03-2019



Without Prejudice to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

| Vehicle No: | SMK 1313D (Insd veh) | | | | | |
|-------------------------|----------------------|----------|--------|--------------|--|--|
| | SHA 8829Z | (TP veh) | Model: | TOYOTA PRIUS | | |
| Date of Accident/ Time: | 15/03/2019 | | | TOTOTAFRIDS | | |

| | Estimate | : \$ | 14,598.99 | |
|-----------|-------------------------------|----------|---|-----------------------------|
| FinalRe | pair Cost | :5 | 8,292.50 | (WGST) |
| Loss of | USE LINCOME Token Sum | 1.5 | 150.00 | 1 |
| Rental (i | if any) | :5 | 351.60 | days at James per day |
| LTA / GL | A Search Fee | 5 | 2.00 | 3 days at \$ 117.20 per day |
| Others | | :5 | | |
| | | :5 | | |
| Final Set | ttlement Sum | : 5 | 8.796,10 | |
| Payee N | lame : DING AUTOMO | TIVE PTE | | |
| ls Third | Party Workshop GIA Registered | 15 [|] YES [V] NO (Kindly indicate belo | w) |
| 4) | For Non GIA Registered | Works | nop: Agreed Liability 100 | (%) |
| 3) | For GIA Registered Wor | kshop: | BOLA Applicable: Yes/NO B | OLA Scenario No |
| | BOLA Liability: | (%) | Assessed Liability (*): | 1 |
| | * Assessed Liability to be | filled o | nly for chain collisions and for cases where BOLA c | |
| Remarks: | | | TOWNS AND A STATE OF THE PARTY | |

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.

Signature of Witness / Workshop stamp

Name of Witness: 4114 20/11/19

We confirmed that we have the authority of gar with Quart for and on their behalf in this accident

Signature of workshop representative / Workshop sta

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

Date:

Our Ref: CC19030402

Date: 16 March 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

15/03/2019 @ 18:15 hrs

ALONG

JUNCTION OF TANJONG KATONG RD & THAIM SIEW

AVE

INVOLVING

SMK1313D

We refer to the above-mentioned accident and wish to inform that CityCab Pte Ltd is the registered owner of the taxi bearing vehicle registration number SHA8829Z (the "Taxi"). The Taxi was hired to TAN HOCK SOON IC NO S1005438I a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.40 per day (inclusive of GST).

Please be advised that the Taxi was insured with MS First Capital Insurance Ltd on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

| N |
|----|
| 0 |
| 82 |
| 0 |
| Ct |
| I |
| S |
| |

| | _ | | | _ | _ | | _ | _ | _ | _ | - | Т | Т | | _ | \neg | |
|----------|-----------------------|-----------------|------|----------------------------|----------------|-----------------------------|---|---|---|---|---|------|-------|---|---|--------|--|
| (TA 417) | HOURS OPERALED (TIME) | TO | | 1 | 101 | | | | | | | | | | | | |
| | HOURS OPE | FORM | ilan | 02// | \ | | | | | | | | | | | | |
| MIIFAGE | TD AVEL 1 ED | (KM) | | | | | | | | | | a si | | - | | -27 | |
| | | MILEAGE READING | - | 1-1-1-1-1 | マイン・バイ | 1 | | | | | | | | | | | |
| e. | × | NAME OF DRIVER | | ACCIDENTS REPORTING (IN) | THE CONTRACTOR | ACCIDENTS REPORTING (DOL) | | | | | 3 | | | | | | |
| | | DATE | | K12/19 | 1115101 | 3/18/00 | | | | | | | | | | | |

.



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-19-041722

Date of Request:

16/03/2019

Your Ref No:

Online Purchase

Ding Auto Pte Ltd

Blk 10, #01-20

Sin Ming Industrial Estate Sector C

Singapore 575645

Dear Sir/Madam,

Enquiry Date

16/03/2019

Enquiry By

You Jing Feng

TP Vehicle No.

SMK1313D

Accident Date

15/03/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SMK1313D | AXA Insurance Pte Ltd | 05/03/2019-04/03/2020 | 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.



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-19-041722

Date of Request:

16/03/2019

Your Ref No:

Online Purchase

Ding Auto Pte Ltd Blk 10, #01-20

Sin Ming Industrial Estate Sector C

Singapore 575645

Dear Sir/Madam,

Enquiry Date

16/03/2019

Enquiry By

You Jing Feng

TP Vehicle No.

SMK1313D

Accident Date

15/03/2019

| 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