



Auto  
Consultants  
Pte Ltd

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

02 JULY 2019

ANG WEI JING  
601 BEDOK RESERVOIR RD  
#03-510  
SINGAPORE 470601

Dear Sir/ Mdm

**OUR REF : CC4/ASM19004904/Jga3**  
**YOUR REF : SKT 4015X**  
**ACCIDENT INVOLVING SKT 4015X AND SHC 4210Z ALONG/AT GEYLANG LORONG**  
**17 ON 17/03/2019**

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 **SMRT AUTOMOTIVE SERVICES PTE LTD** acting on behalf of the owner of SHC 4210Z 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](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)
- 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](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)*

## AUTHORISATION TO ACT

We, SMRT TAXIS PTE LTD (“the third party claimant”) of No. 60 Woodlands Industrial Park E4, Singapore 757705 (address), owner of SHC 4210Z (vehicle no.) hereby authorize SMRT Automotive Services Pte Ltd (“the workshop”) to act for us with respect to our claim for repair costs and/or rental and/or loss of use (“claim”) for our vehicle no. SKT 4015X was damaged pursuant to the accident which occurred on 15/3/2019 (date) along Sims Avenue (location) involving vehicle no/s. SHC 4210Z (“the accident”).

I further authorize the workshop to settle the above mentioned claim in a manner as they deem fit and the cheque is to be made in favour of **SMRT TAXIS PTE LTD**.

I further acknowledge that any settlement 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.

Dated this 25 (day) of Oct (month) 2019 (year)



Signed by “the third party claimant”  
(with company stamp if applicable)



Signed by “the workshop”  
(with company stamp)



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKT 4015X (Insd veh)	Model: TOYOTA PRIUS
	SHC 4210Z (TP veh)	
Date of Accident/ Time:	15/03/2019 / 11.00	

Repair Estimate	: \$	10,222.20	
Final Repair Cost	: \$	2,000.00	
Loss of Use <i>Taken Sum</i>	: \$		days at \$ per day
Rental (if any)	: \$	869.38	6.5 days at \$133.75 per day
LTA / GIA Search Fee	: \$	7.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,876.38	

Payee Name : SMRT TAXIS PTE LTD

Is Third Party Workshop GIA Registered?  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: 27  
 BOLA Liability: 100 (%) 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.

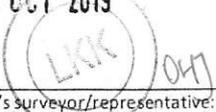
Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are *not received within 7 days* of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

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 confirm 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: Tan Lee Ciek  
 Date: 25 OCT 2019

  
 Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: Ana Magnaye  
 Date: 25 OCT 2019

  
 Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor/Representative:  
 Date: 31-10-19

\*\*\* This Discharge Voucher applies only to the claimant's claim or his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/03/19/2070

From: SMRT Taxis Pte Ltd

Date: 26/03/2019

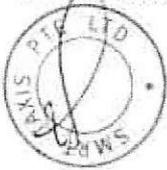
**ACCIDENT INVOLVING SHC 4210Z & SKT 4015X ON 15/3/2019 ALONG SIMS AVENUE**

This is to confirm that the daily rental rate for SHC 4210Z is \$133.75 per day.

Please proceed to recover any rental loss from the third party as a result of the above accident.

Thank you.

Yours sincerely  
SMRT TAXIS PTE LTD



for Manager



# Laid Up Report

Accident Start Date : 01/03/2019  
Accident End Date : 28/03/2019

Date Generated : 28/03/2019  
User Name : LeeGek

Case Reference Number	Vehicle Registration Number	Company Type	Vehicle Make	Vehicle Model	Job Card Number	Date and Time (Accident Repair)	Date and Time (Repair Completed)
TAX/03/19/2070	SHC4210Z	SMART Taxis Pte Ltd	TOYOTA	PRIUS	24100642	16/03/2019 12:41 PM	23/03/2019 9:02 AM

### Enquire Transaction History

History Details

Log Date/Time: 18 Mar 2019 / 14:19:24  
 Asset Type: Vehicle  
 Asset ID: SKT4015X  
 Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)  
 User ID: ESASBAHO - BALQISH BINTE ABDUL HALIL

Transaction Amount: \$7.49  
 Channel: External Agency  
 Business Transaction Reference No.: 20190318141924665493

Search Date / Time: 15 Mar 2019 22:05:00  
 Insurance Company: AXA INSURANCE PTE LTD

Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)



**POSTING RECEIPT FOR REGISTERED ARTICLES(S)**

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 GST Reg. Add: SINGAPORE POST CENTRE  
 10 EUNOS ROAD 8  
 SINGAPORE 408600  
 GST Reg. No : M2-0105651-9  
 Date: 04 Apr 2019 Time: 09:51:41

Description	Amount(S\$)	GST@7%
Ref. No: PSL01/1926/094/0031 Postage Label LOCAL 7 X	2.54	1.16
<b>SUB TOTAL</b>	<b>17.78</b>	<b>1.16</b>

TOTAL AMOUNT 17.78  
 GST COLLECTED BY SINGPOST 1.16  
 MOP:CASH : \$17.78

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(Sawing)

- NOTES:**
- Separate forms are to be used for Insured and Non-Insured Registered Articles.
  - Please provide all information required and produce this receipt for all enquiries.
  - \* Please tick where applicable. It shall be assumed no Advice of Receipt (AR) is required or delivery by air is requested if relevant \* is left blank.
  - Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
  - Please post item(s) at the post office counter according to the sequence stated below.

<b>1. Name &amp; Address of Addressee</b> ANG WEI JING L: 334C WISHUN STREET 31 #04-121 SINGAPORE 163334 (SKT 4015X)		<b>For Official Use Only</b> (Item numbers are printed in order of posting at counter)	
AIR: ( ) Y ( ) N Insurance*: ( ) Y \$ \$ ( ) N	BY: ( ) AIR ( ) SUR ( ) N	RA TSN Ref: 1926/094/00034 Date: 04 Apr 2019 RA No: RC11424351895 RC114243504956	
<b>2. Name &amp; Address of Addressee</b> ONG STEW NGOH 16 Berwick Drive Singapore 559906 (SM 24M)		AIR: ( ) Y ( ) N Insurance*: ( ) Y \$ \$ ( ) N	

**Sender's Agreement**  
 I have read, understood and agree to the terms and conditions of posting overhead. I accept the maximum liability payable for Registered Mail Services and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature \_\_\_\_\_ Date \_\_\_\_\_