

SYN MAGDACO INTERNATIONAL



8 Burn Road #15-13 Trivex, Singapore 369977. Tel: 6893-0100 Fax: 6893-0020

AXA Insurance Pte Ltd 8 Shenton Way #24-01 AXA Tower Singapore 068811 Attn: Motor Claims

Invoice No : 202523-1

Date Ref No : 28th April 2020 : S8M00WLW

ACCIDENT INVOLVING FJ7379M, SGY265M & G8G618T ALONG CTE TOWARDS AYE ON 22ND SEPT 2018 @ 0944 HRS

TOTAL		\$ 1,667.45
4.	Towing Fee	\$ 60.00
3.	LTA Search Fee	\$ 7.45
2.	Loss of Use (5 days x \$20)	\$ 100.00
1.	Cost Repair (Lump Sum)	\$ 1,500.00

NOTE 1: All cheques should be crossed and made payable to "SYN MAGDACO INTERNATIONAL" with invoice number(s) indicated on the back of your cheque.

NOTE 2: Our internet banking detail as follows:

Name of Bank: DBS Bank

Name of Account: Syn Magdaco International

Account No: 019-903625-6

Bank Code: 7171 Branch Code: 081 Swift Code: D8SSSGSG

Authorised Signature

LETTER OF AUTHORISATION

ACCIDENT INVOLVING FJ7379M, SGY265M & GBG618T ALONG CTE TOWARDS AYE ON 22ND SEPTEMBER 2018 @ 0944 HRS

BY THE LETTER OF AUTHORITY, I MUHAMMAD ASYRAF BIN KAMSANI HOLDER OF NRIC NO: 59111496H AND OWNER OF VEHICLE NO: FJ7379M

Hereby irrevocably appoint Messrs SYN MAGDACO INTERNATIONAL at 20 Shaw Road #01-03 Ching Shine Industrial Building. SINGAPORE 367956 and/or their representative to process the Third Party claim on my behalf and to do all and/any of the following:

- To submit, negotiate/compromise and to resolve settlements of my above mentioned claim.
- To collect payment(s) due in respect of such claims(s) for the loss and damage, such payment to be made by way of cheque in favour of SYN MAGDACO INTERNATIONAL.
- For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever as they deem necessary for the purpose of settling my said claim.

I hereby declare that all the processing and documents done by virtue of this letter of authority on my behalf by my repairers or any person authorised by them shall be as good valid and effectual to all intends and purposes whatsoever as if the same fad been done or execute by me in person

I further confirm that the acceptance by Messrs SYN MAGDACO INTERNATIONAL of the settlement amount constitute the full discharge of my claim(s) in respect of the above accident.

Signed on the 5th (day) MAN & (month) 2019 (year)

MUHAMMAD ASYRAF BIN KAMSANI



Vehicle No:

AXA THIRD PARTY DIRECT SETTLEMENT

SOV DEEM [lesd web]

Date of Accident/ Time:		FJ 7379M (TP veh 22/09/2018		Model: YAMAHA RXZ 3 (133cc)		
Repair Estimate	15	United States				
Final Repair Cost	1:5	1,500.00				
Loss of Use	- 5	100.00		5 days at \$20 per day		
Rental (if any)	15	100.00		days at 5 per day		
LTA / GIA Search Fee	15	7.45				
Others: (Towing Fee)	15	60.00				
	15					
Final Settlement Sum	15	1,667.45				
Payee Name : SYN MAGDACO	INTERN	ATIONAL				
Is Third Party Workshop GIA Regis	tered? [] YES [X] NO	(Kindly indicate below	n)		
A) For Non GIA Regis	tered Works	hop: Agre	ed Liability100	(16)		
B) For GIA Registered	For GIA Registered Workshop:			DLA Scenario No:		
BOLA Liability:	(%)		Assessed Liability (*):(%)			
*Assessed Liability	to be filled a	only for chain collisions on	d for cases where BOLA a	loes not apply.		
Remarks:						
Charles and A. M.						

NOTE:

- 1. 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.
- 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.

Signature of workshop representative / Workshop stamp

Date: 29/4/

Signature of Witness / Workshop stamp (if applicable)

Date:

CTY

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

Date:



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

11 Mar 2019 / 18:59:38

Receipt Date/Time:

11 Mar 2019 / 18:59:37

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190311-003706

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 - SHA9577T As at 09 Dec 2018/18:52:00 Insurance Co: MS FIRST CAPITAL INSURAN 1 Insurance Enquiry - SHA9577T	CE LIMITED	001 (01)	(04)	(44)
Enquiry Fee 20190311185743433248		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SGY265M As at 22 Sep 2018/09:44:00 Insurance Co: AXA INSURANCE PTE LTD 2 Insurance Enquiry - SGY265M Enquiry Fee 2019/031118/5743496962		7.00	0.49	7.49
20130311100143400002	Sub-Total	7.00	0.49	7,49
	Total Before Rounding	14.00	0.98	14.98
	Rounding Difference			0.03
	Total Amount Payable			14.95
	Paid By			
	2000000000505	4 Credit Car /Master		14.95
	Total			14.95
	Cash Change			0.00
	Tendered Amount			14.90
	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.

20 SHAW ROAD 401-03 CHING SHINE

Cash Sales

M/S.

Cash

No.20183

Date 8/3/2019

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	& SYN MAGDACO			
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1	(#(62998782)m)	總	# #	1

Alssue by

Total \$ 60-00



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

24th July 2019

SEE MOI CHAN BLK 663 YISHUN AVE 4 #12-213 SINGAPORE 760663

Dear Sir/Madam,

OUR REF : CC4/ASM19005138/Efb3

YOUR REF : SGY 265M

ACCIDENT INVOLVING SGY 265M AND FJ 7379M ALONG CTE TWDS PIE ON

22/09/2018

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 SYN MAGDACO, acting on behalf of the owner of FJ 7379M against your motor insurance policy.

Based on the accident report and accident scenario, 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 full co-operation in the handling of the claim is required and kindly submit the following to pohkin@lkkauto.com_within 7 days from the date of this letter <u>if not provided</u> <u>at AXA's reporting centre</u>. 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 6841 2132 or email us at pohkin@lkkauto.com.

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

Yours sincerely,

Chong Poh Kin Case Handler DID: 6841 2132 FAX: 6741 4108

Email: pohkin@lkkauto.com

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