



Auto
Consultants
Pte Ltd

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

11 APRIL 2019

ZAINAB BINTE HASSAN
BLK 715 YISHUN ST 71
#01-304
SINGAPORE 760715

Dear Sir/ Mdm

OUR REF : CC4/ASM19005239/Epa3

YOUR REF : SLB 5377C

**ACCIDENT INVOLVING SLB 5377C AND SHA 8784T ALONG/AT CLEMENTI AVE 2
(NEAR BLK 363) ON 21/03/2019**

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 AUTO PTE LTD acting on behalf of the owner of SHA 8784T 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 chewht@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)
- 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 6742 3197 or email us at chewht@lkkauto.com.

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

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

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

LETTER OF AUTHORITY

ACCIDENT INVOLVING SHA8784T AND SLB5377C ON 21/03/2019

I, CHUA KWANG MENG NRIC NO. S1252864G of Citycab Pte Ltd
of Vehicle Registrartion No SHA8784T hereby authorize Ding Automotive Pte Ltd
to submit, correspond, negotiate and settle my claim for cost of repair
and uninsured 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.

Signature



Date

21-03-2019



Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLB 5377C (Insd veh)	Model: Hyundai I40 (1685cc)
	SHA 8784T (TP veh)	
Date of Accident/ Time:	21/03/2019	

Repair Estimate	: \$	7,534.84	
Final Repair Cost	: \$		
Loss of Use <i>Token Sum</i>	: \$		5 days at \$ 50 per day
Rental (if any)	: \$		5 days at \$ 105.30 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	4,250.00	
Payee Name : DING AUTOMOTIVE 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: <input checked="" type="checkbox"/> Yes / No BOLA Scenario No: <i>NIL</i>	
	BOLA Liability: <i>100</i> (%)	Assessed Liability (*): _____ (%)	
* 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.

Signature of workshop representative / Workshop stamp

Name of Representative: *Belin*

Date: *15/07/19*

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: *Jim Yi Hing*

Date: *15/07/19*

Signature of AXA's surveyor/representative:

Name of AXA's surveyor/Representative:

Date: *18/07/2019*

Our Ref: CC19030530

Date: 21 March 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 21/03/2019 @ 12:35 hrs
ALONG ALONG CLEMENTI AVE 2
INVOLVING SLB5377C

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 **SHA8784T** (the "Taxi"). The Taxi was hired to **CHUA KWANG MENG IC NO S1252864G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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.

**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-19-044860

Date of Request: 21/03/2019

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 21/03/2019
Enquiry By You Jing Feng
TP Vehicle No. SLB5377C
Accident Date 21/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLB5377C	AXA Insurance Pte Ltd	13/04/2018-12/04/2020	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.

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**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

TAX INVOICE

Our Ref No: GR-19-044860

Date of Request: 21/03/2019

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 21/03/2019
Enquiry By You Jing Feng
TP Vehicle No. SLB5377C
Accident Date 21/03/2019

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:

☒ GIRO ☐ Cash ☐ Cheque