



28TH AUG 2020

Our ref : TTS/BU/1819/653

Your ref :

AXA Insurance Pte Ltd

8 Shenton Way

#24-01 AXA Tower

Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir/Mdm,

ACCIDENT INVOLVING SBS6320M AND S1201CD ON 23/03/2019 AT ALONG JALAN ANAK BUKIT.

We understand that you are the insurer of vehicle no. SBS6320M which was involved in the above accident with our bus no. S1201CD.

We are of the opinion that the accident was caused by the negligent driving of your insured driver. As a result of this accident, we have been put to loss and expense as follows:

Cost of Repair	: \$	1,968.80	(inclusive of 7% gst)
Loss of Use	: \$	600.00	(\$300 x 2days)
GIA Search Fees	: \$	2.00	(enclosed)
Total	: \$	2,570.80	

We look forward to hearing from you early in order to resolve this matter amicably.

We are submitting this claim in demand for direct settlement.

We enclosed herewith the necessary documents to support the claims.

Kindly review and revert within the next (7) seven days.

Failure of which the case shall be send to our solicitor without further advice.

Thank You

Best Regards

Lynn Ahmad (Ms)

Senior Executive, Claims

Office +65 6248 0987

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AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	S 1201CD (Insd veh)	Model: MERCEDES BENZ CITARO
	SBS 6320M (TP veh)	
Date of Accident/ Time:	23/03/2019	

Repair Estimate	: \$	2,953.20	
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	: \$	2,050.00	(GLOBAL SUM)
Payee Name : TOWER TRANSIT SINGAPORE 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: Yes/ No BOLA Scenario No: <u>1</u>
	BOLA Liability: <u>100</u> (%)		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/TORTEASOR 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 of workshop representative / Workshop stamp Name of Representative: WU TZU YING Date: 07 SEP 2020	  Signature of Witness / Workshop stamp (if applicable) Name of Witness: LYNN AHMAD Date: 07 SEP 2020
  Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 10/09/2020	

**Tower Transit Singapore Pte Ltd**

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Co. Registration No. / GST Registration No. 201419417K

Website: www.towertransit.sg Email: AP@towertransit.sg

TAX INVOICE

Bill To:**AXA Insurance Pte Ltd**

8 Shenton Way, # 27-01/02 AXA Tower

Singapore 068811

GST Reg. No : 201419417K

Invoice No. : AXA-202009-02

Invoice Date : 9-Sep-2020

Terms : 28 days

Contract No. :-

Attention: Claims Department

Item	DESCRIPTION	GROSS AMOUNT (S\$)	TAX RATE	TAX (S\$)	AMOUNT (S\$)
1	Being cost recovery regarding accident involving SBS6320M and S1201CD dated 23rd March 2019 Cost of Repair	1,915.89	7%	134.11	2,050.00
TOTAL		1,915.89		134.11	2,050.00

Interest shall be levied from the due date of the invoice to the date payment is received. The interest rate shall be at 7.5% p.a. except when there is an agreement in which case the applicable late interest rate as per the agreement shall take precedence.

For Bank Transfer:

Bank Name: The Hongkong and Shanghai Banking Corporation Limited

Account Name: Tower Transit Singapore Pte Ltd

Bank Code: 7232

Branch Code: 052 Collyer Quay Branch

Account No.: 052-394822-001

SWIFT Code: HSBCSGSG

Authorised Signature

Name: Subramanian Kasi

Title: Finance Director

Third Party Insurer Enquiry

Our Ref No: GR-19-046494

Date of Request: 25/03/2019

Your Ref No:

Online Purchase

Tower Transit Singapore Pte Ltd
21 Bulim Drive
Bulim Bus Depot
Singapore 648170

Dear Sir/Madam,

Enquiry Date 25/03/2019

Enquiry By Sharifah Nusaybah Binte Syed Jamil Binshahab

TP Vehicle No. S1201CD

Accident Date 23/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
S1201CD	AXA Insurance Pte Ltd	21/09/2018-20/09/2019	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-19-046494
Date of Request: 25/03/2019

Your Ref No: Online Purchase

Tower Transit Singapore Pte Ltd
21 Bulim Drive
Bulim Bus Depot
Singapore 648170

Dear Sir/Madam,

Enquiry Date 25/03/2019
Enquiry By Sharifah Nusaybah Binte Syed Jamil Binshahab
TP Vehicle No. S1201CD
Accident Date 23/03/2019

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



Auto
Consultants
Pte Ltd

51 UBI AVE. 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

21 June, 2019

ANDY DETAILLE
8 Shenton Way
#14-01
AXA Tower
Singapore 068811

Dear Sir/Mdm,

OUR REF : CC4/ASM19005414/T1fa3
YOUR REF : S1201CD
ACCIDENT INVOLVING S1201CD & SBS6320M ALONG JALAN ANAK BUKIT ON
23/03/2019

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 third-party claim(s) from **Tower Transit Engineering** acting on behalf of the vehicle **SBS6320M** against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected because of the claim against your policy.

As Insurers, they 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@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)
- Copy of the letter of authorization
- 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA Customer Care Centre.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

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), we 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 2928 or vicalpeh@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Jimmy
Case Handler
DID: 6841 2928
Email: vicalpeh@lkkauto.com

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



Pls proceed DS with below revised quantum

Type

🔗 Question

Message

COR: \$1575.04 (-20% for lump-sum repair, incl. GST); LOU: \$500 (as proposed); LTA/GIA: \$2.00; Total: \$2077.04.

Reply