



Auto
Consultants
Pte Ltd

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

25 June, 2019

THRONE LANDSCAPE & CONSTRUCTION PTE. LTD.

47 JALAN PEMIMPIN

#05-07

HALCYON 2

SINGAPORE 577200

Dear Sir/Mdm,

OUR REF : CC4/ASM19005596/R1jb3

YOUR REF : GBF 5344U

**ACCIDENT INVOLVING GBF5344U / SLA2961R AND OTHER VEHICLES ALONG
CHANCERY LANE ON 27/03/2019**

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 **Auto Wheels Motorworks Pte Ltd** acting on behalf of the owner of **SLA2961R** 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 jimmychen@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.



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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 as at 6841 2928 or jimmychen@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
FAX: 6741 4108
Email: jimmychen@lkkauto.com

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



AUTO WHEELS

MOTORWORKS PTE LTD

NO. 1 BUKIT BATOK CRESCENT #02-40 WCEGA PLAZA SINGAPORE 658064

LETTER OF AUTHORITY

I/We, LAXSHIMI D/O RAJOO, owner of SLA2961R (vehicle no.)

hereby authorize **AUTO WHEELS MOTORWORKS PTE LTD** to act on my/our behalf with respect to my/our claim for repair costs and/or rental and/or loss of use for my vehicle no.

SLA2961R that was damage pursuant to the accident which occurred

on 27/03/2019 at/along CHANCERY LANE BEFORE DUNEARN ROAD INTERSECTION

involving with the vehicle no. GBF5344U.

I/We further authorize **AUTO WHEELS MOTORWORKS PTE LTD** to have full discretion to settle my/our above mentioned claim in a manner that they deem fit and to sign any discharge voucher or receive any payment on my/our behalf further to the settlement of my/our claim with payment cheque/s being made in favour of **AUTO WHEELS MOTORWORKS PTE LTD**.

I/We further acknowledge that any settlement that **AUTO WHEELS MOTORWORKS PTE LTD** may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of all vehicle/s is concerned.

Date: 28/03/2019
Name: Laxshimi D/o Rajoo
Company stamp / NRIC No: S8242935D
Signature of claimant: [Signature]



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBF 5344U (Insd veh)	Model: VOLKSWAGEN JETTA
	SLA 2961R (TP veh)	
Date of Accident/ Time:	27/03/2019	

Repair Estimate	: \$ 32,748.70	
Final Repair Cost	: \$	(WGST)
Loss of Use	: \$	8 days at \$ 60.00 per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others: MEDICAL FEE	: \$	
Final Settlement Sum	: \$ 8,000.00	GLOBAL SUM (ALL-IN)
Payee Name : AUTO WHEELS MOTORWORKS PTE LTD		
Is Third Party Workshop GIA Registered? [] YES [<input checked="" type="checkbox"/>] NO (Kindly indicate below)		
A) For Non GIA Registered Workshop: Agreed Liability 100 (%)		
B) For GIA Registered Workshop: BOLA Applicable: Yes/No BOLA Scenario No: 28		
BOLA Liability: (%) Assessed Liability (*): 100 (%)		
* 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/TORTEASOR 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: Louis Ong
Date: 26/10/2019
Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date:

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Tan Fee Yi
Date: 26/10/2019

" The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Mar 2019 / 17:24:50

Receipt Date/Time : 28 Mar 2019 / 17:24:42

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190328-003324

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBF5344U				
As at 27 Mar 2019/18:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - GBF5344U Enquiry Fee 20190328172404038658	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx6429	Credit Card: Visa /MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.



**Changi
General Hospital**
SingHealth

Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
636 6012 / 6936 6013 Email: billing@cgh.com.sg

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27.03.2019 22:13 hrs

AEKOK

IRN/NRIC : S8503098A
ASE NUMBER : 6919333629H
CUSTOMER : 3021138424
&E VISIT : 27.03.2019 19:15

LA 29612

GST Registration No. : M2-0088821-9

Bill To NG KOK LEONG JEFFREY WU GU
29 JALAN KATHI
SINGAPORE 468675

NETS
NETSV019.G02
CHANGI GENERAL HOSPI
L1 A&E REGIST
THANK YOU
111896034000 89603402
007423 REF:3629
NETS PURCHASE CUR
OCBC

27 MAR 2019 22:13:20
007423 221322 00

TOTAL : \$126.00

Name of Patient NG KOK LEONG JEFFREY

Service Descripti

Amount (\$S)	
Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
35.50	0.00
4.00	0.00
256.00	126.00
295.50	
169.50-	
	126.00
	8.82
	134.82
	8.82-
	126.00
	126.00-
	0.00
AMOUNT 126.00	PAYMENT TYPE NETS

APPROVED

NETS

X-RAY INVESTIGATIONS
DRUGS / PRESCRIPTIONS / INJECTIC
A&E ATTENDANCE FEE

TOTAL CHARGES
LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT
NG KOK LEONG JEFFREY

AMOUNT DUE
NG KOK LEONG JEFFREY

FOR INFORMATION:
ST: P SN: S8503098A

PAYMENT DETAILS
NAME
NG KOK LEONG JEFFREY, WU GUOLI

DATE
27.03.2019

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R13

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

27.03.2019

22:13 hrs

S8503098A Enclosed : \$ NG KOK LEONG JEFFREY Cheque No./Bank :

MRN/NRIC : S8503098A
CASE NUMBER : 6919333629H
ADMISSION DATE : 27.03.2019



ORIGINAL RECEIPT

CAEKOK

PAGE: 2 / 2

27.03.2019 22:13 hrs

GST Registration No. : M2-0088821-9

Bill To NG KOK LEONG JEFFREY WU GUOLIANG
29 JALAN KATHI
SINGAPORE 468675

MRN/NRIC : S8503098A
CASE NUMBER : 6919333629H
CUSTOMER : 3021138424
A&E VISIT : 27.03.2019 19:15

Name of Patient NG KOK LEONG JEFFREY WU GUOLIANG

Service Description

Amount (S\$)

THIS IS AN ORIGINAL RECEIPT FOR NETS PAYMENT OF \$126.00 RECEIVED ON 27.03.2019.

TYPE OF SUPPLY: CASH/CREDIT

“VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan.” Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R13

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to “Changi General Hospital Pte Ltd”.

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

27.03.2019

22:13 hrs

BALANCE DUE : S\$ 0.00
MRN/NRIC : S8503098A
CASE NUMBER : 6919333629H
ADMISSION DATE : 27.03.2019

0000000000000000

Amount Enclosed: \$
CGH S8503098A NG KOK LEONG JEFFREY

Cheque No./Bank :

6919333629H