

Proforma Inv:

CAS/20/PI0049

FAX: 6509 9501

Email: contact@casgarage.sg

31.03.2020

Our Ref:

SJL 2826P

Your Ref:

SKR 2062H

M/s AXA Insurance Pte Ltd

8 Shenton Way

#27-01

Singapore 068811

Dear Sir/Mdm

ACCIDENT INVOLVING SJL 2826P AND SKR 2062H ALONG PIE (TUAS) AFTER THOMSON RD ON 29.03.2020

Please refer to the above mentioned accident.

We are writing in on the behalf of

MUHAMMAD FIRDAUS BIN NOAH the registered owner of motor vehicle number

SJL 2826P

which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number SKR 2062H As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for:

1.	Cost of Repair (Recommended By LKK Guo Qiang)	\$	10,200.00
2.	Loss of Rental (14 days x \$110)	\$	1,540.00
3.	GIA Fees	\$	85.00
4.	LTA Fees	\$	7.45
TOTAL	AMOUNT	<u> </u>	11,832.45

We enclsoed hereby the following documents for your consideration:

- (A) Final Repair Bill
- (B) LTA Search Invoice
- (C) GIA Search Invoice
- (D) Letter of Authority
- (E) Rental Agreement
- (F) Rental Invoice

Kind of action ledge receipt of the above said documents and your favorable reply is greatly appreciated.

VEN 201828067M 1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY 5INGAPORE 417883

Ms Nicole Chong Administrator Mobile: 65 97916119

Email: nicole@casgarage.sg



INVOICE

AXA INSURANCE PTE LTD

Invoice Date 31 Mar 2020

Invoice Number TI-20-0054-1047TP CAS GARAGE PTE LTD 1 KAKI BUKIT AVENUE 6 #02-22 AUTOBAY SINGAPORE 417883

Reference SJL 2826P HONDA CIVIC

Description	Quantity	Unit Price	Tax	Amount SGD
LUMP SUM REPAIR COST (RECOMMENDED BY LKK GUO QIANG)	1.00	10,200.00	No Tax	10,200.00
			Subtotal	10,200.00
	X 	7	OTAL SGD	10,200.00

Due Date: 31 Mar 2020



PAYMENT ADVICE

To: CAS GARAGE PTE LTD

1 KAKI BUKIT AVENUE 6

#02-22 AUTOBAY
SINGAPORE 417883

Customer Invoice Number AXA INSURANCE PTE LTD TI-20-0054-1047TP

Amount Due Due Date **10,200.00** 31 Mar 2020

Amount Enclosed

Enter the amount you are paying above



Invoice

SJL2826P

Invoice No : WPLIN0003034

MUHAMMAD FIRDAUS BIN NOAH

Due Date

Invoice Date : 12/4/2019

BLK 286A COMPASSVALE CRESCENT

:12/4/2019

#15-83

VHA No

:3512

S(541286)

Referral ID : C080

Description:

Amount

Rental for

14

Day/s @

\$110

per Day \$

1,540.00

Vehicle No

: SJK 429 X

Vehicle Description

Toyota Altis 1.6 A

Rental Period

29/03/2019

to

12/04/2019

Total Amount Payable

1,540.00



WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875 Tel: 6315 8479 H/P: 9833 0807

VHA No: 3512 CAS Invoice No: WPLIN 3034

Hirer's Vehicle No : 57128

UEN: 201505115E

VEHICLE RENTAL AGREEMENT

4.4.4.2.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	。在他们的现在分词,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个					
HIRER'S PARTICULARS	Vehicle No: STK 429 X Replace Veh No:					
Name: (as in I/C) Muhammad Findaus Bin Noah NRIC/FIN No: S & S & S & S & S & S & S & S & S & S	Mileage Out: 216849 Mileage Out:					
Address (Res): BLK 286A Compassvale Crescent	Make & Model: Auto / Manual Auto / Manual					
#15-82 5'5412.96	Out: Date 29/03/2019 Time: 15 48					
Name & Address of Employer:	HIRE / PERIOD EXPIRY Time:					
Occupation:Driving Exp:	NON-WAIVER EXCESS=\$ 2000 p					
Singapore Driving Licence No:	CHARGES					
Issue Date: 30 10 08 Date of Birth: 23/3/85	Daily 4 @\$ 10 per day 1540 -					
Tel: (0)	Weekly @\$ per week					
ADDITIONAL DRIVER'S PARTICULARS	Monthly @\$ per month					
Name: (as in I/C)	Hours @\$ per hour					
NRIC / FIN No:Address (Res):	Extension @\$					
allah, 10 disebut) ke salah disebut albah sebagai disebut salah sebagai berasak berasak berasak berasak berasa Bi artifeksir salah disebut sebagai disebut aktor disebut sebagai berasak berasak berasak berasak berasak beras	Delivery/Collection Service					
Occupation: Driving Exp:	SUB-TOTAL \$					
Singapore Driving Licence No:	SOB-TOTAL 3					
Issue Date: Date of Birth:	PETROL LEVEL					
Tel: (O)(R):H/P:	Out E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F					
VEHICLE CHECK LIST	In E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F					
H S	Fuel selver of a s					
SCRATCHES SCRATCHES SCRATCHES	Traffic / Parking Fines					
	TOTAL CHARGES \$					
A - ACCIDENTS & DATE OF THE PROPERTY OF THE PR	Hirer's Signature					
MISSING / FAULTY ACCESSORIES / PARTS REMARKS :	Additional Driver's Signature					

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

*IMPORTANT

- 1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
- 2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- 5. IN CASE OF ACCIDENT. THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.

6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER "FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

	DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	To I form
1 CH 1	12/14	1211	126	n electric i	avigations	And
	17/4	1110	21/10/	dad solch	West District 6	SIGNATURE OF HIRER/DR

3/29/2019 Receipt

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 29 Mar 2019 / 17:50:10

Receipt Date/Time: 29 Mar 2019 / 17:50:10

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190329-004120

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at Insura	t of Insurance Enquiry - SKR2062H 29 Mar 2019/14:50:00 ance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SKR2062H Enquiry Fee				
	20190329174812669076		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			
		xxxxxxxxxxx1385	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.



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-19-051360

Date of Request:

02/04/2019

Your Ref No:

WALK IN LOH GS

CAS GARAGE PTE LTD

NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY

SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

29/03/2019

Vehicle No:

SJL2826P

Place of Accident:

PIE (TUAS) AFTER THOMSON RD EXIT

Involving Vehicle No: SLA968K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLA968K	PIE (TUAS) AFTER THOMSON RD EXIT	14.00	1	13.08
GST Amount	0.92			
Total Amount Due	14.00			

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:



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-19-051361

Date of Request:

02/04/2019

Your Ref No:

WALK IN LOH GS

CAS GARAGE PTE LTD

NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY

SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

29/03/2019

Vehicle No:

SJL2826P

Place of Accident:

PIE (TUAS) AFTER THOMSON RD EXIT

Involving Vehicle No: SLK4497Z

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLK4497Z	PIE (TUAS) AFTER THOMSON RD EXIT	14.00	1	13.08
GST Amount	0.92			
Total Amount Due	14.00			

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For GIARMC Official use:

Date:



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TAX INVOICE

Our Ref No:

GR-19-051351

Date of Request:

02/04/2019

Your Ref No:

WALK IN LOH GS

CAS GARAGE PTE LTD

NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY

SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No:

SJL2826P

Date of Accident:

29/03/2019

Place of Accident:

PIE

Involving Vehicle No: SKV4471B,SKR2062H,SJB6399G,SLA968K,SLK4497Z

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:



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-19-051352

Date of Request:

02/04/2019

Your Ref No:

WALK IN LOH GS

CAS GARAGE PTE LTD

NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY

SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

29/03/2019

Vehicle No:

SJL2826P

Place of Accident:

PIE (TUAS) AFTER THOMSON RD EXIT

Involving Vehicle No: SKV4471B

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKV4471B	PIE (TUAS) AFTER THOMSON RD EXIT	14.00	1	13.08
GST Amount	0.92			
Total Amount Due	14.00			

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.

This is a computer generated document and requires no signature.

For GIARMC Official use:



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GST Registration No: M400017735



TAX INVOICE

Our Ref No:

GR-19-051353

Date of Request:

02/04/2019

Your Ref No:

WALK IN LOH GS

CAS GARAGE PTE LTD NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

29/03/2019

Vehicle No:

SJL2826P

Place of Accident:

PIE (TUAS) AFTER THOMSON RD EXIT

Involving Vehicle No:

SKR2062H

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)	
SKR2062H	PIE (TUAS) AFTER THOMSON RD EXIT	14.00	1	13.08	
GST Amount	GST Amount				
Total Amount Due (GST Inclusive)				14.00	

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Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:



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-19-051354

Date of Request:

02/04/2019

Your Ref No:

WALK IN LOH GS

CAS GARAGE PTE LTD NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY

SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

29/03/2019

Vehicle No:

SJL2826P

Place of Accident:

PIE (TUAS) AFTER THOMSON RD EXIT

Involving Vehicle No: SJB6399G

IB6399G

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJB6399G	PIE (TUAS) AFTER THOMSON RD EXIT	14.00	1	13.08
GST Amount	0.92			
Total Amount Due	14.00			

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

Telephone: 6484 2220

Email: casgaragesg@gmail.com

5'541286

FAX: 6509 9501

LETTER OF AUTHORITY AND INDEMNITY

ACCI	DENT	100	OLVING	VEHICLE	NO		-2826P	AND	SKR 2062H
AT/A	LONG_	P	IE (THA	s) after	Thon	SON	exit		
ON	29	DAY	March	MONTH	19	YEAR			
311 - 32 3-90									
a)	I/We, the	e owner	of vehicle no.	SJL2826P	hereby i	nstruct a	and authorize yo	u to comme	ence repair to the said
b)	You are	further	authorized to a	appoint solicitors	on my/ou	behalf	and give the so	olicitors full	instructions as if the
	appointn	nent are	given by me/u	is with respect to	the condu	ict of m	y/our claims aga	ainst third n	arty driver and/or his
c)	You hav	e my/ou	g 11 necessary, to	o commence legal	proceeding r solicitor	gs in Cou	irt in my/our nam	ne against the	e third party. third party and/or his
	insurers	on such	terms as you de	em fit. Upon settle	ment of m	v claim.	you are authorize	zed to sign a	ny Discharge Voucher
47	or any do	cument	to confirm my a	acceptance of the se	ettlement a	as full an	d final discharge	of my claim	on my behalf
d)	and disb	solving r ursemen	ny/our claim, yo	ou are authorized to	agree wit	th my/ou	r solicitors on the	e amount of	their professional cost sum on my/our behalf
	directly i	nto your	account.						
e)	In the ev	ent that	I/we am/are re	equired to attend at	my/our s	olicitors	office or to atte	end court in	connection to my/our
f)			render full co-o my/our claim a		tv and/or	hie ineur	ers is Not succes	eeful or conr	not be proceeded with,
	I/we auth	iorized y	ou to make a cl	aim against my/ou	r own inst	irers for	the cost of repair	rs and any of	her losses recoverable
	under my	y/our po	licy of insurance	e. In this respects,	I/we unde	erstand a	nd accept that the	e excess am	ount applicable under
	in claimi	ng back	for the repair co	oorne by me/us. I/wost by your Solicito	ve shall als rs	so be per	sonally liable to	bear all lega	al cost incurred by you
g)	If for wh	natever i	easons, my/our	insurers reject m	y/our clair	n for in	demnity for the	cost of repa	airs and/or any looses
	recoveral	ole unde	r the policy of	insurance or make	any offer	to pay le	ess than the amo	unt claimed	by you I/we soree to
	my/our b	e to pay ehalf or	to pay you the o	nt of your repair t difference in amour	oll and su	rvey tee	es and any other	expenses re	easonably incurred on
h)	I/we have	e read ar	d understand th	e above statement	and agreed	i.			
Dated	this	19	day Marc	month_	19	_year			
			1 1						
Signati	ure		Jul -			_			
Name			: Muhamm	ad Firdaus	Bin N	oah	Company S	tamp	
NRIC/	ROC No).	: 585093	544D					
Addres	SS		: BLK 186	A Compassi	rale				
			Cres cen	才 井15-83					



Vahida Na

AXA THIRD PARTY DIRECT SETTLEMENT SKR 2062H (Insd yeh)

v difficie i	101		OTTI ZOOZITI	-		
			SJL 2826P (TP veh)	Model: Honda C	City (1799cc	:)
Date of Accident/ Time:		29/03/2019				
Repair Estimate		: \$				
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 (Global Sum)		:\$	11,300.00			
Payee Na	ame: CAS GARAGE P	TE	LTD			
Is Third P	Party Workshop GIA Registered	?	[] YES [X NO	(Kindly indicate below)		
A)	For Non GIA Registered	on GIA Registered Workshop:		Agreed Liability(%)		
В)	For GIA Registered Wor	: BOLA Ar	BOLA Applicable: Yes/ No BOLA Scenario No:			
	BOLA Liability:	(%)	Assessed	d Liability (*):	(%)	
	* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.					

NOTE:

Remarks:

- 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.
- 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.

CAS GARAGE PTE LTD

UEN 201828067M

1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,

SINGAPORE 417883
Signature of workshop representative / Workshop stamp Name of Representative: OWNY AT XIN

LKK

Date: 13 4 2020

Signature of Witness / Workshop stamp (if applicable) GOH HUA LOON

Name of Witness:

Date: 13/4/2020

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

Date: 13/04/2020

Telephone: +65 6880 4888 - axa.com.sg



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

29 APRIL 2019

CHONG HON SIONG 250 PASIR RIS STREET 21 #10-135 SINGAPORE 510250

Dear Sir/Madam,

OUR REF : CC4/ASM19005712/Gha3

YOUR REF : SKR2062H

ACCIDENT INVOLVING SKR2062H / SJL2826P / OTHERS ALONG PIE TWDS TUAS ON 29/03/2019

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 M/s CAS GARAGE PTE LTD acting on behalf of the owner of SJL2826P against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had was involved in a 6 vehicle chain collision and your vehicle was the fifth vehicle. 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.

You are aware that your No-Claim Discount (NCD – if applicable) will be withheld for the time being pending for final allocation of liability in settlement by our principal.

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 khanchna@lkkauto.com within 7 days from the date of this letter if not provided at AXA's 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)
- Authorization Letter for the Driver to drive the vehicle
- Driver's driving license or foreign driving license



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

- 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 $6841\ 2360$ or email us at $\underline{khanchna@lkkauto.com}$.

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

Yours sincerely,

HANCLIN

KHANCHNA Case Handler DID: 6841 2360 FAX: 6741 4108

Email: khanchna@lkkauto.com

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