



Auto
Consultants
Pte Ltd

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

05 August, 2019

AW SUET CHEE
15 PUNGGOL FIELD WALK,
#14-04
SINGAPORE 828476

Dear Sir,

OUR REF : CC4/ASM19005941/T1pa3 // S9M0119A
YOUR REF : SJM 5639M
ACCIDENT INVOLVING SJM 5639M & SLW 2868L ALONG ADAM ROAD
TOWARDS LORNIE ROAD 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 SK AUTOMOBILE PTE LTD acting on behalf of the owner of SLW 2868L against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your favour as your vehicle changed lane and collided with third party. Under Motor Accident Guide, vehicles should keep in the proper lane and change lane only when it is safe. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result 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 chewht@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.

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 6742 3197 or chewht@lkkauto.com. Please quote our 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)



ROC No.: 201500047H
23 Kaki Bukit Ave 4, #03-01
Vicom Inspection Centre (South Wing) S415933
Tel: 6789 5155 Fax: 6783 5155

LETTER OF AUTHORIZATION

To Workshop : SK Automobile Pte Ltd

Fr Owner's Name : Huwa Mui

Company (if any) : _____

Address : 320 Ang Mo Kio Ave 1 #12-1509 Singapore 560320

NRIC No : S7209682G

Accident on : 23/03/2019 involving vehicle(s) SJM 5639M

Along : Adam Road Towards Lornie Road Before Petrol Koisk

I/We, Huwa Mui the owner of motor vehicle, registration no. SLW 2868L hereby do authorize you to commence repairs to my abovementioned vehicle.

I/We confirm that you are authorized to handle the repair of the vehicle and/or to negotiate and settle my claims relating to the above mentioned accident, which I/we may have, against the other third party/parties or insurers (excluding my own insurer) and/or to instruct lawyers on my/our behalf, to facilitate the third party claim for me/us.

You are hereby authorized to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my convenience. You are also hereby authorized to receive on my/our behalf monies/claims, correspondences in connection with this said claim.

I/We confirm that in the event of an unsuccessful claim against the negligent party, and/or my own insurer for the damages caused to my vehicle, I agree to pay all repair costs, car rental and any incidental expenses incurred by you or to lodge an own damage (only for comprehensive cover) to cover the expenses incurred.

Witness's Name : _____



Witness's Signature : _____

Date : 25/3/19

Owner's Signature : x _____



ROC No.: 201500047H
23 Kaki Bukit Ave 4, #03-01
Vicom Inspection Centre (South Wing) S415933
Tel: 6789 5155 Fax: 6783 5155

To: AXA Insurance Pte Ltd

Dear Sir/Madam

Accident involving SLW 2868L and SJM 5639 M on 23/03/2019
At/along Adam Road Towards Lornie Road Before Petrol Koisk

I/We, Huwa Mui, am the registered
owner of the motor vehicle no. SLW 2868L

Please note that I have assigned all compensation monies due to me/us in the above said accident to
M/S SK Automobile Pte Ltd.

I/We, hereby authorized you to release all compensation monies pertaining to the above-mentioned
accident to M/S SK Automobile Pte Ltd and forward your settlement cheque to M/S SK Automobile
Pte Ltd whom I have authorized to collect the said compensation/monies.

x 
Signature of Claimant


Witness





Provided **always** that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJM 5639M	(Insd veh)	Model: TOYOTA WISH 1.8 (A)
	SLW 2868L	(TP veh)	
Date of Accident/ Time:	23/03/2019		

Repair Estimate	: \$	11,359.07	
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)	: \$	5,050.00	
Payee Name : SK AUTOMOBILE PTE LTD			
Is Third Party Workshop GIA Registered? [] YES [X] 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: _____
	BOLA Liability: _____ (%)		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/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.

Pvette Agas



Whoy



Signature of workshop representative / Workshop stamp

Name of Representative:

Date: 24/10/19

MTH



Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date: 24-10-19

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: 24/10/19

CARS FOR RENT (2016) PTE LTD

5 TANAH MERAH KECHIL ROAD
#17-05 SINGAPORE 466885
TEL: 6789 5155 FAX: 6783 5155

INVOICE

DATE	INVOICE #
28/08/2019	VII19386

Invoice To:

DANIEL GOH CHOON KIAH
BLK 320 ANG MO KIO AVE 1
#12-1509 SINGAPORE 560320

VEH REG NO	TERMS
SLW2868L	DUE ON RECPT

	DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
	CAR RENTAL FROM 03/04/19 TO 12/04/19	9	\$200.00	\$1,800.00
TOTAL				\$1,800.00



CARS FOR RENT (2016) PTE LTD

5 Tanah Merah Kechil Road #17-05 S 46685
Tel: 6789 5155 Fax: 67835155

No: 3281

ROC No: 201609732N

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>Daniel Goh Choon Kiah</u> NRIC/PASSPORT No: <u>S7324696B</u> Address (Res): <u>320 Ang Mo Kio Ave 1 #12-1509</u> <u>Singapore 560320</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: <u>17 Year 3 Months</u> Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: <u>15-07-1973</u> Tel: (O) _____ (R) _____ HP/PG <u>91078173</u>		Vehicle No: <u>SLU 74J</u> Replace Veh No: <u>SLW2868L</u> Mileage Out: _____ Mileage Out: _____ Make & Model: <u>Toyota Wish</u> Auto / Manual Group: _____ OUT: Date <u>03/04/2019</u> Time: <u>15:00</u> HIRE/PERIOD EXPIRY: _____ COLLISION DAMAGE WAIVER Excess <u>2,000</u> YES / NO PERSONAL ACCIDENT INSURANCE YES / NO																																																							
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res): _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		CHARGES <table border="1"> <tr> <td>Daily</td> <td>9 @</td> <td>200.00</td> <td>per day</td> <td>1,800</td> <td>00</td> </tr> <tr> <td>Weekly</td> <td>@</td> <td></td> <td>per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@</td> <td></td> <td>per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@</td> <td></td> <td>per hour</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td>@</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@</td> <td></td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td>@</td> <td></td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">SUB-TOTAL \$</td> <td>1,800</td> <td>00</td> </tr> </table>		Daily	9 @	200.00	per day	1,800	00	Weekly	@		per week			Monthly	@		per month			Hours	@		per hour			Others	@					CDW	@		per day/month			PAI	@		per day/month			Delivery Service						SUB-TOTAL \$				1,800	00
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VEHICLE CHECK LIST D - DENTS S - SCRATCHES A - ACCIDENTS INDICATE:		<table border="1"> <tr> <td>RIGHT</td> <td>FRONT</td> <td>TOP</td> <td>LEFT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		RIGHT	FRONT	TOP	LEFT																																																		
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ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges		PETROL LEVEL <table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table> EXTENSION Collection Service _____ Misc. _____ TOTAL CHARGES \$ _____ Rented out by: _____ Hirer's Signature <u>[Signature]</u> Addition Driver's Signature <u>[Signature]</u>		Out	E	1/4	1/2	3/4	F	In	E	1/4	1/2	3/4	F																																										
Out	E	1/4	1/2	3/4	F																																																				
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I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount 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 CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 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.
- 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.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" DURING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS FOR RENT (2016) 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	SIGNATURE OF HIRER/DRIVER
12/04/19	16:35				<u>[Signature]</u>

**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-19-046885
Date of Request: 26/03/2019

Your Ref No: Online Purchase

SK Automobile Pte Ltd
23 Kaki Bukit Avenue 4
#03-01 Vicom Inspection Centre
Singapore 415933

Dear Sir/Madam,

Enquiry Date: 26/03/2019
Enquiry By: Zhao Ying
TP Vehicle No: SJM5639M
Accident Date: 23/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJM5639M	AXA Insurance Pte Ltd	04/08/2018-03/08/2019	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.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
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TAX INVOICE

Our Ref No: GR-19-046885
Date of Request: 26/03/2019

Your Ref No: Online Purchase

SK Automobile Pte Ltd
23 Kaki Bukit Avenue 4
#03-01 Vicom Inspection Centre
Singapore 415933

Dear Sir/Madam,

Enquiry Date 26/03/2019
Enquiry By Zhao Ying
TP Vehicle No. SJM5639M
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