

THIRD PARTY CLAIM

Date: 26/6/2020

Name & Address Of Claimant: OH GUAT SNG (HU YUESHUANG)
C/O: KAN FOOK SING MOTOR WORKSHOP 61 DEFU LANE 12 SINGAPORE 539147
Name & Address Of Third Party Insured: AXA Insurance Singapore Pte Ltd
8 Shenton Way #27-01 AXA Tower Singapore 068811

Dear Sir/Madam,

Accident involving vehicles SLE 3435R & SHE 754G
on 03/04/2019 along/ at
St. Andrew's Road

I am the owner of vehicle registration no: SLE 3435R which was involved in the
above mentioned vehicle registration no: SHE 754G which I understand is insured
with you.

The accident was clearly caused by your insured's negligence and I am therefore claiming
compensation from you for all financial losses as itemized below:-

1 Repair Costs		S\$ <u>374.50</u>
2 Miscellaneous Items		S\$ <u>-</u>
3 GIA Search Fee	<u>(S\$14 + S\$15)</u>	S\$ <u>29.00</u>
4 LTA Search Fee		S\$ <u>7.45</u>
5 Loss of Use /		
Rental for	<u>2</u> days @ S\$ <u>80.00</u> per day	S\$ <u>160.00</u>
6 Excess		S\$ <u>-</u>
7 Medical Fee		S\$ <u>-</u>
TOTAL:		S\$ <u>570.95</u>

I enclosed the relevant copies of documents in support of my claims. Your prompt settlement of my claim would be much appreciated. If you require any other information, please contact my workshop at **KAN FOOK SING MOTOR WORKSHOP**, 61 Defu Lane 12 Singapore (539147), Tel: 6747 9560 Fax: 6748 1006, Email: ryan@kanfs.net / patricia@kanfs.net. I have authorized the said workshop to deal with my repairs & accept payment in relation to the claim for repairs/loss of use & execute documents on my behalf for the purpose of my convenience.

Thank you.

Your faithfully

Blissier

AUTHORISATION FORM

TO:-

KAN FOOK SING MOTOR WORKSHOP
61 DEFU LANE 12
SINGAPORE 539147

FROM:-

NAME: OH GUAT SNG (HU YUESHUANG)
NRIC NO: S7427297E

Dear Sir/Madam

Accident on 03/04/2019 involving vehicles SLE 3435 R & SHE 754G
along/at St. Andrew's Road

I/We OH GUAT SNG (HU YUESHUANG) the owner of
vehicle registration no: SLE 3435 R hereby do authorize you, Kan Fook Sing Motor
Workshop to commence repairs to my above mentioned vehicle.

I/ We confirm that Kan Fook Sing Motor Workshop is hereby authorized to handle the repairs of my/ our
vehicle and/ or to negotiate and settle any claims relating to the above accident which I/ We may have
against other third party/ parties or insurers and/ or to instruct lawyers on my/ our behalf to facilitate the
third party claim for me/ us.

Kan Fook Sing Motor Workshop is here by authorized to execute and /or sign my documents/ discharge
vouchers/ discharge agreements regarding my/ our claim to facilitate my convenience. **ALL PAYMENT
WILL BE MADE TO KAN FOOK SING MOTOR WORKSHOP.**

Thank you.

Yours faithfully





AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHF 754G	(Insd veh)	Model: HONDA VEZEL
	SLE 3435R	(TP veh)	
Date of Accident/ Time:	03/04/2019 / 20:30		

Repair Estimate	: \$	1,194.29	
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	: \$	280.00	(GLOBAL SUM - ALL IN)
Payee Name : KAN FOOK SING MOTOR WORKSHOP			
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>NIL</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>50</u> (%)	
* 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: Kan Yin Ling
Date: 05.08.2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Alice Chau Chi Chen
Date: 05.08.2020

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 05.08.2020



簡 福 星 嘜 工 廠
KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12, Singapore 539147
Tel: (65) 6747 9560, 6743 5344, 6858 4361 • Fax: (65) 6748 1006, 6281 8428
E-mail: ryan@kanfs.net / patricia@kanfs.net
Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883
Tel: (65) 6481 5150 • Fax: (65) 6481 8683

TAX INVOICE

No. 48598

Business Reg. No. 221468-00E
GST Reg. No. M9-0005333-E

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

INVOICE NO : 48598
DATE : 24-06-2020

VEHICLE NO. : SLE3435R
ACCIDENT DATE : 03-04-2019 20:30
THIRD PARTY REF. : SHF754G

ATTN: MOTOR CLAIMS DEPT.

INVOICE COST OF REPAIRS TO VEICLE SLE3435R HONDA VEZEL

QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
LABOUR CHARGES		
1	TO REMOVE ALL NECESSARY AFFECTED PARTS PANEL BEAT ETC	200.00
1	SPRAY PAINTING CHARGES	150.00
TOTAL (D)		350.00
TOTAL REPAIR COST :		350.00
G S T % :		24.50
INVOICE AMOUNT :		374.50



IN PANEL-BEATING & BODY-WORK, OUR WORKSHOP IS WELL-EQUIPPED WITH THE LATEST TECHNOLOGY --- CELETTE BENCH PULLER SYSTEM WHICH ENABLE US TO MEASURE CORRECTLY & REPAIR MANY DIFFERENT KINDS OF DAMAGES, SERIOUS DAMAGES TO THE FLOOR-BOARD CHASSIS & WHEEL-HOUSING CAN BE RESTORED BACK TO THE ACCORDING MEASUREMENT. WE ARE ABLE TO REPAIR & RESTORE ANY BADLY DAMAGED VEHICLE BACK TO ITS ORIGINAL SPECIFICATIONS TO ENSURE SAFETY WHILE DRIVING.

在鈹金修理業，本廠有最精良，先進的機械，來準確測量及修理，在規格尺寸圖內，本公司有能力回復原來相符的程度。

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Apr 2019 / 11:15:30

Receipt Date/Time : 05 Apr 2019 / 11:15:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190405-000906

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHF754G As at 03 Apr 2019/09:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHF754G Enquiry Fee 20190405111427141528	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				
	20190405111433796	Direct Debit: eNETS Debit (Internet Banking)		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.

Print Receipt

OK

Save as PDF

TAX INVOICE

Our Ref No: GR-19-061311
Date of Request: 18/04/2019

Your Ref No: WALK IN TONY

KAN FOOK SING MOTOR WORKSHOP
NO. 61 DEFU LANE 12
SINGAPORE 539147

Dear Sir/Madam,

Date of Accident: 03/04/2019
Vehicle No: SLE3435R
Place of Accident: St Andrew's Rd
Involving Vehicle No: SHF754G

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\$)
SHF754G	St Andrew's Rd	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				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:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-061310

Date of Request: 18/04/2019

Your Ref No: WALK IN TONY

KAN FOOK SING MOTOR WORKSHOP
NO. 61 DEFU LANE 12
SINGAPORE 539147

Dear Sir/Madam,

Your Vehicle No: SLE3435R

Date of Accident: 03/04/2019

Place of Accident: ST ANDREW RD

Involving Vehicle No: SHF754G

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:

☐ GIRO ☒ Cash ☐ Cheque

ACCIDENT INVOLVING SHF 754G & SLE 3435R ALONG/AT ST ANDREW'S ROAD SLIP ROAD TOWRADS CONNAUGHT DR ON 03/04/2019

Asher Sng (LKKAuto) <AsherSng@lkkauto.com>

Wed 8/5/2020 11:17 AM

To: 'claims' <claims@transcab.com.sg>

Cc: diskayao@ava-ins.com <diskayao@ava-ins.com>; alicelim@ava-ins.com <alicelim@ava-ins.com>

05 AUG 2020

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM19006057/Uea3

YOUR REF : P1680520 (SHF 754G)

ACCIDENT INVOLVING SHF 754G & SLE 3435R ALONG/AT ST ANDREW'S ROAD SLIP ROAD TOWRADS CONNAUGHT DR ON 03/04/2019

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.

Based on the accident report and accident scenario, liability is down against us. 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. We also wish to advise that there is an excess of **S\$5000.00** attached with Third Party Claims.

As Insurers, AXA 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 cst@axa.com.sg **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. 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 our 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or cst@axa.com.sg. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants

email: ashersng@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

This is a computer generated letter and no signature is required.

cc Motor Claims Department
AXA Insurance Pte Ltd

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.



Pls proceed DS with quantum as proposed

Type
🔍 Question

Message
Pls start LOU offer from \$50/day first.

Reply