



## 3A Automobile Pte Ltd

No 120 Lower Delta Road #02-15 Cendex Centre S 169208 Tel: 6223 1122 Fax: 6738 6666

Our Ref: AXA/AUG16/8431

Your Ref: C0395086 MC/RC

12<sup>th</sup> Apr 2018

AXA Insurance Singapore Pte Ltd

8

Shenton Way

#24-01

Singapore 068811

Attn: Claims Manager

**WITHOUT PREJUDICE**

Dear Sirs

**ACCIDENT INVOLVING VEHICLES NO. SJR 8431 Z AND SGZ 5480 U ALONG  
FILTER LANE OF BOON LAY WAY & JURONG EAST CENTRAL ON 06/08/2016**

We act for BKW Rent A Car Pte Ltd, the owner of motor vehicle no. SJR 8431 Z.

We are instructed that you are the insurer for vehicle SGZ 5480 U driven at the material time by one Aunie Muliani Bte Mohd Yunos. We are instructed that the said accident was caused by the negligence of your insured driver.

On a without prejudice basis, we quantify our client's claim as follow: -

| <u>Description of Items</u>               | <u>Amount</u>      |
|-------------------------------------------|--------------------|
| (1) Cost of repair                        | \$ 1,800.00        |
| (2) Loss of Use (\$80 per day for 4 days) | \$ 320.00          |
| (3) GIA Search Fees                       | \$ 2.00            |
|                                           | -----              |
| <b>Total:</b>                             | <b>\$ 2,122.00</b> |
|                                           | =====              |



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Our Ref: AXA/AUG16/8431

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12<sup>th</sup> Apr 2018

AXA Insurance Singapore Pte Ltd

We enclose herein: -

- (1) GIA report of SJR 8431 Z;
- (2) Copy of GIA Search and Receipt of SGZ 5480 U;

Please make payment payable to 3A Automobile Pte Ltd.

Please let us hear from you within the next seven (7) days.

Yours faithfully

c.c.client

LETTER OF AUTHORITY & INDEMNITY

To: 3A Automobile Pte Ltd  
Tel: 6223 1122 Fax: 6738 6666

RE: ACCIDENT INVOLVING VEHICLE NO. SJR8431Z AND SGZ5480U  
AT Fitter lane of Boon Lay Way & Jurong East Central ON 06/08/2016

1. I/We BKW Rent A Car Pte Ltd. NRIC No.: 2001062761D  
of 120, Lower Delta Rd, #02-15 Cendex Centre, S 169208 the owner of  
vehicle no. SJR8431Z hereby instructs and authorise you to commence repairs to the said vehicle.
2. You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional costs and disbursements for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal suits is not successful or is dismissed for whatever reason, I/we understand and agree that I/we shall be personally liable to bear the legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on my/our behalf.
5. In the event that I/we am/are required to attend at my/our solicitor's office or to attend Court in connection with my/our claim, I/we shall render full co-operation.
6. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any judgment or settlement is not honored or satisfied by the third party, I/we authorize you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us.
7. If for whatever reason, my/our insurer reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make and offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or the pay you the difference in amount, as the case may be.
8. I/We shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay or receive any monies due to this claim.

My/Our insurers is/are AIG Asia Pacific Insurance Pte Ltd  
Policy No. 999915423/100742918 Excess \$2,000 Expiry Date 15/11/2016

Date this 08 day of Aug (month) 2016 (Year)

Owner(s) signature  
(Company Stamp, if applicable)





### AXA THIRD PARTY DIRECT SETTLEMENT

|                         |                      |                    |
|-------------------------|----------------------|--------------------|
| Vehicle No:             | SGZ 5480U (Insd veh) | Model: TOYOTA VIOS |
|                         | SJR 8431Z (TP veh)   |                    |
| Date of Accident/ Time: | 06/08/2016           |                    |

|                                                                                                                                     |                                  |                                                          |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|--------------------|
| Repair Estimate                                                                                                                     | +\$                              | 3,843.88                                                 |                    |
| 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                                                                                                                | +\$                              | 2,000.00                                                 | (global sum)       |
| Payee Name : 3A AUTOMOBILE PTE LTD                                                                                                  |                                  |                                                          |                    |
| Is Third Party Workshop GIA Registered? <input type="checkbox"/> 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/ <del>No</del> BOLA Scenario No: 27 |                    |
|                                                                                                                                     | 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.

Signature of workshop representative / Workshop stamp  
Name of Representative: **TAN CHEE KIONG**  
Date: **11/11/2020**

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: **Fan Wei Ni**  
Date: **11/11/2020**

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: **13/11/2020**

**3A AUTOMOBILE PTE LTD**

120 Lower Delta Road  
#02-15 Cendex Centre  
Singapore 169208  
ACRA No. 200101122Z  
Tel: 6223 1122

# Tax Invoice

|             |             |
|-------------|-------------|
| Date        | Invoice No. |
| 12-Nov-2020 | 20110764    |

|                                                                      |
|----------------------------------------------------------------------|
| Invoice To                                                           |
| AXA Insurance Pte Ltd<br>8 SHENTON WAY<br>#24-01<br>SINGAPORE 068801 |

|         |
|---------|
| Mileage |
|         |

|                      |                |
|----------------------|----------------|
| Vehicle Make & Model | Vehicle Number |
| TOYOTA VIOS          | SJR 8431 Z     |

| Description                   | Qty | Unit Price | Amount   |
|-------------------------------|-----|------------|----------|
| FINAL SETTLEMENT SUM (ALL IN) |     | 2,000.00   | 2,000.00 |

**All cheques must be made payable to 3A Automobile Pte Ltd.**

For Bank Transfers, please indicate invoice number(s)  
Bank Name: United Overseas Bank Ltd, Singapore  
Account No: 907-344-303-9  
Account Name: 3A Automobile Pte Ltd  
Bank Code: 7375  
Branch Code: 307  
Swift Code: UOVBSGSG  
PayNow (UEN): 200101122Z



|                  |            |
|------------------|------------|
| <b>Subtotal</b>  | \$2,000.00 |
| <b>GST @ 7%:</b> | \$140.00   |
| <b>Total:</b>    | \$2,140.00 |



GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE  
10 Anson Road, #06-16 International Plaza, Singapore 079903  
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-16-091061  
Date of Request: 08/08/2016

Your Ref No: Online Purchase

3A Automobile Pte Ltd  
120 Lower Delta Road  
#02-15, Cendex Centre  
Singapore 169208

Dear Sir/Madam,

Enquiry Date 08/08/2016  
Enquiry By 3AA USER 1  
TP Vehicle No. SGZ5480U  
Accident Date 06/08/2016

#### Enquiry Result

| TP Vehicle No. | Insurer                         | Period of Insurance   | Insurer Tel. No. |
|----------------|---------------------------------|-----------------------|------------------|
| SGZ5480U       | AXA Insurance Singapore Pte Ltd | 05/11/2015-04/11/2016 | 6338 7288        |

Thank You.

SJR 8431Z

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  
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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-16-091061

Date of Request: 08/08/2016

Your Ref No: Online Purchase

3A Automobile Pte Ltd  
120 Lower Delta Road  
#02-15, Cendex Centre  
Singapore 169208

Dear Sir/Madam,

Enquiry Date 08/08/2016  
Enquiry By 3AA USER 1  
TP Vehicle No. SGZ5480U  
Accident Date 06/08/2016

| 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.

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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) 62564315

05 SEPTEMBER 2016

**ANNIE MULIANI BINTE MD YUNOS**  
**BLK 416 JURONG WEST ST 42**  
**#06-781**  
**SINGAPORE 640416**

Dear Sir/Madam,

**OUR REF : CC4/AXA16014757/R1ub3**  
**YOUR REF : SGZ 5480U**  
**ACCIDENT INVOLVING SGZ 5480U AND SJR 8431Z AT SLIP ROAD OF BOON LAY**  
**WAY TOWARDS JURONG EAST CENTRAL ROAD ON 06.08.2016**

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s 3A AUTOMOBILE PTE LTD, acting on behalf of the owner of SJR 8431Z against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SJR 8431Z. As such, liability is down against us.

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

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 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to [NurSyafiqah@lkkauto.com](mailto:NurSyafiqah@lkkauto.com) within 10 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)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto  
Consultants  
Pte Ltd

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

- 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 6256 3561 or email us at [NurSyafiqah@lkkauto.com](mailto:NurSyafiqah@lkkauto.com).

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

Yours sincerely,

Syaf  
Case Handler  
DID: 6749 5792  
FAX: 6741 4108  
Email: [NurSyafiqah@lkkauto.com](mailto:NurSyafiqah@lkkauto.com)

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

## Print Received Message

This mail is associated with :

**\*SJR8431Z (C0395086)**

**[SGZ5480U]**

TP

BKW RENT A CAR PTE LTD

Aug 6 2016 8:00AM

[ANNIE MULIANI BINTE MD YUNOS]

3A Automobile Pte Ltd

**From** AXA Insurance Pte Ltd (HQ) (AXA\_SG), sent on 20/04/2020 13:48 PM.  
**To** LKK\_HQ  
**Subject** Alert - Adj Mandate Approved (\$2002.00) - SJR8431Z - Claim Handler: Richard Ang

Approved:2002.00:For LOU, to offer \$50 per day.