Poh Kin (LKKAuto)

From:

Poh Kin (LKKAuto)

Sent:

Friday, 19 July 2019 4:27 PM

To:

'laurenceliau@gmail.com'

Cc:

Admin A

Subject:

ROAD TRAFFIC ACCIDENT INVOLVING NOS. SMC 2902P AND SFN 7170B ALONG

CTE ON 16.04.2019

Attachments:

letter of Authorization SMC 2902P.pdf

Importance:

High

LIAU LI HAN

Policy Holder

Dear Sir/Madam,

OUR REF

: CC4/ASM19006839/T1fa3 //S9M01KKG

YOUR REF

: SMC 2902P

ROAD TRAFFIC ACCIDENT INVOLVING NOS. SMC 2902P AND SFN 7170B ALONG CTE ON 16.04.2019

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 Property Damage claim against your policy.

We have received a claim from M/s Trans Eurokars Pte Ltd, acting on behalf of the owner of SFN 7170B against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided into the rear of Third Party vehicle SFN 7170B. 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 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 pohkin@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)
- 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 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 2132 or email us at pohkin@lkkauto.com.

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

Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108

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

Save the Earth. Print only when necessary.

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LETTER OF AUTHORISATION

To: Trans Eurokars Pte Ltd
Name: Name: Name Sixen (NRIC) 86875940D Address: 19 Tamam Sixen SC 532506) In the matter of an accident involving motor vehicles SFN 71708 & Smc2902 P along 1 of CTE on 1614 12019
we Name of the owner of vehicle registration no: SFN7170.
nereby do authorize you to commence repairs to my abovementioned vehicle.
/We confirm that you are hereby authorized to handle the repair 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 lawyer on my/our behalf to facilitate the third party claim for me/us.
ou are hereby authorized as my attorney to execute and/or sign any document/discharge ouchers/discharge agreement regarding my/our claim for my convenience.
confirm that in the event of an unsuccessful claim against the negligent party and/or my own nsurer for the damages caused to my vehicle, I agree to pay for all repair cost and/or any neidental expenses incurred by you.
Dated the 18 day of 04 2019
N. Likath
Owner (name/signature) Witness (name/signature)
IRICNO: CG875940D NRICNO:



Without Prejudice to Injury Claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMC 2902P	(Insd veh)	
	SFN 7170B	(TP veh)	Model: MAZDA 2 HB
Date of Accident/ Time:	16/04/2019 / 09:40		

Is Third F	arty Workshop GIA Regist	ered? [🗙	/] YES []	NO (Kindly indicate below	w)	
Payee Na	ame:		TRANS	EUROKARS PTE		
Final Set	tlement Sum	:\$	11,632,77	+ 100110E0 01-	170	
Others:		- 5				
	Search Fee	; \$; \$	2.00			
Rental (if	any)	:\$			days at \$	per day
Final Rep Loss of U		:\$	10,970.77 660.00		11 days at \$ 60.00	per day
	timate	1\$		25.29	(W/GST)	

NOTE:

- 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.

our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp Jenum

73/9/19

Name of Representat

Date:

Name of Witness:

Signature of Witness / Workshop stamp (if applicable)

Date:

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

Date:

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811

AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 - axa.com.sg



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-19-059869

Date of Request:

16/04/2019

Your Ref No:

Online Purchase

Trans Eurokars Pte Ltd 12 Sungei Kadut Ave Singapore 729648

Dear Sir/Madam,

Enquiry Date

16/04/2019

Enquiry By

Jobi Thomas

TP Vehicle No. Accident Date

SMC2902P 16/04/2019

Enquiry Result

SFM176B-MAZdA

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMC2902P	AXA Insurance Pte Ltd	28/06/2018-27/06/2019	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.

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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

TAX INVOICE

Our Ref No:

GR-19-059869

Date of Request:

16/04/2019

Your Ref No:

Online Purchase

Trans Eurokars Pte Ltd 12 Sungei Kadut Ave Singapore 729648

Dear Sir/Madam,

Enquiry Date

16/04/2019

Enquiry By

Jobi Thomas

TP Vehicle No.

SMC2902P

Accident Date

16/04/2019

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:

[X] GIRO [] Cash [] Cheque