

51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

31 JULY 2019

LIM ENG KHENG 637 BEDOK RESERVOIR RD #03-39 SINGAPORE 410637

Dear Sir/ Mdm

OUR REF : CC4/ASM19006953/Agb3

YOUR REF : SGV 4484L

ACCIDENT INVOLVING SGB 4484L AND SKR 81R ALONG/AT 365 EAST COAST RD

CARPARK ON 12/04/2019

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.

We have received a claim from SUCCESS UNITED PTE LTD acting on behalf of the owner of SKR 81R against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. 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 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 ceciliachong@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)
- Driver's Work Permit
- Employment Letter/ Authorisation letter from your company
- 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 6749 4274 or email us at ceciliachong@lkkauto.com.

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

Yours sincerely

Cecilia Chong Case Handler

DID: 6749 4274 FAX: 6741 4108

EMAIL: ceciliachong@lkkauto.com

Cc AXA Insurance Pte Ltd (Motor Claims Dept)

LETTER OF AUTHORISATION

To: Success United Pte Ltd Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SKR 81R & SGV4484L

ALONG East Coast Road

ON 12.04.19

I/We, Sim Yuxin

NRIC No:

S8312749Z

of Blk 771 Bedok Reservoir View #16-159 Singapore 470771

the owner of vehicle no. SKR 81R hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request:

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident claim and all and any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- if the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is indequate, I/we underake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are

AXA Insurance Singapore Pte Ltd

Policy No. GA429130

Expiry Date:

Date:

Excess: N/A

Owner's 'Eighature/Co's stamp

Sim Yuxin

NRIC No: 58312749Z

Witness Signature/Name

26.01.20



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV 4484L [Insd veh]		
	SKR 51R [TP weh]	Model: NISSAN SILVIA	
Date of Accident/ Time:	12/04/2019		

Remarks:	* Assessed Liabilit	k in es lines i	anny jur chain con	istons and	jur suses where i	NUM HO	га пот аддлу.	
	BOLA Liability:				ed Liability (*):_			
E) For GIA Regis		A PULIA SE TI SE SE MECO					A Scenario No. 23	£
A)	For Non GIA Regi	stered Works	hop:	Agreed	Liability	100 (%	1	
	arty Workshop GIA Reg] YES [X	ON D	(Kindly Indicate	e below?		
Payee No	me: SUCCESS UNIT	ED PTE LTD			. () 4 4 1 1 4 1			
Final Set	tlement Sum	:5			1,981.00			
Others		1.5						
Others:	Search Fee	- 5			2.0	3		
Rental (if		5					days at 5	per da
Loss of U	SE .	:\$			160.0)	2 days at 580.0	00 perda
Fmai Rep	air Cost	:5			1,819.0	0	W/GST	
Repair Es	timate	1.5			3,330	0.5		

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 esentative / Workshop stamp

Name of Re

Signature of Witness / Workshop stamp [if applicable]

Name of Witness

Date

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

MA

2070



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

RECORDS MANAGEMENT CENTRE

Third Party Insurer Enquiry

Our Ref No:

GR-19-059794

Date of Request:

16/04/2019

Your Ref No:

Online Purchase

Success United Pte Ltd 2 Kaki Bukit Ave 2 #01-33 Kaki Bukit AutoHub Singapore 417921

Dear Sir/Madam,

Enquiry Date

16/04/2019

Enquiry By

Sirina Soon

TP Vehicle No.

SGV4484L

Accident Date

12/04/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGV4484L	AXA Insurance Pte Ltd	09/06/2018-08/06/2019	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.

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 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-19-059794

Date of Request:

16/04/2019

Your Ref No:

Online Purchase

Success United Pte Ltd 2 Kaki Bukit Ave 2 #01-33 Kaki Bukit AutoHub Singapore 417921

Dear Sir/Madam,

Enquiry Date

16/04/2019

Enquiry By

Sirina Soon

TP Vehicle No. Accident Date SGV4484L 12/04/2019

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