



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

02 July, 2019

**NEO LAY KHIANG**  
BLK 116B RIVERVALE DRIVE  
#03-18  
SINGAPORE 542116

Dear Sir/Mdm,

**OUR REF : CC4/ASM19007025/R1fb3**  
**YOUR REF : SGU 1315S**  
**ACCIDENT INVOLVING SGU1315S AND SHC7805M ALONG SIN MING AVE ON**  
**18/04/2019**

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 third-party claim(s) from **DING AUTOMOTIVE PTE LTD** acting on behalf of the owner of **SHC7805M** against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected because 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 [jimmychen@lkkauto.com](mailto:jimmychen@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](mailto:cst@axa.com.sg) or deliver it by hand to AXA Customer Care Centre.



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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 as at 6841 2928 or [jimmychen@lkkauto.com](mailto:jimmychen@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Jimmy  
Case Handler  
DID: 6841 2928  
FAX: 6741 4108  
Email: [jimmychen@lkkauto.com](mailto:jimmychen@lkkauto.com)

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

# LETTER OF AUTHORITY

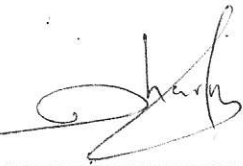
ACCIDENT

INVOLVING SAC 7805M & SGU 1315 S ON 18/04/19

I, Therumalai s/o Ramasamy NRIC NO. S8030086G of  
citycab pte ltd owner/ hirer of the Vehicle Registration  
No. SAC 7805M hereby authorize **Ding Automotive Pte  
Ltd** to submit, correspond, negotiate and settle my claim for  
cost of repair and uninsured losses arising from the above  
accident.

I further authorize that agreed settlement sum for cost of  
repair, loss of income and rental, survey report fee, third  
party vehicle insurance particulars enquiry fee etc. Be made  
in favour of the **Ding Automotive Pte Ltd** and that the said  
payment be forwarded to them as full and final discharge of  
my claim.

SIGNED BY:



DATE:

18/04/19



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGU 1315S (Insd veh)	Model: <u>HYUNDAI SONATA</u>
	SHC 7805M (TP veh)	
Date of Accident/ Time:	18/04/2019	

Repair Estimate	: \$	14,651.82	
Final Repair Cost	: \$	4,761.50	
Loss of <del>the</del> Token Sum	: \$	300.00	06 days at \$ 50.00 per day
Rental (if any)	: \$	591.84	06 days at \$ 98.64 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	5,655.34	

Payee Name: DING AUTOMOTIVE PTE LTD

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
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:

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: <u>Kelly Ong</u> Date: <u>6/8/19</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Tim - Li Ting</u> Date: <u>06/08/19</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor/Representative: Date:	

**DING AUTOMOTIVE PTE LTD**

Business Reg. No : 201619222G  
BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645  
Tel: 6452 1208 Fax: 6452 0614

**TAX INVOICE****AXA INSURANCE PTE LTD**

8 SHENTON WAY #27-01, AXA TOWER  
SINGAPORE 068811

ATTN :

TEL :

FAX :

INVOICE : I-000720  
DATE : 05/08/2019  
GST REG NO : 201619222G  
TERMS : C.O.D.  
PO NO : SGU1315S  
OUR REF : SHC7805M  
PAGE : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost Of Repair - SHC7805M	1	5,285.36	5,285.36
<b>REMARKS :</b> Job No: 50111585 Your Ref: SGU1315S (CC4/ASM19007025/R1eb3) DOA: 18/04/2019 OIC: MS VIVIAN LAU		<b>SUB TOTAL</b>	:	5,285.36
		<b>GST</b>	:	369.98
		<b>TOTAL SGD</b>	:	<b>5,655.34</b>
		<b>DEPOSIT</b>	:	
		<b>O/S BALANCE</b>	:	

FOR DING AUTOMOTIVE PTE LTD

Authorised Signature

Customer Signature

I have inspected and hereby confirmed that  
the job done and the amount due herein  
are entire to my satisfaction

Our Ref: CC19040512



Date: 18 April 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      18/04/2019    @ 10:10 hrs  
ALONG                              ALONG SIN MING AVE TOWARDS BISHAN  
INVOLVING                        SGU1315S

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC7805M** (the "Taxi"). The Taxi was hired to **THERUMARAJ S/O RAMASAMY IC NO S8030086G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$105.54** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.



**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-19-061444

Date of Request: 18/04/2019

Your Ref No:

Online Purchase

Ding Auto Pte Ltd  
Blk 10, #01-20  
Sin Ming Industrial Estate Sector C  
Singapore 575645

Dear Sir/Madam,

Enquiry Date 18/04/2019  
Enquiry By You Jing Feng  
P Vehicle No. SGU1315S  
Accident Date 18/04/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGU1315S	AXA Insurance Pte Ltd	23/03/2018-01/05/2019	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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RECORDS MANAGEMENT CENTRE

**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-19-061444

Date of Request: 18/04/2019

Your Ref No:

Online Purchase

Ding Auto Pte Ltd  
Blk 10, #01-20  
Sin Ming Industrial Estate Sector C  
Singapore 575645

Dear Sir/Madam,

Enquiry Date 18/04/2019  
Enquiry By You Jing Feng  
P Vehicle No. SGU1315S  
Accident Date 18/04/2019

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:

☒ GIRO ☐ Cash ☐ Cheque