



Auto
Consultants
Pte Ltd

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

25 APRIL 2019

CHIA POH KIAT
BLK 71 YISHUN AVE 11
#03-03
SINGAPORE 768858

Dear Sir/ Mdm

OUR REF : CC4/AXA17007814/Epa3
YOUR REF : SDB900U
ACCIDENT INVOLVING SDB 900U AND SLB 1173A ALONG/ AT OLD UPPER THOMSON ROAD ON 11/04/2017

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 WEARNES AUTOMOTIVE PTE LTD acting on behalf of the owner of SLB 1173A 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 chewht@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)
- 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 6742 3197 or email us at chewht@lkkauto.com.

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

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

Cc *AXA Insurance Pte Ltd*
(Motor Claims Dept)

AUTHORIZATION TO ACT

I, Chan Wai Kuan Lionel Eric ("the third party Claimant")
of 316A Bayview Road #31 #02-311 S(562316) (address),
owner of SLB 1173A (vehicle no.)
hereby authorize Wanand Automotive P/L ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SLB 1173A that was damaged
pursuant to the accident which occurred on 11.04.17 (date) along
Old Upper Thomson rd (location)
involving Vehicle No/s SDB 900U ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 13 day of April (month) 20 2017 (year)

Eric Chan

Signed by "the third party claimant"



Signed by "the workshop"



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SDB 900U (insd veh)	Model: Volvo S80 (1999cc)
	SLB 1173A (TP veh)	
Date of Accident/ Time:	11/04/2017	

Repair Estimate	: \$	6,099.54	
Final Repair Cost (w/GST)	: \$	2,514.50	
Loss of Use	: \$	300.00	3 days at \$100.00 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	-	
Others	: \$	-	
Final Settlement Sum	: \$	2,814.50	

Payee Name : Wearnes Automotive Pte Ltd

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

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ Yes BOLA Scenario No. <u>24</u>
	BOLA Liability: <u>100</u> (%)	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: _____ Date: <u>18-11-19</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: _____ Date: <u>18-11-19</u>
 Signature of AXA's surveyor/representative: _____ Date: <u>18-11-19</u>	