

27 June, 2019

**LAU CHEE YONG**  
131 Bishan Street 12  
#04-209  
Singapore 570131

Dear Sir/Mdm,

**OUR REF : CC4/ASM19007325/Awb3**  
**YOUR REF : SKH 833R**  
**ACCIDENT INVOLVING SKH833R AND GBG1349C ALONG BRADDELL RD TOWARDS**  
**CTE ON 11/04/2019**

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 **SUCCESS UNITED PTE LTD** acting on behalf of the owner of **GBG1349C** 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.



Auto  
Consultants  
Pte Ltd

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

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 us 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 AUTHORISATION

To: Success United Pte Ltd  
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: GBG 1349C & SKH833R  
ALONG Braddell Slip Road ON 11.04.19

I/We, Linco Investment Pte Ltd Co Reg No: 201406234G  
of 4 Changi South Lane #02-02 Nam Wah Building Singapore 486127  
the owner of vehicle no. GBG 1349C 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.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake 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 Ergo Insurance Pte Ltd  
Policy No. DMCV185005729

Expiry Date:

Date:

Excess: N/A

LINCO INVESTMENTS PTE LTD  
4 Changi South Lane #01-01

Owner's Signature/Co's stamp  
Linco Investment Pte Ltd  
Co Reg No: 201406234G

  
Witness Signature/Name



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	SKH833R (Insd veh)	Model TOYOTA DYNA 150 5MT
	GBG1349C (TP veh)	
Date of Accident/ Time	11/04/2019 @ 0620HRS	

Repair Estimate	\$ 5,919.04	
Less Repair Cost	\$ 1,391.00	
Loss of Use	\$ 320.00	4 days at \$ 80.00 per day
Rental (if any)	\$	days at \$ per day
LTA / GIA Search Fee	\$ 2.00	
Others	\$	
Final Settlement Sum	\$ 1,713.00	
Payee Name: SUCCESS UNITED 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 100.00 %
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No:
	BOLA Liability: %	Assessed Liability 1% %
* Assessed Liability to be filed only for their 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 NEMA rates.

We've 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: SIMA BOON Date: 31.1.2020	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: TEH WEE KENG Date: 31.1.2020
 Signature of AXA authorised representative Name of AXA's authorised representative: Date: 31/1/2020	LWP

**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-19-059549

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: SKH833R

Accident Date: 11/04/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKH833R	AXA Insurance Pte Ltd	04/09/2018-03/09/2019	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-19-059549  
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: SKH833R  
Accident Date: 11/04/2019

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque