9	10:26					
	Our ref: Your ref:	SLZ 5868B SHC 5139R			100 J 100 D	
	Date:	1 6 JUL 2019				
	To:	AXA		NXX		
		Singapore				
	Attn:	Motor Claims Depart	ment			
	Re: Accide At/Alo	ent Involving Motor V	ehicle Nos. 317	7.5868 B	3HC5139 4119@070	3R
		er of vehicle no.31 e no.3HC5139 k			d in an accident v	with your
	As the accider from you for the	nt was caused by your ne following: -	insured negligent/i	inconsiderate	driving, thus I am	claiming
	1. Cost of Rep 2. Loss of Use 3. LTA/GIA S 4. GIA Report 5. Others	Rental Adays @ search Fee	§ <u>160</u> per day	у)	\$ 3448 66 \$ 640 00 \$ \$	
	5. Others			Total:	\$ 4.088.66	
	solicitor to corepresentative 67714353 (M	you fourteen (14) days ommence legal action of CYCLE & CAI r Yik Chan Hoe) / 677	against you. If york RRIAGE INDUS 714304 (Ms Amar	ou have any TRIES PTI nda Ang).	queries, please co E LTD at Telepl	ontact the hone No:
	I hereby give representativ	full authority to CYO e to negotiate/compri	CLE & CARRIA se settlement of th	GE INDUS'I 1e above clai	m on my behalf.	and their
		ation and immediate a bring from you soon.	ttention to the abo	ove is greatly	appreciated. I he	reby look
	Yours faithful Name & Sign	Mit-tlant un	4	<i>-</i>		
	Address:	C/o. 188 Pandan Loo Mr Yik Chan Hoe/ M		78	in Shakking a	
	Cc: E-mail: Fax No.	chanhoe.vik@cyclecar		nda.ang@cycl	ecarriage.com.sg	
	1					

LETTER OF AUTHORIZATION

Singapore	
Attn.: Motor Claims Department	
Dear Sir / Mdm,	
MOTOR ACCIDENT INVOLVING 3125868 B (OWNER VEHICLE NO.) AND SHC5139 R(3RD PARTY'S VEHICLE NO.) ON 24419 CDATE) AT 0700 (TINAT/ALONG SCENE) AT 0700 (ROA	O.
I am the registered owner of <u>SLZ5868B</u> (Vehicle No.).	
I hereby authorise CYCLE & CARRIAGE INDUSTRIES PTE LIMITED a its agents or any person(s) authorised by Cycle & Carriage Industries I Limited to do all or any of the following:-	ınd Pte
 Submit, resolve and make any claims which I may have against the party insurers; and/or Execute and sign discharge voucher, indemnity forms and all necessa documents in connection with and arising from the above claim. 	
All payment towards settlement of my claim should be made in favour CYCLE & CARRIAGE INDUSTRIES PTE LIMITED.	of
Registered Owner's Signature (Company stamp & authorized signature if it is a company-registered vehicle) Name Salute 28/05/2019	



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5139R (Insd veh) SLZ 5868B (TP veh)	Model: Mercedes Benz GLC250 (1991cc)
Date of Accident/ Time:	24/04/2019	

Repair Estimate	:\$	5,359.82		
Final Repair Cost	:\$:\$		days at \$ per	day
Loss of Use				day
Rental (if any)	:5		uays at 7 yes	
LTA / GIA Search Fee	:\$			
Others:	:\$			
	:\$			
Final Settlement Sum (Global Sum)	:\$	4.050.00		_
Payee Name : Cycle & Carriage Is Third Party Workshop GIA Registered A) For Non GIA Registered	17	shop: Agreed Liability	_(%)	
B) For GIA Registered Wor	BOLA Applicable: Yes/ No- Assessed Liability (*): 100			

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 few sentiative must know temporal Name of Representative ody Care & Repair Center
Date: DID 67/T 4353 HP: 9186 5409 Fax: 6872 1272 Date:

mail: chanhoe.yik@cyclecarriage.com.sg

Signature of Witness / Workshop Care II APPARE ENTER Name of Witness:

DID: 6771 4304

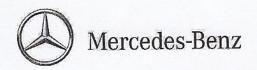
FAX: 6779 5383

AMANDX ANG

EMAIL: amanda.ang@cycleuamage.com.sg

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

08/10/2020



TAX INVOICE

Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

	Inv	oice Name & Address			200 E00 E00 E00 E00 E00 E00 E00 E00 E00	me & Vehicle II	nio	
	GOH HONG L	INC		Cust No/Name	WCV34413/GOH			
	don nond L.	ING		Reg No/Reg Date	SLZ5868B	/ 14/03/20	18	
		SURANCE PTE LTD		Date In/Mileage	28/05/2019/	26600		
		M DEPARTMENT		Chassis No	WDC2533462F3	379065		
	8 SHENTON I			Engine No	274920313163	398		
				Make/Model	MB/MB GLC 25	50 4MATIC CO	UPE (C253)	
	Contact No	63387288		Colour/Trim	029 992 Sele	enite Gr/ 04	1 101 ARTICO) Blac
Account No	Terms	Date/Time Printed	CSE	Operator		WIP No	Invoice/Credit	Note No
CSI00001	Cash	21/06/2019/ 08:41	YK	395 / Yik Chan H	loe	32877	28154977	
		Description of Goods	s / Services		Qty	Unit Price S\$		Amount S
Z REQUEST								
	er Request							F.O.C.
M BPNSUN POLICY	NO/ACC DAT	E : 1800025031 // 24/0	4/2019					
DRIVE	IN/EXCESS	: 24/04/2019 // TP V	EH NO SHC51	39R AXA				
		EY: 28/05/2019 @ 1335	// STEVE LK	K				
S BPNSUB	HRIZED ON	: DIRECT SETTLEMENT	// ASHER LK				I	60.0
	1 PC NO PL	ATE						060.0
A BPILAB		DED. A PEROTED ADEAC	DEMOVE AND	DEDIACE MITH NEW				960.0
	ANELS WITH	REPAIR AFFECTED AREAS,	REMOVE AND	REPLACE WITH NEW				
A BPIRES	WILLS MILLI	KEI INISH.						600.0
	Y REAR BUMP	ER					0.10	380.0
A BPILAB	VENTOV CVCT	EM TO CHECK CONTROL U	ITS PESET	MEMORY TO			0.10	500.0
	RD SETTINGS		ilio, Kesei	HEHOW TO				
A BPILAB				FOR ANY LEAVAGE NET				120.0
CHECK	REAR LIGHTI	NG SYSTEM AND CONDUCT	WAIER IEST	FOR ANY LEAKAGE.NE				
X REAR B	UMPER LOWER				1.00	690.66		690.6
	UMPER MOULD				1.00	412.39		412.3
		01. 8 0.		bratas 120 years				
				brates 120 years. com/120 for more inj	fo!			
ъ .						Net	t	3,223.0
Parts Labour		1,103 2,060		ь	7% GST or			225.61
Standar	d Menu		.00					2 440 -
Special	ist Job		.00			otal Payabl Pai		3,448.6
	tics Job		.00			Total Du		3,448.6
Sundry/ Total(w		3,223		r es consumer	*			
		by cash, NETS or credit cards. The						

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center 188 Pandan Loop Singapore 128378 Tel: 6777 8388 Fax: 6779 5383 www.mercedes-benz.com.sg

CHAN'S & SONS ENTERPRISE

363 SemBawang Road Singapore 758379 Tel: 67532536 Fax:67567565 GST Reg No: 51-936900-M

41K



TAX INVOICE

GOH HONG LING (WU FENGLING)

AR1906-0074 INVOICE

01/06/2019 DATE C.O.D

TERMS AMIRA STAFF ID

HA201905-0224 AGREEMENT NO.

ATTN: ACCOUNTS PAYABLE

DESCRIPTION

AMOUNT (SGD)

Vehicle Reg No

: SMD8127R

598.13

Make / Model Rental Dates

: Rental Billing From 28/05/2019 To 31/05/2019 (Inclusive)

Rental Rate

Period

: S\$ 160.00 Per Day

(Including GST)

Reference No

: SLZ5868B

AMOUNT: S\$

SIX HUNDRED FORTY DOLLARS ONLY

NON-TAXABLE VALUE:

0.00

TAXABLE VALUE:

598.13

GST 7%:

41.87

TOTAL S\$:

640.00

Please make your cheques payable to : CHAN'S & SONS ENTERPRISE



For Official USe Only

Payment Date	:	- Andrews	F / Amt
CS / CC /CH	:		
CS / CC /CH	:		



CHAN'S & SONS ENTERPRISE

363 Sembawang Road, Goodlink Park, Singapore 758379.

Tel: 6753 2536 Fax: 6756 7565 Breakdown Recovery: 9742 9446

RENTAL AGREEMENT

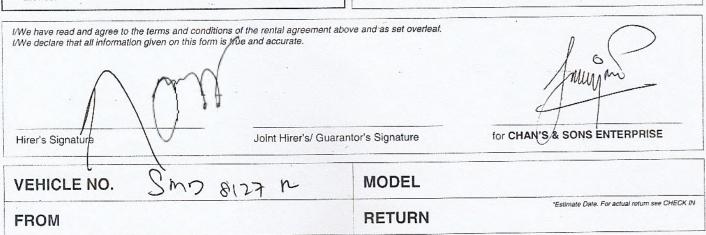
201905-0224.

Hirer's Name			Date of Birth	Passport/ Nric No.	Nationality
Got Hone	1 Linh		28.05.1974	S7416243F	
Address 25 S	oroca Dr	-	Occupation	Driving Licence No	Date of Expiry
		Postal Code fo 767)	Contact No	Mobile Phone No.	
Joint Hirer's / Guarantor's	Name	and the second s	Date of Birth	Passport/ Nric No.	Nationality
Address			Occupation	Driving Licence No	Date of Expiry
		Postal Code	Contact No	Mobile Phone No.	
CHECK OUT	Date 28.5.69	Time g. 30 a	Mileage KM	E 1/4	1/2 3/4 F
CHECK IN	31. 5 . 19	Time 3 p M	Mileage KM	Remarks A 7	LA

IMPORTANT NOTES:-

- $\ \ \, \square \ \,$ Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.
- No refund will be given for vehicle that returns early.
- Own Damage Liability First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
- Third Party Liability First \$2000 for any Third Party Accident Claim.
- Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.
- Marking Hirer is responsible for all parking fines & traffic summons.
- Extension:- One day's advance notice is required otherwise no extension will be allowed
- Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
- Vehicle returned after office hour will be charged to the next working day.
- Hourly extension is charged at 1/5 of the daily rate.
- As preventive maintenance, please check water & engine oil daily.
- Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
- For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.'
- Carrying of PASSENGERS in commercial vehicle is strictly prohibited.
 Only WORKERS covered under hirer's workmen compensation are allowed.

	UNIT		RATE (\$)	TOTAL (\$)
RATE	4	@	160 no	H+ 598.13
DISCOUNT				
GST @ 7%				41.97
TOTAL				640
EXTENSION			ARI	9 06-0074
				SONS FA
				(S) (S) (S)
Lic.				40 ± 33
SLZ +868	3			
DEPOSIT (refundable)	S\$ · .	NI	~ \`	
CHANGED OVER FRO	OM VEH.		DA ⁻	TE.



Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)

Sent: Monday, 19 August 2019 2:27 PM

To: claims@transcab.com.sg

Cc: transcab_avaclaims@ava-ins.com

Subject: ACCIDENT INVOLVING SHC 5139R(AXA) AND SLZ 5868B ALONG/AT SIGLAP LINK

ON 24/04/2019

19 Aug 2019

Transcab Taxi Singapore

Dear Sir,

OUR REF : CC4/ASM19007357/Epa3// S9M01L95

YOUR REF : P1680520 (SHC5139R)

ACCIDENT INVOLVING SHC 5139R(AXA) AND SLZ 5868B ALONG/AT SIGLAP LINK ON 24/04/2019

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 CYCLE & CARRIAGE INDUSTRIES (1986) PL acting on behalf of the owner of SLZ 5868B against your motor insurance policy.

Both parties involved have given conflict of version. Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

We also wish to advise that there is an excess of \$\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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. You 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 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 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 AXA immediately. You may email it to cst@axa.com.sg / chewht@lkkauto.com or deliver it by hand to our Customer Care Centre.

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.

Best Regards, **Hsiao Tong, Chew** | Case Handler **LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: <u>chewht@lkkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)