

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

09 MAY 2019

GOH POH HONG TAMPINES AVE 4 BLK 907 #10-280 SINGAPORE 520907

Dear Sir/ Mdm

OUR REF : CC4/ASM19007359/pa3

YOUR REF : SLS 1040K

ACCIDENT INVOLVING SLS 1040K AND SMA 5444K ALONG/AT TEMASEK AVE ROUND ABOUT 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 claim from KAH MOTOR CO SDN BERHAD acting on behalf of the owner of SMA 5444K against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver's favour as your vehicle changed lane and collided with third party. Under Motor Accident Guide, vehicles should keep in the proper lane and change lane only when it is safe. 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)

## LETTER OF AUTHORITY

## TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.)					SMA 5444k.				85
(THIRD PARTY'S	VEHICLE NO.1	SLS	1040	k.	ON	181	04	119	
ALONG	CTE	Toubrds	SLE	410	Chu	Kang	en	dB	14
									_

I hereby authorize Kah Motor Co. Sdn Bhd (Kah Motor) and its agents or any person authorized by Kah Motor to do all or any of the following:

- To submit, resolve and make any claim(s) which I may have against the 3rd party insurers.
- To execute, sign discharge voucher/indemnity forms and all necessary documents in connection with and arising out of the above claim.
- Any payment should be made in favour of my name / Kah Motor Co. Sdn. Bhd.

	1c)n
Owner Signat (Co stamp & and Name : Ton	ture thorized signature if is Co registered vehicle) Kian Sen
NRIC No :	81167965/2
Vehicle No:	SMA 5444 K
Date :	14-05-2019.





Any Personal Injury Claims

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	SLS 1	040K (Insd veh)			
	SMA 5	444K (TP veh)	Model: Hon	ida Jazz (1318cc)	
Date of Accident/ Time:	18/04/	2019	1101	Na 1822 (15 1600)	
Repair Estimate	5 11.4	55.48			
Final Repair Cost (W/GST)	\$ 7.11				
Loss of Use	4	0.00		9	
Rental (if any)	5 -	0.00		8 days at \$60.00per day	
LTA / GIA Search Fee	Š .			days at \$ per day	
Others:	3 -				
	- 5				
Final Settlement Sum	:\$ 7,599	68			
Payee Name : KAH MOTOR	CO SON BERHAD				
is Third Party Workshop GIA Re	gistered? [X] YES	[ ] NO [	Kindly indicate b	elow)	
For Non GIA Reg	istered Workshop:	Agreed LL	ability	(%)	
) For GIA Register	ed Workshop:	6,000		BOLA Scenario No. 15	
BOLA Liability: 1	00 (%)		Assessed Liability (*): (%)		
* Assessed Liabili	ty to be filled only for cho			17.7	

## NOTE:

Remarks:

- 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. LODY REPAIR & PAINT CENTRE

8 MANDALESTAVE Signature of workshop representative (Workshop stamp Name of Representative: Desmond Joh

Date:15/11/2019

CTY

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

Signature of Witness / Workshop stamp (if applicable) Name of Witness: Jerome Tan Date: 15/11/2019

A MINTENE CO. SDN. RRD. ISPAID & PAUNT CENTRE