



Proforma Inv : CAS/19/PI0108

FAX: 6509 9501  
Email: contact@casgarage.sg

30.10.2019

Our Ref : SDP 1991B

Your Ref : GBG 4290S

**M/s AXA Insurance Pte Ltd**  
8 Shenton Way  
#27-01  
Singapore 068811

Dear Sir/Mdm

**ACCIDENT INVOLVING SDP 1991B AND GBG 4290S ALONG KALLANG AVE ON 27.04.2019**

Please refer to the above mentioned accident.

We are writing in on the behalf of **CHEE JOO SENG** the registered owner of motor vehicle number **SDP 1991B** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **GBG 4290S** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair ( <b>Recommended by LKK Adrian</b> )	\$	3,200.00
2.	LTA Search fees	\$	7.45
3.	GIA Search fees	\$	29.00
4.	Loss of Use ( 05 days x \$ 80)	\$	400.00

<b>TOTAL AMOUNT</b>	<b>\$</b>	<b>3,636.45</b>
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We enclsloed hereby the following documents for your consideration :

- ( A ) Final Repair Bill
- ( B ) LTA Invoice
- ( C ) GIA Invoice
- ( D ) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

**CAS GARAGE PTE LTD**  
UEN 201828067M  
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,  
SINGAPORE 417883

Ms Nicole Chong  
Administrator  
Mobile: 65 97916119  
Email: nicole@casgarage.sg



Telephone: 6484 2220  
Email: casgaragesg@gmail.com

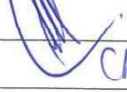
FAX: 6509 9501

## LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SDP 1991B AND GBG 4290S  
AT/ALONG Kallay Ave near Mututogo Bldg  
ON 27 DAY April MONTH 2019 YEAR

- a) I/We, the owner of vehicle no. SDP 1991B hereby instruct and authorize you to commence repair to the said vehicles.
- b) You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- c) You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- d) Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- e) In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- f) In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- g) If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- h) I/we have read and understand the above statement and agreed.

Dated this 27 day April month 19 year

Signature :   
Name : Chee Joo Seng  
NRIC/ROC No. : S1358627D  
Address : 316 A Anchorvale Link  
#13-183 S'541316

Company Stamp



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	GBG 4290S (Insd veh)	Model: HYUNDAI ELANTRA
	SDP 1991B (TP veh)	
Date of Accident/ Time:	27/04/2019	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum	: \$	3,480.00	(GLOBAL SUM)
Payee Name : CAS GARAGE PTE LTD			
Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability 100 (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: <del>Yes</del> 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.

 <b>CAS GARAGE PTE LTD</b> UEN 201828067M 1000 SINGAPORE AVENUE 6, #02-22 AUTOBAY, SINGAPORE 110003 Signature of workshop representative / Workshop stamp Name of Representative: <u>CHONG BY XIN</u> Date: <u>29/9/2020</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>tip Chen Shin</u> Date: <u>29/9/2020</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>30/09/2020</u>	





Telephone: 6484 2220  
FAX: 6509 9501  
Email: nicole@casgarage.sg

Tax Invoice No : TI190133

## FINAL REPAIR BILL

M/s AXA Insurance Pte Ltd  
8 Shenton Way  
#27-01  
Singapore 068811

Date : 30.10.2019

Vehicle Number : SDP 1991B  
Make/Model : HYUNDAI ELANTRA  
Date of Accident : 27.04.2019

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Cost of Repair (Recommended By LKK Adrian)

\$ 3,200.00

GRAND TOTAL

\$ 3,200.00

ISSUED BY

**CAS GARAGE PTE LTD**  
UEN 201828067M  
1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,  
SINGAPORE 417883

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Ms Nicole Chong  
Administrator  
Mobile: 65 97916119  
Email: nicole@casgarage.sg

## TAX INVOICE

Our Ref No: GR-19-067934  
Date of Request: 30/04/2019

Your Ref No: WALK IN KOA

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SDP1991B  
Date of Accident: 27/04/2019  
Place of Accident: KALLANG AVE  
Involving Vehicle No: GBG4290S

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-19-067936

Date of Request: 30/04/2019

Your Ref No: WALK IN KOA

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 27/04/2019

Vehicle No: SDP1991B

Place of Accident: KALLANG AVE NEAR MITUTOYO BUILDING

Involving Vehicle No: GBG4290S

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBG4290S	KALLANG AVE NEAR MITUTOYO BUILDING	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

&gt; Back to OneMotoring

SDP1991B



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Apr 2019 / 10:39:35

Receipt Date/Time : 30 Apr 2019 / 10:39:35

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190430-000925

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - GBG4290S As at 27 Apr 2019/14:45:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - GBG4290S Enquiry Fee 20190430103844188085	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	xxxxxxxxxxxx2136 Credit Card: Visa/MasterCard			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF



Auto  
Consultants  
Pte Ltd

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

17 OCTOBER 2019

**LOW CHAN SENG**  
**36 GEYLANG LORONG 31**  
**#05-02**  
**SINGAPORE 388034**

Dear Sir/ Mdm

**OUR REF : CC4/ASM19007726/Agb3**

**YOUR REF : GBG 4290S**

**ACCIDENT INVOLVING GBG 4290S & SDP 1991B ALONG/AT KALLANG AVE ON 27/04/2019**

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 **CAS GARAGE PTE LTD** acting on behalf of the owner of **SDP 1991B** 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 [ceciliachong@lkkauto.com](mailto:ceciliachong@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)
- Driver's Work Permit
- Employment Letter from your company
- Authorisation letter
- Rental Agreement/ Leasing Agreement
- 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 [6749 4274](tel:67494274) or email us at [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com).

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

Yours sincerely



Cecilia Chong  
Case Handler  
DID: 6749 4274  
FAX: 6741 4108  
EMAIL: [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com)

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

English (default) ▼

LKK AUTO CONSULTANTS PTE LTD (TP) ▼



SERVICE REQUESTS

MESSAGES

CLAIMS



<REMINDER STATUS > - S9M01LO2 {ACCIDENT INVOLVING GBG 4290S (OI) & SDP 1991B (TP) ON 27/04/2019}

Type

🔍 Question

Message

Hi Cecilia, pls proceed accordingly. Tks

[Reply](#)