

# Allswell Leasing & Limousine Pte Ltd

100, Sultan Plaza. #02-41. Singapore 199001

C/o 25, Defu Lane 9. Singapore 539266

Date: 08/05/2019

## Discharge Voucher / Payment Authorisation

Our Claim reference number: .

Attention:

I/We hereby certify that the repairs to my/our vehicles bearing license number plate : SJD 6019T which was involved in an accident on 03/05/2019 has been completed by Allswell Motor Traders to my/our satisfaction.

I/We agreed that all 3<sup>rd</sup> party claim payment to the workshop for repairs, replace and re-spray works shall be made solely to Allswell Motor Traders at 25, Defu Lane 9. S 539266

Signature: \_\_\_\_\_

Name: NG Boon Chin, Edmund

Company Stamp:







**ALLSWELL MOTOR TRADERS**  
25, Defu Lane 9, Singapore 539266  
GST Reg No.: 53192889J  
Tel No.: 6679 1146

Email: ben@allswellmotor.com.sg  
Email: account5@allswellmotor.com.sg

Bill To : **AXA Insurance Pte Ltd**  
(Motor Claims Department)

**Tax Invoice**  
Date **08.05.2020**  
Terms **C.O.D**  
Ref: Third party claim AXA - XB6801X

Description	Qty	AMT before GST	GST AMT	AMT include GST
Allswell Leasing & Limousine Pte Ltd				
Vehicle #: SJD6019T / DOA: 03.05.2019				
Repaired, Replaced and Resprayed (after agreed 50/50 liability)	1	\$700.00	\$49.00	\$749.00
Towing	1	NA	NA	NA
TP Insurer Search	1	\$2.00	NA	\$2.00
GIARMC- SAS Report	0	NA	NA	NA
Loss of Use @ \$55.00 / per day (after agreed 50/50 liability)	2	\$110.00	NA	\$110.00
Pre- Repair Survey Loss of Use \$70.00/ day	0	NA	NA	NA
Replacement Vehicle @ \$100.00 / per day	0	NA	NA	NA
Own Damage Excess	0	NA	NA	NA
Survey Report	0	NA	NA	NA
Singapore Dollars: EIGHT hundred sixty one only	Sub Total (Excluding GST) GST Payable @ 7% on \$700.00 Total (Inclusive of GST)			\$812.00 \$49.00 \$861.00

Authorised Signature



**ALLSWELL LEASING & LIMOUSINE PTE LTD**

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001

Tel: +65 6462 5405 | Fax: +65 6462 4730

Co. Reg. No. / GST No. Reg. No.: 201432541Z

Website: <http://www.car2rent.com.sg> | Email: [sales@allswellmotor.com.sg](mailto:sales@allswellmotor.com.sg)**RENTAL AGREEMENT****No. R19030062**

Date: 28 Mar 2019

**SCHEDULE**

This is a lease agreement made between us, **Allswell Leasing & Limousine Pte Ltd** (hereinafter referred to as "**THE COMPANY**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

**NAME OF HIRER(S) (IN FULL)** : HAMDAN BIN MOHAMAD NOR (S1737605E)  
**ADDRESS** : APT BLK 776 PASIR RIS STREET 71 #13-408  
: SINGAPORE 510776  
**TELEPHONE** : TEL: (R): 91846707 (HP): +6591846707 (F):

**NAME OF DRIVER(S) (IN FULL)** : HAMDAN BIN MOHAMAD NOR  
**NRIC/PASSPORT NO.** : S1737605E  
**DATE OF BIRTH** : 16/06/1966  
**DRIVING LICENSE NO.** : S1737605E  
**PASSING DATE** : 21/03/2007  
**EXPIRY DATE** :  
**NATIONALITY** : SINGAPOREAN

**1. DESCRIPTION OF VEHICLE ("THE VEHICLE")**

REGISTRATION NO : SJD6019T (28/03/2008)  
MAKE/MODEL : TOYOTA COROLLA ALTIS 1.6 AUTO  
COLOUR : SILVER  
ENGINE NO : 3ZZ4736026  
CHASSIS NO : MR053ZEE106100640  
TYPE : 2008-2012 TOYOTA ALTIS

**2. PERIOD OF LEASE**

For 13 weeks from 28/03/2019 12:36 ("Commencement Date") to 27/06/2019 12:36 ("Lease Period").

**3. LEASE CHARGES**

Amount S\$385.00 per week plus Goods and Services Tax ("GST") (if applicable) ("Weekly Lease Charges"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

**4. DEPOSIT**

Amount S\$500.00 (exclusive of GST)

**5. INSURANCE**

The Company will arrange for comprehensive insurance coverage against third part liability, and fire and theft damage to the Vehicle during the Lease Period up to the limits as stated below. Please refer to the insurance policy for the coverage terms and conditions. You shall be liable for the Excess Amount as stated below. Additional charges will apply for additional insurance coverage.

a. Amount for Damage : S\$2,000.00 (per accident per claim)  
: Msia Usage x2 = S\$4,000.00  
b. Amount for Fire & Theft : S\$4,000.00 (per accident per claim)  
: Msia Usage x2 = S\$8,000.00  
c. Additional Insurance Coverage : S\$ \_\_\_\_\_  
Others \_\_\_\_\_ (specify)

**6. MAXIMUM MILEAGE**

Maximum Mileage : \_\_\_\_\_ KM  
Additional charges : S\$ \_\_\_\_\_ as per additional 10,000 KM of part thereof

The agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement. IN WITNESS whereof the Parties hereto have set their hands that day and the year first above written.





## ALLSWELL LEASING & LIMOUSINE PTE LTD

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001

Tel: +65 6462 5405 | Fax: +65 6462 4730

Co. Reg. No. / GST No. Reg. No.: 201432541Z

Website: <http://www.car2rent.com.sg> | Email: [sales@allswellmotor.com.sg](mailto:sales@allswellmotor.com.sg)

### RENTAL AGREEMENT

**No. R19030062**

Date: 28 Mar 2019

Signed by the Hirer

Name:

Designation:

Company Stamp:

Signed by

**Allswell Leasing & Limousine Pte Ltd**

Name:

Designation:

Company Stamp:



**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-19-069849

Date of Request: 03/05/2019

Your Ref No:

Online Purchase

Allswell Motor Traders  
25 Defu Lane 9  
Singapore 539266

Dear Sir/Madam,

Enquiry Date 03/05/2019

Enquiry By Tang Chai Yee

Vehicle No. XB6801X

Accident Date 03/05/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XB6801X	AXA Insurance Pte Ltd	13/07/2018-12/07/2019	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.

Elaine  
- LKX ✓  
- LBS  
- STW



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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Phone: +65 6224 0010 Fax: +65 6224 0030  
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**TAX INVOICE**

Our Ref No: GR-19-069849

Date of Request: 03/05/2019

Your Ref No: Online Purchase

Allswell Motor Traders  
25 Defu Lane 9  
Singapore 539266

Dear Sir/Madam,

Enquiry Date 03/05/2019

Enquiry By Tang Chai Yee

Vehicle No. XB6801X

Accident Date 03/05/2019

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque





**ALLSWELL MOTOR TRADERS**  
25, Defu Lane 9, Singapore 539266  
GST Reg No.: 53192889J  
Tel No.: 6679 1146

Email: ben@allswellmotor.com.sg  
Email: account5@allswellmotor.com.sg

Bill To : **AXA Insurance Pte Ltd**  
(Motor Claims Department)

**Tax Invoice**  
**Date** 08.05.2020  
**Terms** C.O.D  
**Ref:** Third party claim AXA - XB6801X

Description	Qty	AMT before GST	GST AMT	AMT include GST
<b>Allswell Leasing &amp; Limousine Pte Ltd</b>				
Vehicle #: SJD6019T / DOA: 03.05.2019				
Repaired, Replaced and Resprayed	1	\$1,400.00	\$98.00	\$1,498.00
Towing	1	NA	NA	NA
TP Insurer Search	1	\$2.00	NA	\$2.00
GIARMC- SAS Report	0	NA	NA	NA
Loss of Use @ \$55.00 / per day	4	\$220.00	NA	\$220.00
Pre- Repair Survey Loss of Use \$70.00/ day	0	NA	NA	NA
Replacement Vehicle @ \$100.00 / per day	0	NA	NA	NA
Own Damage Excess	0	NA	NA	NA
Survey Report	0	NA	NA	NA
Singapore Dollars:		Sub Total (Excluding GST)		\$1,622.00
ONE thousand seven hundred twenty only		GST Payable @ 7% on \$1,400.00		\$98.00
		Total (Inclusive of GST)		\$1,720.00

\_\_\_\_\_  
Authorised Signature



◀ **Re:MANDATE IA> - S9M01MCF {ACCIDENT INVOLVING  
XB 6801X & SJD 6019T ON 01/05/2019}**

Type

🔗 Question

Message

APPROVED

Reply





## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	XB 6801X (Insd veh)	Model: TOYOTA COROLLA ALTIS
	SJD 6019T (TP veh)	
Date of Accident/ Time:	03/05/2019	

Repair Estimate	: \$	4,249.61	
Final Repair Cost	: \$	749.00	(W/GST)
Loss of Use	: \$	110.00	4 days at \$ 55 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	861.00	

Payee Name : ALLSWELL MOTOR TRADERS

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: <del>Yes</del> No BOLA Scenario No: Nil
	BOLA Liability: 50 (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain 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 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: Ben 001

Date: 19.05.2020

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: tang chat yee.

Date: 19-05-2020

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: 20/05/2020







Auto  
Consultants  
Pte Ltd

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

09 JULY 2019

**YEO GUAN CHUAN  
897A TAMPINES ST 81  
#10-712  
SINGAPORE 521897**

Dear Sir/ Mdm

**OUR REF : CC4/ASM19008034/Ugb3  
YOUR REF : XB6801X  
ACCIDENT INVOLVING XB6801X AND SJD 6019T ALONG/AT KPE(TUNNEL)  
TOWARDS PIE(CHANGI) ON 03/05/2019**

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 **ALLSWELL MOTOR TRADERS** acting on behalf of the owner of **SJD 6019T** against your motor insurance policy.

Both parties involved have given conflict of version. Based on the circumstances of accident and both parties damage profile, there is no conclusive evidence to substantiate either's parties version. We are of the view that the case would be settled at equal liability.

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/ Authorisation letter from your company
- 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)*