

3 July 2019

**SUNRISE CUSHION TRADING**  
4 MARSILING IND ESTATE ROAD 3  
#01-38  
SINGAPORE 739250

Dear Sir/Mdm,

OUR REF : CC4/ASM19008806/Ufb3  
YOUR REF : YN 6005C  
**ACCIDENT INVOLVING YN6005C AND GBJ3595D ALONG WESTWOOD ROAD  
TOWARDS JURONG WEST AVE 5 ON 15/05/2019**

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 third-party claim(s) from **Autolution Industrial Pte Ltd** acting on behalf of the owner of **GBJ3595D** 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.

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 AUTHORITY AND INDEMNITY




- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623  
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254  
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623  
☐ TC Autoclinic Pte Ltd, 25, Leng kee Road, Singapore 159097  
☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

**Type of Claim:**

- ☒ Third Party (Direct Settlement)  
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. GBI 395D AND YN 600SC  
 ON 13/05/2019 AT WESTWOOD ROAD TOWARDS JURONG WEST AVE 5

1. I, the owner of vehicle no. GBI 395D hereby instruct you and authorise you to act for me with respect to the following: -
  - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
  - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
  - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
  - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
  - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
  - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>SHINYO ENGINEERING PTE LTD</u>		Company Name <u>AUTOLUTION INDUSTRIAL PTE LTD</u>	
Address <u>1 YISHUN ST 23 # 01-30</u>		Claim Officer's Name <u>ELMER ALTONSO</u>	
<u>YS-ONE 9(768441)</u>			
Telephone No <u>93228180 / 62571422</u>		Telephone No <u>9645 0054</u>	
Date <u>16/05/2019</u>	Email	Date <u>16/05/2019</u>	
Company Stamp (For Car Regn Vehicle)	Authorized Signature	Claim Officer Signature	
			



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YN 6005C (Insd veh)	Model: Nissan NV 350 (2488cc)
	GBJ 3595D (TP veh)	
Date of Accident/ Time:	15/05/2019	

Repair Estimate	: \$	5,266.30	
Final Repair Cost (w/GST)	: \$	3,404.07	
Loss of Use	: \$	450.00	5 days at \$90.00 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
Final Settlement Sum	: \$	3,856.07	

Payee Name: AUTOLUTION INDUSTRIAL PTE LTD

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: _____ (%)	Assessed Liability (*): 100 (%)

\* 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 authorised the client to act for and on their behalf in this accident.

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 9666 FAX: 68467483

Signature of workshop representative / Workshop stamp  
Name of Representative: ALFONSO  
Date: 28/02/2020

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Hannish  
Date: 28/2/2020

Signature of AXA's surveyor/representative  
Name of AXA's surveyor /Representative:  
Date: 4/3/2020

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 9666 FAX: 68467483



**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-19-078203  
Date of Request: 16/05/2019

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd  
911, Bukit Timah Road  
Singapore 589622

Dear Sir/Madam,

Enquiry Date: 16/05/2019  
Enquiry By: Eric Koh Yong Lang  
TP Vehicle No.: YN6005C  
Accident Date: 15/05/2019

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN6005C	AXA Insurance Pte Ltd	06/06/2018-07/08/2019	6338 7258

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.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048560  
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-19-078203

Date of Request: 16/05/2019

Your Ref No:

Online Purchase

Tan Chong Motor Sales Pte Ltd  
911, Bukit Timah Road  
Singapore 589622

Dear Sir/Madam,

Enquiry Date: 16/05/2019  
Enquiry By: Eric Koh Yong Lang  
TP Vehicle No: YN6005C  
Accident Date: 16/05/2019

DESCRIPTION	AMOUNT (\$)
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