



Auto
Consultants
Pte Ltd

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

Date: 03 JUNE 2019

TAN PENG SENG
BLK 972 HOUGANG ST 91
#12-186
SINGAPORE 530972

Dear Sir/ Mdm

OUR REF : CC4/ASM19008922/hb3
YOUR REF : SME 1135H
ACCIDENT INVOLVING SME 1135H AND SLJ 2937P ALONG INARAN DR INTO
MOULMEIN RD ON 18/05/2019

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from Autolution Industrial Pte Ltd acting on behalf of the owner of SLJ 2937P against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. 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 jjale@lkkauto.com within 10 days 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.

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 5792 or email us at jjale@lkkauto.com.

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

Yours sincerely,



Chan Jia Le
Case Handler
DID: 6749 5792
FAX: 6741 4108
EMAIL: jjale@lkkauto.com

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

LETTER OF AUTHORITY AND INDEMNITY

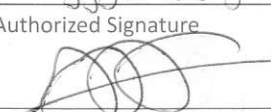
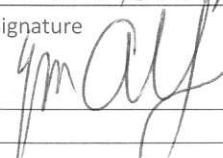
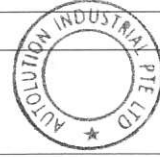
- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic 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. SLJ2937P AND SME1135H
ON 18/5/2019 AT JUNCTION OF SINARAN DRIVE AND MOULMEIN ROAD

1. I, the owner of vehicle no. _____ 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	Goh Jenn Jinn	Company Name	AUTOLUTION INDUSTRIAL PTE LTD
Address	20 Jalan Kumpang, 5468617	Claim Officer's Name	FINER ALFONSO
Telephone No	91112677	Telephone No	9645 0084
Date	18/5/2017	Date	18/5/2019
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SME 1135H (Insd veh)	Model: NISSAN : QASHQAI-1.2 DIG-T (A)
	SLJ 2937P (TP veh)	
Date of Accident/ Time:	18/05/2019	

Repair Estimate	: \$	10,217.83	
Final Repair Cost (WGST)	: \$	6,996.39	
Loss of Use	: \$		days at \$ per day
Rental (if any) (WGST)	: \$	481.50	5 days at \$ 90.00 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	7,479.89	
Payee Name : AUTOLUTION INDUSTRIAL PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>27</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

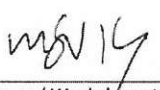

NOTE:

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.

AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623 TEL: 6490 9666 FAX: 6846 7488			
Signature of workshop representative / Workshop stamp		Signature of Witness / Workshop stamp (if applicable)	
Name of Representative: <u>EMER ATONSO</u>		Name of Witness: <u>CHNG LOH MUI</u>	
Date: <u>26/05/2019</u>		Date: <u>26/05/2019</u>	
			
Signature of AXA's surveyor/representative: _____			
Name of AXA's surveyor /Representative: _____			
Date: _____			
		AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623 TEL: 6490 9666 FAX: 6846 7488	



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AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
Business Reg. No.: 199500871W
GST Reg. No.: M2-8920338-9



TAX INVOICE

GST REG: M2-8920338-9

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2310475A
VEHICLE NO : SJNFEAJ11U1724149
SLJ2937P

INVOICE NO. : W32147204
INVOICE DATE : 13-AUG-2019
TERMS : CREDIT
DATE REC'D : 21-JUN-2019
SA/SE : ELMER
JOB NO : HG805779
MILEAGE : 031868
YOUR REFERENCE : INS/IC/EA/0268/19

ITEMS	JOB DESCRIPTION	Credit terms 30	AMOUNT
	LABOUR		
1	LABOR CHARGES TO REPAIR RR END PANEL, BOTH RR FENDR		625.00
	RENEW HATCHBACK DOOR AND REAR BUMPER		
2	CHARGES TO SPRAY PAINTING SAME		600.00
3	RENEW RR WINDSCREEN GLASS		180.00
4	RENEW RR WINDSCREEN SOLAR FILM		150.00
5	APPLY SEALANT TO RR WINDSCREEN GLASS		100.00
6	APPLY SELANAT TO HATCHBACK DOOR		100.00
7	REMOVE AND INSTALL REVERSE CAMERA		240.00
8	REMOVE AND TRANSFER HATCHBACK DOOR MECHANISM TO THE NEW HATCHBACK DOOR		80.00
9	RENEW REVERSE SENSOR 4 POINT		110.00
10	SUPPLY REAR LICENSE PLATE		NC
11	REMOVE AND INSTALL HATCHBACK DOOR LAMP AND REAR COMBINATION LAMP		48.00
	SUBTOTAL	:	2233.00
	PARTS		
1	CLIP RR BUMPER @ \$1.20 EACH		5.76
	Qty:6 @ \$1.20 each (Disc:20.00% After Disc:\$5.76each)		
2	REAR BUMPER		573.60
	Qty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)		

DOLLARS:

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating to the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO :

RELEASE BY



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AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
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CHASSIS NO : HRA2310475A
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SA / SE : ELMER
JOB NO : HG805779
MILEAGE : 031868
YOUR REFERENCE : INS/IC/EA/0268/19

ITEMS	JOB DESCRIPTION	Credit terms 30	AMOUNT
3	RH SIDE BRACKET RR BUMPER Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)		28.72
4	LH SIDE BRACKET RR BUMPER Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)		28.72
5	GLASS-HATCHBACK DOOR Qty:1 @ \$930.00 each (Disc:20.00% After Disc:\$744.00each)		744.00
6	EMBLEM-REAR NISSAN Qty:1 @ \$59.70 each (Disc:20.00% After Disc:\$47.76each)		47.76
7	ORNAMENT BACK DOOR- QASHQAI Qty:1 @ \$87.00 each (Disc:20.00% After Disc:\$69.60each)		69.60
8	REINFORCEMENT RR BUMPER Qty:1 @ \$619.20 each (Disc:20.00% After Disc:\$495.36each)		495.36
9	LH STAY RR BUMPER Qty:1 @ \$126.00 each (Disc:20.00% After Disc:\$100.80each)		100.80
10	LH STAY RR BUMPER Qty:1 @ \$126.00 each (Disc:20.00% After Disc:\$100.80each)		100.80
11	HATCHBACK DOOR Qty:1 @ \$2936.80 each (Disc:20.00% After Disc:\$2349.44each)		2349.44
12	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00
13	REAR W/SCREEN SEALANT Qty:1 @ \$80.00 each (Special Nett Item)		80.00
	SUBTOTAL :		4644.56

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO :

RELEASE BY



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AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
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INVOICE NO. : W32147204
INVOICE DATE : 13-AUG-2019
TERMS : CREDIT
DATE REC'D : 21-JUN-2019
SA/SE : ELMER
JOB NO : HG805779
MILEAGE : 031868
YOUR REFERENCE : INS/IC/EA/0268/19

ITEMS	JOB DESCRIPTION	Credit terms 30 days	AMOUNT
1	REMARKS THIRD PARTY DIRECT SETTLEMENT Insurance Co : AXA INSURANCE PTE LTD Policy No.....: 2100492762-02 Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 18-MAY-2019 Our Ref.....: INS/IC/EA/0268/19 Surveyor.....: SURVEYOR FROM INSURANCE CO		
	LABOUR :		2233.00
	PARTS :		4644.56
	SUBTOTAL :		6877.56
	ADD. DISCOUNT :		338.88
	TOTAL :		6538.68
	GST(7%) :		457.71
	AMOUNT DUE :		6996.39

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
SIX THOUSAND NINE HUNDRED NINETY
SIX AND CENTS THIRTY NINE ONLY.

WORKSHOP MANAGER

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CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO :

RELEASE BY
04-07-2019

08:33:04

SLJ2937P (HG805779/W32147204)

TANCHONG
INTERNATIONAL

www.tanchong.com

DOWNTOWN

DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6334 1700 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

5152937P H6805719

GST Reg No. : M2-0067432-
Tax Invoice : S1015621
Inv. date...: 03-JUL-2019
Print date...: 03-JUL-2019
Print time...: 16:29:00
Page no.....: 1
Agreement no: TP2019554
Salesman....: AK

AUTOLUTION INDUSTRIAL PTE LTD

19 UBI ROAD 4
UBI SERVICE CENTRE

S(408623)
ATTN : HAMZAH

Description	Amount
RENTAL CHARGE FROM 26-JUN-2019 TO 03-JUL-2019	630.00
NISSAN QASHQAI 5D 1.2T - SKW4541C	
(GOH JENN JIUN)	

TOTAL SGD(BEFORE GST)	630.00
GST(7%)	44.10
TOTAL SGD(AFTER GST)	674.10

DR 43100 - 300

CR 11513 - 310

DOWNTOWN TRAVEL SERVICES PTE LTD



Authorised Signature

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.



Hiring Agreement

Co.Reg.No : 198403671H
GST Reg.No.: M2-0067432-1

TP2019554

CUSTOMER COPY

SALESMAN CODE: AK

Vehicle Number: SKW4541C Make & Model: NISSAN QASHQAI 5D 1.2T Date: 26/06/2019
Change Over 1: Initial: Date:
Change Over 2: Initial: Date:

Hirer

Name: GOH JENN JIUN
Address: 20 JALAN KUPANG
Singapore: (468617)
Contact Person: Tel: 91112677

1st Driver

Name: GOH JENN JIUN
Address: 20 JALAN KUPANG
Singapore: (468617)
Contact No: 91112677 (H) (O) (HP)
Occupation: Date of Birth: 23/06/1976
Passport / NRIC No: S7618496H Nationality: SINGAPOREAN
Driver's Licence No: S7618496H Driving Exp: yrs
Country of Issue: SINGAPORE Driving Date:

Additional Driver

Name: GOH MENG FATT
Address: 20 JALAN KUPANG
Singapore: (468617)
Contact No: (H) (O) (HP)
Occupation: Date of Birth: 06/06/1948
Passport / NRIC No: S0117421E Nationality: SINGAPOREAN
Driver's Licence No: S0117421E Driving Exp: yrs
Country of Issue: SINGAPORE Driving Date:

Remarks / Delivery Location

SLJ2937P 3RD PARTY CLAIM REF TO UBI EMB

Additional \$2000/- + existing Excess

a. Drivers aged 62 years & above

b. Drivers aged 25 years & below

c. Less than 2 years driving experience

Check In / Out

Date Out: 26/06/2019 Time Out 09:30:00 Km Out 12345.00

Petrol Level: F

Agreed Date of Return: 03/07/2019 09:30:00

Date In: Time In Km In

Petrol Level: E

Collision Damage Waiver & PAI

ACCEPTS

To Pay Extra Fees

Daily S\$0.00

Weekly S\$

Monthly S\$

Weekend S\$

Non-Waiverable Excess

S\$ 0.00 per accident

DECLINES

Hirer Declines CDW

Excess S\$ 2,000.00

per accident

Signature

Signature

*The above is subjected to 7% GST.

Per Day	90.00	630.00
Per Week		
Per Month		
Weekend		
Rental Charges	630.00	
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	44.10	
Sub Total	674.10	

OVERALL CHARGES

Deposit Tax Invoice

Deposit Inv: Amount
O/R No: Date

For Official Use

INV: O/R: Date
INV: O/R: Date
INV: O/R: Date

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of S\$250 will be applicable to initialize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of S\$50 will be applied.

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD

**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-19-079199
Date of Request: 18/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 18/05/2019
Enquiry By: Eric Koh Yong Lang
TP Vehicle No.: SME1135H
Accident Date: 18/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SME1135H	AXA Insurance Pte Ltd	18/09/2018-17/09/2019	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.



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

TAX INVOICE

Our Ref No: GR-19-079199
Date of Request: 18/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 18/05/2019
Enquiry By: Eric Koh Yong Lang
TP Vehicle No: SME1135H
Accident Date: 18/05/2019

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