

Vivian Lau (LKKAUTO)

From: Vivian Lau (LKKAUTO)
Sent: Tuesday, 11 June, 2019 11:45 AM
To: siokkwanlee@gmail.com
Subject: ACCIDENT INVOLVING SJT 7229M & SMF 203X ALONG YISHUN AVE 2 AND YISHUN RING RD ON 21/05/2019

Dear Sir/ Mdm

OUR REF : CC4/ASM19009098/Uwb3
YOUR REF : SJT 7229M

ACCIDENT INVOLVING SJT 7229M & SMF 203X ALONG YISHUN AVE 2 AND YISHUN RING RD ON 21/05/2019

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 **Autolution Industrial Pte Ltd** acting on behalf of the owner of SMF 203X 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 7 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 Vivianlau@lkkauto.com within 7 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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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. SMF203X AND SJT7229M
ON 21/05/2019 AT JUNCTION BETWEEN YISHUN AVE 2 AND YISHUN RING ROAD

1. I, the owner of vehicle no. SMF203X 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>SHENG HOBBIN HONG BIN</u>	Company Name	<u>AUTOLUTION INDUSTRIAL PTE LTD</u>
Address	<u>APT BLK 596D ANG</u> <u>MO KID STREET 52 # 23-309</u>	Claim Officer's Name	<u>EMER ANONSO</u>
Telephone No	<u>564590</u>	Telephone No	<u>91645 0084</u>
Date		Date	<u>12/7/2019</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJT7229M (Insd veh)	Model: NISSAN NOTE-1.2 CVT (A)
	SMF203X (TP veh)	
Date of Accident/ Time:	21/05/2019	

Repair Estimate	: \$	6,109.19	
Final Repair Cost (w/GST)	: \$	1,932.98	
Loss of Use	: \$	--	days at \$ per day
Rental (if any)	: \$	385.20	4 days at \$ 96.30 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	--	
	: \$		
Final Settlement Sum	: \$	2,320.18	

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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: 27
	BOLA Liability: 100 (%)	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 confirm 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	
Signature of workshop representative / Workshop stamp Name of Representative: <u>Harish</u> Date: <u>21/10/2019</u>	Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Hamsah</u> Date: <u>29/10/2019</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 9053 FAX: 6541 1487	

**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

INT203X HG805158

AUTOLUTION INDUSTRIAL PTE LTD19 UBI ROAD 4
UBI SERVICE CENTRES(408623)
ATTN : HAMZAHGST Reg No. : M2-0067432-4
Tax Invoice : S1015521
Inv. date...: 01-JUL-2019
Print date...: 01-JUL-2019
Print time...: 12:30:41
Page no.....: 1
Agreement no: TP2019555
Salesman.....: AK

Description	Amount
RENTAL CHARGE FROM 25-JUN-2019 TO 29-JUN-2019	360.00
NISSAN LATIO SPORT 1.5L CVT ABS/AIRBAG - SKG3576T	
(SHENG HONGBIN)	

TOTAL SGD(BEFORE GST)	360.00
GST(7%)	25.20
TOTAL SGD(AFTER GST)	385.20

DR 43100 - 300

CR 11513 - 310

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.

DOWNTOWN TRAVEL SERVICES PTE LTD



Hiring Agreement

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

TP2019555

CUSTOMER COPY

SALESMAN CODE: AK

Vehicle Number: SKG3576T Make & Model: NISSAN LATIO SPORT 1.5L CVT ABS/AIRBAG Date: 25/06/2019
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: AUTOLUTION INDUSTRIAL PTE LTD

Address: 19 UBI ROAD 4 UBI SERVICE CENTRE

Singapore: (408623)

Contact Person: HAMZAH Tel: _____

1st Driver

Name: SHENG HONGBIN

Address: BLK 596D ANG MO KIO STREET 52 #23-309

Singapore: (564596)

Contact No: (H) (O) (HP)

Occupation: _____ Date of Birth: 25/12/1989

Passport / NRIC No: S8972646H Nationality: SINGAPOREAN

Driver's Licence No: S8972646H Driving Exp: ys

Country of Issue: SINGAPORE Driving Date: _____

Additional Driver

Name: _____

Address: _____

Singapore: ()

Contact No: (H) (O) (HP)

Occupation: _____ Date of Birth: _____

Passport / NRIC No: _____ Nationality: _____

Driver's Licence No: _____ Driving Exp: ys

Country of Issue: _____ Driving Date: _____

Remarks / Delivery Location

SMF203X 3RD PARTY CLAIM REF TO UBI ELMER

Check In / Out

Date Out: 25/06/2019 Time Out: 09:30:00 Km Out: 12345.00

Petrol Level: F

Agreed Date of Return: 01/07/2019 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	540.00
Per Week		
Per Month		
Weekend		
Rental Charges	540.00	
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	37.80	
Sub Total	577.80	

OVERALL CHARGES

Deposit Tax Invoice

Deposit Inv: _____ Amount: _____
O/R No: _____ Date: _____

For Official Use

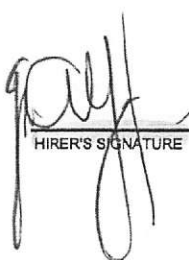
INV: _____ O/R: _____ Date: _____
INV: _____ O/R: _____ Date: _____
INV: _____ O/R: _____ Date: _____


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 ionize 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-19-080814
Date of Request: 22/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 22/05/2019
Enquiry By Eric Koh Yong Lang
TP Vehicle No. SJT7229M
Accident Date 21/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJT7229M	AXA Insurance Pte Ltd	28/10/2018-27/10/2019	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-19-080814
Date of Request: 22/05/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 22/05/2019
Enquiry By: Eric Koh Yong Lang
TP Vehicle No: SJT7229M
Accident Date: 21/05/2019

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