



Auto
Consultants
Pte Ltd

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

14 June 2019

TAN SEOW LENG
370H ALEXANDRA ROAD
#08-05
SINGAPORE 159961

Dear Sir/ Mdm

OUR REF : CC4/ASM19010055/gb3

YOUR REF : EM 21L

**ACCIDENT INVOLVING EM 21L AND SJE 7691P ALONG/AT 345 ANG MO KIO AVE 3
ON 28/05/2019**

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 ComfortDelgro Engineering Pte Ltd (Spark Car Care) acting on behalf of the owner of SJE 7691P 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 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 or email us at 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

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

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SJE 7691P and (Third Party's Vehicle No.)
EM 21L on 28/5/2019 along BNC 345 Ang Mo Kio Ave 3

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, Kwong Mun Fai Aaron *NRIC/Passport
No. S7637167I (Address)* BNC 308A Ang Mo Kio Ave 1 # 18-417 S561308

_____ a company

Incorporate in Singapore and having its registered office at (Address)* _____

owner of Vehicle Registered No. _____

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a
company incorporated in Singapore and having its registered office at 205 Braddell Rd.

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf
to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good, valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF, *I/We have hereunto to set *my/our hand and seal this day 21 of the month of August, Year Two Thousand (2019)

Signed, Sealed & Delivered By

Customers Name:
NRIC No.: S7637167I
Co's rubber Stamp

delete as appropriate. Insurance



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	EM 211	(Insd veh)	Model: HONDA CROSSROAD
	SJE 7891P	(TP veh)	
Date of Accident/ Time:	28/05/2019		

Repair Estimate	: \$	3,333.01	
Final Repair Cost	: \$	899.34	(VMSST)
Loss of Use	: \$	240.00	03 days at \$80.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	1,141.34	

Payee Name :	COMFORTDELGRO ENGINEERING PTE LTD		
Is Third Party Workshop GIA Registered?	[X] YES	[] NO	(Kindly indicate below)
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/No BOLA Scenario No: 22	
	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/authorized 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.

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Signature of Workshop Representative / Workshop stamp
Name of Representative:
Date: 1 DEC 2019

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

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Signature of Witness (if applicable)
Name of Witness:
Date: 1 DEC 2019

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."



RECORDS MANAGEMENT CENTRE

**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-19-085682

Date of Request: 30/05/2019

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 30/05/2019
Enquiry By Kristy Tay Siew Hwa
TP Vehicle No. EM21L
Accident Date 28/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
EM21L	AXA Insurance Pte Ltd	28/03/2019-27/03/2021	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.

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RECORDS MANAGEMENT CENTRE

**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-19-085682
Date of Request: 30/05/2019

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 30/05/2019
Enquiry By Kristy Tay Siew Hwa
TP Vehicle No. EM21L
Accident Date 28/05/2019

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque