



Auto
Consultants
Pte Ltd

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

24 JULY 2019

THAM SOOK CHENG
62 TOH TUCK ROAD
#04-02
SINGAPORE 596724

Dear Sir/ Mdm

OUR REF : CC4/ASM19010183/Kga3

YOUR REF : SBV 39A

**ACCIDENT INVOLVING SBV 39A AND SLG 5112Z ALONG/AT HOUGANG AVE 5 ON
06/06/2019**

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 **OPTIMA WERKZ PTE LTD** acting on behalf of the owner of SLG 5112Z 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)*



AXA THIRD PARTY DIRECT SETTLEMENT

| | | |
|-------------------------|--------------------|----------------------|
| Vehicle No: | SBV 39A (Insd veh) | Model: HONDA SHUTTLE |
| | SLG 51122 (TP veh) | |
| Date of Accident/ Time: | 06/06/2019 | |

| | | | |
|--|----------------------------------|--|---------------------------|
| Repair Estimate | :S | 7,886.24 | |
| Final Repair Cost | :S | 4070.59 | (WGST) |
| Loss of Use | :S | | days at \$ per day |
| Rental (if any) | :S | (350 @ 80%) | 5 days at \$70.00 per day |
| LTA / GIA Search Fee | :S | 2.00 | |
| Others: | :S | | |
| Final Settlement Sum | :S | 4,350.00 | (GLOBAL SUM) |
| Payee Name: OPTIMA WERKZ 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: NIL | |
| | BOLA Liability: _____ (%) | Assessed Liability (*): 80 (%) | |
| * 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:
Date: 20/2/2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Lily
Date: 20/2/2020

Signature of AXA's surveyor/representative
Name of AXA's surveyor /Representative:
Date: 25/2/2020

Without Prejudice

"The contents of this document apply to property damages claim only. All personal injuries and damages arising therefore are not included from the ambit and application of this document."

Optima Werkz Pte Ltd

9A Serangoon North Avenue 5, Singapore 554500
Tel (+65) 6484 9919 Fax: (+65) 6481 1011
Co Reg & GST No: 201212455W

TAX INVOICE

To: MUHAMMAD RAZIS BIN ABDUL NASIR

BLK 365B UPPER SERANGOON ROAD
#03-1068
SINGAPORE 532365

Tel HP: 92330626
Fax:

INV NO. : 121903857
INVOICE DATE : 19/06/2019
REF : TP#845/RA101279
VEH NO. : SLG5112Z
MAKE : HONDA
MODEL : SHUTTLE 1.5G
CURRENT MILEAGE:
ADVISOR : TP/OD
TERMS : COD

| # | DESCRIPTION | QTY | UOM | U/P SGD | AMT SGD |
|---|--|-----|------|------------|------------|
| 1 | CAR RENTAL CHARGES RENTAL AGREEMENT NO 101279 VEHICLE NO: SJY1947L MODEL: MERCEDES BENZ C180 FROM 06-06-2019 TO 11-06-2019 | 5 | DAYS | 180.00 | 900.00 |

Remarks: DOA: 06/06/2019 @ 1320HRS

Singapore Dollars: Nine Hundred Sixty-Three Only

Name: _____

NRIC No.: _____

Signature: _____

SUB TOTAL SGD 900.00
GST 7.00% SGD 63.00
TOTAL SGD 963.00
Outstanding SGD 963.00

I/We confirm that I/We incurred the repair costs herein and will observe my/our agreement with the repairs.
I/We declare the repairs for above vehicle have been completed to my/our satisfaction.

- 1) New parts purchased and installed by Optima Werkz Pte Ltd, will be entitled to warranty period of one (1) year or mileage up to 30,000km, whichever comes first, from the date of invoice, with the exception to wear & tear items.
- 2) Recon Parts purchased and installed by Optima Werkz Pte Ltd, will be entitled to warranty period of six (6) months or mileage up to 10,000km, whichever comes first, from the date of invoice, with the exception to wear & tear items.
- 3) Goods sold are not refundable/returnable.

Original Invoice is only valid when the payment is acknowledge receipt by Optima Werkz Pte Ltd. Interest of 2% per month will be charged on any outstanding amount.

For Optima Werkz Pte Ltd

AUTHORISED SIGNATURE(S)

Optima Werkz Pte Ltd

8 Kung Chong Rd Singapore 159143
Tel: +65 6472 1313 Fax: +65 6472 2112 Website: www.ow.sg
9A Serangoon North Ave 5 Singapore 554500
Tel: +65 6484 9919 Fax: +65 6481 1011
CO. REG NO. 201212455W



VEHICLE RENTAL AGREEMENT

No:101279

| HIRER'S PARTICULARS Full Name : <u>Muhammad Razi's Bin Abdul Nasir</u> Nric/Passport No : <u>S8703878E</u> Address : <u>BK 365B Upper Serangoon Road</u> <u>#03-1068 S(532365)</u> Name & Address Employer : <u>Mitsui Elastomers</u> <u>701 Ayer Merbau Road S(627853)</u> Occupation : <u>Lab Technician</u> Driving Exp: <u>6 yrs</u> Driving Licence No : <u>S8703878E</u> D/L Type: <u>Local/Int'l</u> Issue Date : <u>27 Jun 2013</u> Date of Birth: <u>26 Jun 1987</u> Contact no(s): <u>HP: 92330626</u> | | Rental replacement Vehicle No : <u>S2G51122</u> Vehicle No : <u>S5Y1947L</u> Make/Model : <u>H. Shuttle</u> Make/Model : <u>M.Benz C180</u> Mileage Out: <u>138003</u> / <u>138003 km.</u> <u>138253</u> DATE OUT <u>06-06-2019</u> TIME OUT <u>5:32</u> AM/PM DATE IN <u>11-06-2019</u> TIME IN <u>11:30</u> AM/PM Signature <u>Pong</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------|--|-----|--|--|----------------|-----------------------|--|--|------------------------|--|--|-----------|--|--|-----------------------------|--|--|-----------|--|--|--------------|--|--|----------------------------|--|--|---------------------------|--|--|------|--|--|----------------------------------|--|-----------------|--------------|--|--|----------------------------|--|--|-----------------|--|--|
| ADDITIONAL DRIVER'S PARTICULARS Full Name : Nric/Passport No : Address : Contact no(s): HP : Driving Licence No : Driving Exp: Issue Date : D/L Type: Local/Int'l Occupation : Date of Birth: | | <table border="1"> <thead> <tr> <th colspan="2">CHARGES</th> <th>S\$</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Day(s) @ S\$ <u>180.00</u> per day</td> <td></td> <td><u>\$90.00</u></td> </tr> <tr> <td>Week(s) @ S\$ per day</td> <td></td> <td></td> </tr> <tr> <td>Month(s) @ S\$ per day</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Extension</td> <td></td> </tr> <tr> <td colspan="2">Delivery/Collection Charges</td> <td></td> </tr> <tr> <td colspan="2">Sub-Total</td> <td></td> </tr> <tr> <td colspan="2">Petrol Level</td> <td></td> </tr> <tr> <td>Out E <u>1/4</u> 1/2 3/4 F</td> <td></td> <td></td> </tr> <tr> <td>IN E <u>1/4</u> 1/2 3/4 F</td> <td></td> <td></td> </tr> <tr> <td colspan="2">MISC</td> <td></td> </tr> <tr> <td colspan="2">TOTAL CHARGES (Inclusive of GST)</td> <td><u>\$963.00</u></td> </tr> <tr> <td colspan="2">Less Deposit</td> <td></td> </tr> <tr> <td colspan="2">Balance Payable/Refundable</td> <td></td> </tr> <tr> <td colspan="2">Refund received</td> <td></td> </tr> </tbody> </table> | | CHARGES | | S\$ | <input checked="" type="checkbox"/> Day(s) @ S\$ <u>180.00</u> per day | | <u>\$90.00</u> | Week(s) @ S\$ per day | | | Month(s) @ S\$ per day | | | Extension | | | Delivery/Collection Charges | | | Sub-Total | | | Petrol Level | | | Out E <u>1/4</u> 1/2 3/4 F | | | IN E <u>1/4</u> 1/2 3/4 F | | | MISC | | | TOTAL CHARGES (Inclusive of GST) | | <u>\$963.00</u> | Less Deposit | | | Balance Payable/Refundable | | | Refund received | | |
| CHARGES | | S\$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Day(s) @ S\$ <u>180.00</u> per day | | <u>\$90.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Week(s) @ S\$ per day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month(s) @ S\$ per day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery/Collection Charges | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub-Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Petrol Level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out E <u>1/4</u> 1/2 3/4 F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN E <u>1/4</u> 1/2 3/4 F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MISC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL CHARGES (Inclusive of GST) | | <u>\$963.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less Deposit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance Payable/Refundable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refund received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS: <u>Excess I Excess II</u> <u>S'pree: \$2000/- \$2000/-</u> <u>m'gna: \$4000/- \$4000/-</u> <u>(Refer: RA101277) for replacement</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*IMPORTANT

- ONLY PERSON ABOVE 25 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE. AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24HOURS.
- EXCESS - HIRER IS LIABLE TO PAY INSURANCE EXCESS/ES WHICH IS/ARE APPLICABLE UNDER THE RENTAL CAR INSURANCE POLICY IN ANY EACH ACCIDENT PLUS LOSS OF EARNINGS WHILE DAMAGED VEHICLE IS UNDER REPAIR.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. OUR INSURANCE DOES NOT COVER IN MALAYSIA.

I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDE OF THIS RENTAL AGREEMENT AND AGREE THEREOF.
I UNDERTAKE NOT TO USE OR LET OTHERS USE THE RENTAL VEHICLE TO CARRY OUT ANY ILLEGAL OR CRIMINAL ACTS INCLUDING CARRYING OF DUTY UNPAID GOODS.

Hirer's
Signature: Pong
Date:

Driver's Signature
(if different from Hirer) _____
Date:



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-19-089817
Date of Request: 06/06/2019

Your Ref No: Online Purchase

Optima Werkz Pte Ltd
6 Kung Chong Road
Singapore 159143

Dear Sir/Madam,

Enquiry Date 06/06/2019
Enquiry By Sharon Ten Chai Ling
TP Vehicle No. SBV39A
Accident Date 06/06/2019

| 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



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-19-089817
Date of Request: 06/06/2019

Your Ref No: Online Purchase

Optima Werkz Pte Ltd
6 Kung Chong Road
Singapore 159143

Dear Sir/Madam,

Enquiry Date 06/06/2019
Enquiry By Sharon Ten Chai Ling
TP Vehicle No. SBV39A
Accident Date 06/06/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SBV39A | AXA Insurance Pte Ltd | 31/05/2019-30/05/2020 | 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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