

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Thursday, 17 October 2019 5:47 PM
To: SIMCHAIKANG@GMAIL.COM
Subject: <STANDARD NOTIFICATION LETTER> OUR REF: CC4/ASM19010760/gb3 *** ACCIDENT INVOLVING SJN 7653C & SML 9081P ON 13/06/2019 ***

17 OCTOBER 2019

SIM CHAI KANG

Dear Sir/ Mdm

OUR REF : CC4/ASM19010760/gb3

YOUR REF : SJN 7653C

ACCIDENT INVOLVING SJN 7653C & SML 9081P ALONG/AT MARYMOUNT RD SLIP RD TO AMK AVE 1 ON 13/06/2019

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 **TEAM AUTOPRO PTE LTD** acting on behalf of the owner of SML 9081P 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 from your company
- Authorisation letter
- Rental Agreement/ Leasing Agreement
- 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.

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

To : Team AutoPro Pte Ltd
CRN : 201811621K
located at : 385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: SML 9081 P
and SJN 7653 C and _____
and _____ and _____
@ Marymount Road Towards Amk Ave 1 slip road
dated 13/6/2019

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you - in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)



Date: _____



AXA THIRD PARTY DIRECT SETTLEMENT

| | | |
|-------------------------|----------------------|--------------------|
| Vehicle No: | SJM 7653C (Insd veh) | Model: TOYOTA VIOS |
| | SML 9081P (TP veh) | |
| Date of Accident/ Time: | 13/06/2019 | |

| | | | |
|----------------------|------|----------|----------------------------|
| Repair Estimate | : \$ | 8,446.37 | |
| Final Repair Cost | : \$ | 3,300.00 | |
| Loss of Use | : \$ | | days at \$ per day |
| Rental (if any) | : \$ | 700.00 | 7 days at \$100.00 per day |
| LTA / GIA Search Fee | : \$ | 36.45 | |
| Others: | : \$ | | |
| | : \$ | | |
| Final Settlement Sum | : \$ | 4,036.45 | |

Payee Name : TEAM AUTO PRO PTE LTD

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

| | | |
|--|----------------------------------|--|
| A) | For Non GIA Registered Workshop: | Agreed Liability: 100 (%) |
| B) | For GIA Registered Workshop: | BOLA Applicable: Yes/ No BOLA Scenario No: 27 |
| | BOLA Liability: (%) | 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/TORTEASOR 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: 
 Name of Representative: Lim Jia Leng
 Date: 24/12/19

Signature of Witness / Workshop stamp (if applicable): 
 Name of Witness: Prachi Jay
 Date: 24/12/19

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

My execution of this Discharge Voucher is solely for my claim for Property Damage & nonprejudicial to any other claims arising from the same accident.

MM CAR LEASING PTE LTD

160 SIN MING DRIVE
#08-04 SIN MING AUTOCITY
SINGAPORE 575722
CO REGN NO. 201802112N

TEL : 8811 7879 / 8833 78789 EMAIL: mmcarleasing@gmail.com

Bill To:

TEAM AUTOPRO PTE LTD
160 SIN MING DRIVE
#01-14 SIN MING AUTOCITY
SINGAPORE 730120
ATTN: CALEB NEE
TEL: 9661 2955

INVOICE NO.: 00380

DUE DATE: 24/06/19

SML 9081P

| DESCRIPTION | AMOUNT |
|--|-----------|
| BEING RENTAL OF: VEHICLE NO: SLZ240U MAKE AND MODEL: MITSUBISHI LANCER EX RENTAL DATE: 17/06/2019 TO 24/06/2019 | \$ 840.00 |
| TOTAL | \$ 840.00 |

Make all checks payable to MM CAR LEASING PTE LTD

Bank Account: OCBC 712 - 583103 - 001

If you have any questions concerning this invoice, please call WENDY @ 8833 7879/ FIRDAUS @ 8811 7879



THANK YOU FOR YOUR BUSINESS!

MM CAR LEASING PTE LTD

ROC No.: 201802112N

160 Sin Ming Drive #08-04 Sin Ming Autocity Singapore 575722

Email: mmcarleasing@gmail.com

HP : 8811 7879 / 8833 7879

T. A.
Rental Agreement No. 00380

Date: 17/6/15

HIRER'S DETAILS (1st Driver Name)

Name: Ng Chin Ann.

Address: 421 Woodlands St 41

#08-175 ST30 421

I/C or Passport No: S9537230 I Nationality: I

Date of Birth: 7.10.1995 Occupation: I

Driving License No: I Pass Date: 4.8.18

Contact No: 9047 5275 ALT No: I (H): I

RELIEF DRIVER (if any)

Name: I

Address: I

I/C or Passport No: I Nationality: I

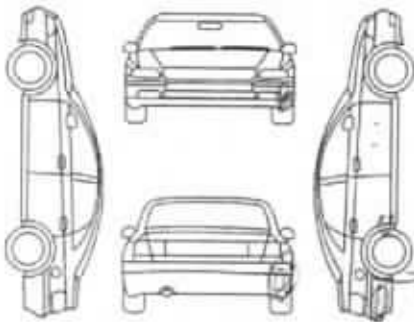
Date of Birth: I Occupation: I

Driving License No: I Pass Date: I

Contact No (H): I (HP): I

Return: 10am - 12pm latest

VEHICLE INFORMATION AND CHECK LIST



| Number | Description |
|--------|-------------|
| 1 | Scratch |
| 2 | Dirt |
| 3 | Break |

Vehicle No: SLZ 240U

Vehicle Make And Model: Mt - Lancer

OUT

IN

| Date | Mileage | Date | Mileage |
|-------|---------------|------|---------------|
| 17/6 | Km | 24/6 | Km |
| Time | Petrol | Time | Petrol |
| 745pm | E 100000000 F | 12pm | E 100000000 F |

☐ Non Waivable ExcessThe Hirer acknowledges a ~~S\$3000~~/S\$6000 collision damage excess per accident applies.

17/6-24/6 RENTAL CHARGES

| | | | |
|--|-------|-----------|--------|
| Weekday/s | @ S\$ | / per day | S\$ |
| Weekend/s | @ S\$ | / per day | S\$ |
| Month/s | @ S\$ | / per day | S\$ |
| Additional to JB * 1 day S\$30 / S\$100 Monthly (day) | | | S\$ |
| Petrol Top Up | | | S\$ |
| Delivery / Collection Fee | | | S\$ |
| MISC | | | S\$ |
| Extension | | | S\$ |
| Day/s | @ S\$ | / per day | S\$ |
| Total (Balance Payment / To Refund) | | | S\$ |
| (CASH / NETS / CHEQUE :) | | | S\$ |
| Deposit (refundable) | | | (S\$) |

IMPORTANT NOTES

1. Rental vehicle is strictly for Singapore use only and may not be driven out of Singapore without Prior consent of the owner.
2. Only person/s authorized by MM Car Leasing Pte Ltd may drive the vehicle.
3. All parking and traffic violations are the responsibility of the Hirer. An administrative charge will be levied on any traffic violations redirected.
4. The Hirer shall be liable for excess charges for any late return at the rate shown hour per of per day.
5. In the event of accident, the Hirer shall report to the rental office immediately.
6. The Hirer is liable for punctures, damage tyres, wheel rims and windscreens.

I / We have read and agreed to the terms and conditions as set out on both sides of the agreement and certify that the information given is true and correct. If I / we opt to pay by credit / charge card, I / we agreed that all amounts payable under this agreement may be billed to the same account and my signature here will be deemed to have been made on the applicable card charge slip.

Hirer's Signature

Add. Driver

MM Car Leasing Pte Ltd

CUSTOMER'S COPY



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-19-095907

Date of Request: 17/06/2019

Your Ref No: WALK IN CALEB

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: SML9081P

Date of Accident: 13/06/2019

Place of Accident: MARYMOUNT RD

Involving Vehicle No: SJN7653C (NO REPORT) VALID TILL 18-26/6

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| E-File Search Fee (Public) | 14.02 |
| GST Amount | 0.98 |
| Total Amount Due (GST Inclusive) | 15.00 |

Thank You

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-099154

Date of Request: 21/06/2019

Your Ref No: WALK IN CALEB

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 13/06/2019

Vehicle No: SML9081P

Place of Accident: MARYMOUNT ROAD TOWARDS ANG MO KIO AVE 1 SLIP ROAD

Involving Vehicle No: SJN7653C

With reference to your application for the accident report, we have attached the following accident reports as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|---|---------------|-----|--------------|
| SJN7653C | MARYMOUNT ROAD TOWARDS ANG MO KIO AVE 1 SLIP ROAD | 14.00 | 1 | 13.08 |
| GST Amount | | | | 0.92 |
| Total Amount Due (GST inclusive) | | | | 14.00 |

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Jun 2019 / 18:55:09

Receipt Date/Time : 13 Jun 2019 / 18:55:09

SML 9081 P (m)

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190613-002787

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|-----|--|-------------------------------|------------------------|------------------------------|
|-----|--|-------------------------------|------------------------|------------------------------|

Result of Insurance Enquiry - SJN7653C

As at 13 Jun 2019/17:45:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SJN7653C

Enquiry Fee

20190613165424429312

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx5916 Credit Card:
Visa/MasterCard 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.