

## Cecilia Chong (LKK Auto)

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**From:** Cecilia Chong (LKK Auto)  
**Sent:** Monday, 21 October 2019 5:43 PM  
**To:** 'claims'  
**Cc:** 'Ng Wai Yin'; jasminetan@transcab.com.sg; 'alichelim@ava-ins.com'; 'diskyao@ava-ins.com'  
**Subject:** YOUR REF: SHC 5257H (OUR REF: CC4/ASM19011979/Bga3) \*\*\* ACCIDENT INVOLVING SHC 5257H & SJN 5932K ON 21/06/2019 \*\*\*

21 OCTOBER 2019

Transcab Taxi  
Singapore

Dear Sir,

**OUR REF : CC4/ASM19011979/Bga3**

**YOUR REF : SHC 5257H**

**ACCIDENT INVOLVING SHC 5257H(AXA) AND SJN 5932K ALONG/AT 531 BUKIT BATOK ST 51 ON 21/06/2019**

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 SJN 5932K against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your driver's favour as his taxi had collided onto third party parked vehicle. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of S\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following 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. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com) or deliver it by hand to our Customer Care Centre.

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](mailto:ceciliachong@lkkauto.com).

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

**"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](mailto:CeciliaChong@lkkauto.com) | fax: 6741-4108

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



*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.: SJNS932K  
and SHCS257H and \_\_\_\_\_  
and \_\_\_\_\_ and \_\_\_\_\_  
@ Bukit Batok Street 51 BIK S31 Carpark  
dated 21/06/19

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,

 *f. Pang*

Claimant Signature & Co's Stamp (if applicable)

Date: 21/7/2019



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	9HCS257H SJN9832K	(Insd veh) (TP veh)	Model: TOYOTA PREMIO-1.5 (A)
Date of Accident/ Time:	21/06/2019		

Repair Estimate	: \$	6,465.51	
Final Repair Cost	: \$	3,900.00	
Loss of Use	: \$	420.00	7 days at \$ 60.00 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	38.45	
Others:	: \$		
Final Settlement Sum	: \$	4,368.45	

Payee Name : TEAM AUTOPRO PTE LTD

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

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	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/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.

<p>Signature of workshop representative / Workshop stamp  Name of Representative: <u>Adel Loka</u>  Date: <u>18/11/19</u></p>	<p>Signature of Witness / Workshop stamp (if applicable)  Name of Witness: <u>Peachy Key</u>  Date: <u>18/11/19</u></p>
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Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 19/11/19



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-19-106471  
Date of Request: 03/07/2019

Your Ref No: WALK IN KO

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

Dear Sir/Madam,

Your Vehicle No: SJN5932K  
Date of Accident: 21/06/2019  
Place of Accident: BT BATOK  
Involving Vehicle No: SHC5257H

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.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque

## TAX INVOICE

Our Ref No: GR-19-106472  
Date of Request: 03/07/2019

Your Ref No: WALK IN KO

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

Dear Sir/Madam,

Date of Accident: 21/06/2019  
Vehicle No: SJN5932K  
Place of Accident: BUKIT BATOK STREET 51 BLK 531 CARPARK  
Involving Vehicle No: SHC5257H

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\$)
SHC5257H	BUKIT BATOK STREET 51 BLK 531 CARPARK	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.

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For GIARMC Official use:

Date:

GIRO  Cash  Cheque

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Jun 2019 / 18:16:40

Receipt Date/Time : 21 Jun 2019 / 18:16:39

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190621-003140

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 - SHC5257H As at 21 Jun 2019/09:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC5257H Enquiry Fee 20190621181450490626	7.00	0.49	7.49
<b>Sub-Total</b>		<b>7.00</b>	<b>0.49</b>	<b>7.49</b>
<b>Total Before Rounding</b>		<b>7.00</b>	<b>0.49</b>	<b>7.49</b>
<b>Rounding Difference</b>				<b>0.04</b>
<b>Total Amount Payable</b>				<b>7.45</b>
Paid By				
	xxxxxxxxxxxx6527	Credit Card: Visa /MasterCard		7.45
<b>Total</b>				<b>7.45</b>
<b>Cash Change</b>				<b>0.00</b>
<b>Tendered Amount</b>				<b>7.45</b>
<b>Excess Refundable Amount</b>				<b>0.00</b>

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.