



17 July, 2019

LIM BOON TEE
107C TAMPINES ROAD
#13-18
SINGAPORE 534007

Dear Sir/ Mdm

OUR REF : CC4/ASM19012112/wa3 // S9M01OJV
YOUR REF : SMA 4140T
ACCIDENT INVOLVING SMA 4140T AND SMD 6734B ALONG/AT TAMPINES ROAD ON
23/05/2019

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 third party claim(s) from MOTOR IMAGE ENTERPRISES PTE LTD acting on behalf of the owner of SMD 6734B against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your favour as it is head-to-rear collision. 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.

As Insurers, they 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to vivianlau@lkkauto.com within 7 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)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- 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 us immediately. You may email it to est@axa.com.sg or deliver it by hand to AXA 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), we 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 as at Ms. Vivian Lau (LKK Handler) 6841 8625 or vivianlau@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,



Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: vivianlau@lkkauto.com

cc AXA INSURANCE PTE LTD

Motor Image Enterprises Pte Ltd



Type of Claim:

- ☒ Toa Payoh Service Center, 19, Lorong B, Toa Payoh, Singapore 319255
☐ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

- ☐ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SMD 6734 B AND SMA 4140T
 ON 23/05/19 AT TAMPINES ROAD, TRAFFIC LIGHT

- I, the owner of vehicle no. SMD 6734 B hereby instruct you and authorise you to act for me with respect to the following: -
 - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - 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.
 - To sign discharge voucher on my behalf.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - 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.
 - For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name	<u>LI XIAOPING</u>	Company Name	<u>MOTORIMAGE ENTERPRISE PTE LTD</u>
Address	<u>34 CLOVER CRESCENT</u>	Claim Officer's Name	<u>MICHA (SMA)</u>
Telephone No	<u>96229730</u>	Telephone No	<u>67038101</u>
Date	<u>11/6/2019</u>	Date	<u>11/06/2019</u>
Company Stamp (For Co Regn Vehicle)	Authorized Signature 	Claim Officer Signature 	



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMA 4140T (Insd veh)	Model: Subaru WRX (1998cc)
	SMD 6734B (TP veh)	
Date of Accident/ Time:	23/05/2019	

Repair Estimate	: \$	6,027.61	
Final Repair Cost (w/GST)	: \$	2,291.68	
Loss of Use	: \$	-	days at \$ per day
Rental (if any) (w/GST)	: \$	235.40	2 days at \$110.00 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	2,529.08	
Payee Name : Motor Image Enterprises Pte Ltd			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ 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 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: Mohamed Isman Date: 14/02/2020	  Signature of Witness / Workshop stamp (if applicable) Name of Witness: 001 Slow-Hooi Date: 14/02/2020
  Signature of AXA's surveyor/representative Name of AXA's surveyor / Representative: Date: 14/02/2020	

Motor Image Enterprises Pte Ltd

Request For Car Rental

Date: 23rd July 19

Department: INS

Request By: JUDE

Invoice To: MIE SVC - TP / MIE SVC - LH

Reason:

3rd PARTY RENTAL REQUEST

LI XIAOPING → 9622 9730

Owner's Car Plate No: SMD 6734B

Authorized No. of days:

Owner's Car Model: WRX 2.0

Date Required: 29th July 19

Date Returned:

Model of Vehicle Required: (Auto / Manual): 3-0L

Authorized By: DANIEL LIM (Name & Signature of Dept Mgr)

To Be Completed by Downtown Travel Service P L Staff:

Vehicle Number Assigned: SKS 6598Y Car Model: Nissan Teana 2.0

Rental Date: 29/7/19 Date Returned: 31/7/19

Process by: Symcer

AGREEMENT: TP2019693

INVOICE NO: 01015725

Vehicle Number: SK56596Y Make & Model: NISSAN TEANA 2.0L CVT ABS 2WD Date: 27/07/2019
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD
Address: 19 LORONG 8 TOA PAYOH
Singapore: (319265)
Contact Person: LAPENG DANIEL JUDE Tel: 641701120

1st Driver

Name: LI XIAOPING
Address: 34 CLOVER CRESCENT
Singapore: (579203)
Contact No: (H) _____ (O) _____ (HP) _____
Occupation: _____ Date of Birth: 01/12/1980
Passport / NRIC No: S8037948Z Nationality: SINGAPOREAN
Driver's Licence No: S8037948Z Driving Exp: yrs
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: yrs
Country of Issue: _____ Driving Date: _____

Remarks / Delivery Location

SMD6734B 3RD PARTY CLAIMS REF TPY JUDE

Check In / Out

Date Out: 29/07/2019 Time Out: 09:00:00 Km Out: 12345.00
Petrol Level: F
Agreed Date of Return: 06/08/2019 09:00:00
Date In: _____ Time In: _____ Km In: _____
Petrol Level: F

Collision Damage Waiver & PAI

ACCEPTS
To Pay Extra Fees
Daily \$50.00
Non-Waterable Excess
SS 0.00 per accident
Windscreen Excess: \$100.00
Signature: _____
DECLINES
Hirer Declines CDW
Excess S\$ 2,000.00
per accident
Windscreen Excess: \$100.00
Signature: [Signature]
*The above is subjected to 7% GST.

Per Day	110.00	880.00
Per Week		
Per Month		
Weekend		
Rental Charges <u>2 days x \$110</u>	880.00	220 00
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	64.60	15 40
Sub Total	944.60	

OVERALL CHARGES

\$935.40

Deposit Tax Invoice

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

For Official Use

INV: S1015125 O/R: _____ Date: 31/7/19
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 \$5280 will be applicable to smoke 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 \$500 will be applied.

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD



www.tanchong.com



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

MOTOR IMAGE ENTERPRISES PTE LTD
(TPY SERVICE)
19 LORONG 8 TOA PAYOH

S(319255)
ATTN : DANIEL JUDE

GST Reg No. : M2-0067432-4
Tax Invoice : S1015725
Inv. date...: 31-JUL-2019
Print date...: 31-JUL-2019
Print time...: 18:25:22
Page no.....: 1
Agreement no: TP2019693
Salesman....: MS

Description	Amount
RENTAL CHARGE FROM 29-JUL-2019 TO 31-JUL-2019	220.00
NISSAN TEANA 2.0L CVT ABS 2WD - SKS6598Y	
(LI XIAOPING)	

TOTAL SGD(BEFORE GST)	220.00
GST(7%)	15.40
TOTAL SGD(AFTER GST)	235.40

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

Reg. No.
1984-03671/H
Authorised Signature



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-19-092970

Date of Request: 11/06/2019

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh
Singapore 319255

Dear Sir/Madam,

Enquiry Date: 11/06/2019

Enquiry By: Mohamed Isman Bin Mohamed Hepbun

TP Vehicle No: SMA4140T

Accident Date: 23/05/2019

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