



**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh  
Singapore 319255  
Tel : (65) 6417 0333  
Fax : (65) 6252 5655  
BRN 198702032R

## BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

**Accident involving vehicle** SMG7912G **and** SHB7973R **on** 08/07/2019

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ <del>Excess</del>	S\$ 4939.42
b)	Loss of Use/ Rental of vehicles for <u>6</u> day(s) @ S\$ <u>96.30</u> per day	S\$ 577.80
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$ /
e)	Others _____	S\$ /
<b>TOTAL</b>		<b>S\$ 5524.67</b>

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input checked="" type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input checked="" type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to **Motor Image Enterprises Pte Ltd** and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

\*Contact person: Siow Hooi – 6703 8115  
hooi@motorimage.net

## Motor Image Enterprises Pte Ltd

- ☒ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255  
☐ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

## Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SMG 7912G AND SHB 7973R  
 ON 08<sup>th</sup> JULY 19 AT CARPARK, BLK 361 HOUGANG AVE 5

1. I, the owner of vehicle no. SMG 7912G hereby instruct you and authorise you to act for me with respect to the following: -
  - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
  - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
  - (c) 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.
  - (d) To sign discharge voucher on my behalf.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
  - a) 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.
  - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>PEH HANYING</u>		Company Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u>	
Address <u>APT BLK 361 HOUGANG AVE 5</u>		Claim Officer's Name <u>DANIEL A JUDE</u>	
#09-316 S(530361)			
Telephone No <u>9871 6119</u>		Telephone No <u>8611 3195</u>	
Date <u>09<sup>th</sup> JULY 19</u>	Email <u>-</u>	Date <u>09<sup>th</sup> JULY 19</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>x He Jansing</u>	Claim Officer Signature <u>[Signature]</u>	





### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 7973R (Insd veh)	Model: SUBARU FORESTER
	SMG 7912G (TP veh)	
Date of Accident/ Time:	08/07/2019	

Repair Estimate	: \$		
Final Repair Cost	: \$	4,939.42 /	(W/GST)
Loss of Use	: \$		days at \$ per day
Rental (if any) (W/GST)	: \$	385.20 /	4 days at \$ 96.30 per day
LTA / GIA Search Fee	: \$	7.45 /	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	5,332.07	
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: <del>yes</del> No BOLA Scenario No: <u>Nil</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>100</u> (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

#### NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. 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.
3. 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	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: <u>001 SLOW HOOI</u>	Name of Witness: <u>Noor Aishah</u>
Date: <u>09/10/2020</u>	Date: <u>09/10/2020</u>
 	
Signature of AXA's surveyor/representative:	
Name of AXA's surveyor /Representative:	
Date: <u>12/10/2020</u>	



**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh Singapore 319255  
Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535  
25 Leng Kee Road Singapore 159097  
Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137  
Website: www.motorimage.net



## TAX INVOICE

GST Reg No. M2-0076975-9  
Co. Reg No. 198702032R

**Sales: INSURANCE CUSTOMER**

**Invoice No: L518485**

**For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.**

**DATE REC'D: 24-Aug-2019**

**SERVICE ADVISOR: HOOI**

**JOB No.: L506449**

**MILEAGE: 12454**

**ID:**

**NAME:** AXA INSURANCE PTE LTD  
**ADDRESS:** 8 SHENTON WAY  
#27-01 AXA TOWER. S(068811)  
**TELEPHONE:** 63387288  
**MODEL:** FORESTER 2.0I-L AWD CVT  
**ENGINE No.:** FB20YE54917  
**CHASSIS No.:** JF1SJ5KC5JG112815  
**REGISTRATION No.:** SMG7912G

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SHB7973R - AXA INSURED	
2	REMARK CONDUCT TP CLAIM AXA DATE:08/07/2019 TIME:1600HRS LOCATION:CARPARK, BLK 361 HOUGANG AVE 5	
3	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
4	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
5	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
6	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
7	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
8	INS06 THE OWNER IS REQUIRED.	
9	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
10	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
11	INS09 CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
12	REMARK REPAIR/REPALCE FROPNT BUMPER,FRONT SUPPORT PANEL & LH FRT FENDER	1,120.00
13	REMARK RESPRAY FRONT BUMPER,FRONT PANEL & LH FRT FENDER	840.00
14	REMARK TO CONDUCT FRONT LIGHTING TEST	30.00
15	REMARK REMOVE/REFIX FRT HEADLAMP WASHER AND PIPING	120.00
	TOTAL(LABOUR)	2,110.00
1	FRT FENDER LH	216.00

Certified True Copy



**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh Singapore 319255  
Service Centre Tel (65) 64170100/101 Fax (65) 62535535  
25 Leng Kee Road Singapore 159097  
Service Centre Tel (65) 64764776 Fax (65) 64791137  
Website: www.motorimage.net



## TAX INVOICE

GST Reg No. M2-0076975-9  
Co. Reg No. 198702032R

**Sales: INSURANCE CUSTOMER**

**Invoice No: L518485**

**For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.**

**DATE REC'D: 24-Aug-2019**

**SERVICE ADVISOR: HOOI**

**JOB No.: L506449**

**MILEAGE: 12454**

**ID:**

**NAME:** AXA INSURANCE PTE LTD  
**ADDRESS:** 8 SHENTON WAY  
#27-01 AXA TOWER. S(068811)  
**TELEPHONE:** 63387288  
**MODEL:** FORESTER 2.0I-L AWD CVT  
**ENGINE No.:** FB20YE54917  
**CHASSIS No.:** JF1SJ5KC5JG112815  
**REGISTRATION No.:** SMG7912G

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
2	57120SG0309P(Qty : 1 @ 270.00 each(Discount 20.00%)) BRKT CORNER F LH	28.80
3	57707SG010(Qty : 1 @ 36.00 each(Discount 20.00%)) BRKT SD F LH	10.08
4	57707SG030(Qty : 1 @ 12.60 each(Discount 20.00%)) FRT BUMPER	297.00
5	57709SG030A(Qty : 1 @ 594.00 each(Discount 50.00%)) PACKING RAD	7.20
6	57780SG020(Qty : 1 @ 9.00 each(Discount 20.00%)) LAMP ASSY HEAD E0F LH	1,904.00
7	84002SG232(Qty : 1 @ 2380.00 each(Discount 20.00%)) NOZZLE COVER ASSY RH	43.20
	86636SG380A(Qty : 1 @ 54.00 each(Discount 20.00%)) TOTAL(SPARE PARTS)	2,506.28

Subtotal 4,616.28  
GST(7%) 323.14  
**TOTAL \$4,939.42**

DATE : 18-Aug-2020

CUSTOMER

MANAGER

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

**CUSTOMER**

**Not yet a DUO Member? Join us now at [www.DUORewards.com](http://www.DUORewards.com) and start accumulating your points for your invoice today!**

Certified True Copy

Vehicle Number: SKG724C Make & Model: NISSAN QASHQAI 2.0L SMT ABS Date: 19/08/2019  
Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD

Address: 19 LORONG 8 TOA PAYOH

Singapore: (319255)

Contact Person: DANIEL JUDE Tel: \_\_\_\_\_

### 1st Driver

Name: PEH HANYING

Address: APT BLK 361 HOUGANG AVENUE 5 #09-316

Singapore: (530361)

Contact No: 98716119 (H) (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: 04/02/1982

Passport / NRIC No: S8204525B Nationality: SINGAPOREAN

Driver's Licence No: S8204525B Driving Exp: 6yrs

Country of Issue: SINGAPORE Driving Date: 03/10/2040

### 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

SMG7912G 3RD PARTY CLAIM REF DANIEL JUDE (MIE/TPY)

### Check In / Out

Date Out: 19/08/2019 Time Out: 10:21:04 Km Out: 8888.00

Petrol Level: E

Agreed Date of Return: 27/08/2019 10:21:04

Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ Km In: \_\_\_\_\_

Petrol Level: E

### Collision Damage Waiver & PAI

#### ACCEPTS

To Pay Extra Fees

Daily \$60.00

Non-Waivable Excess

\$S 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 Pei Han

\*The above is subjected to 7% GST.

Per Day	90	00
Per Week		
Per Month		
Weekend		
<b>Rental Charges</b> <u>13 days x \$90</u>	<u>729</u>	<u>1,170</u>
CDW	0	00
PAI	0	00
Deliver / Collection	0	00
Malaysia Charge		
Petrol		
Other Charge		
7% GST	<u>58</u>	<u>81</u>
<b>Sub Total</b>	<u>770</u>	<u>40</u>

### OVERALL CHARGES

\$ 1,261.90

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 \$S250 will be applicable to ionize 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 \$S50 will be applied.

### Deposit Tax Invoice

Deposit Inv: \_\_\_\_\_ Amount: \_\_\_\_\_

O/R No: \_\_\_\_\_ Date: \_\_\_\_\_

### For Official Use

INV: 91015893 O/R: \_\_\_\_\_ Date: 31/9/19

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD

Motor Image Enterprises Pte Ltd

Request For Car Rental

Date: 19 / 08 / 19

Department: INS Request By: JUDE

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

Reason:

3<sup>RD</sup> PARTY RENTAL REQUEST

PEH HAN YING → 9871 6119

Owner's Car Plate No: SMG 7912G Authorized No. of days:

Owner's Car Model: FORESTER 1-L

Date Required: 19 / 08 / 19 Date Returned:                     

Model of Vehicle Required: (Auto) Manual:                     

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

To Be Completed by Downtown Travel Service P L Staff:

Vehicle Number Assigned: SKG 724 C Car Model: NISSAN GTR 2.0CC

Rental Date: 19/08/2019 Date Returned: 1 Sep 2019

Process by: Hamidah

TP2019468 - S1015893



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 : S1015893  
Inv. date...: 03-SEP-2019  
Print date...: 03-SEP-2019  
Print time...: 17:23:14  
Page no.....: 1  
Agreement no: TP2019768  
Salesman.....: HB

Description	Amount
RENTAL CHARGE FROM 19-AUG-2019 TO 01-SEP-2019	1170.00
NISSAN QASHQAI 2.0L SMT ABS - SKG724C	
(PEH HANYING)	

TOTAL SGD(BEFORE GST)	1170.00
GST(7%)	81.90
TOTAL SGD(AFTER GST)	1251.90

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.  
198403671H

Authorised Signature





Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 11 Jul 2019 / 09:54:14

Receipt Date/Time : 11 Jul 2019 / 09:54:14

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-190711-000529

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 - SHB7973R As at 08 Jul 2019/16:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB7973R Enquiry Fee 20190711095306474495	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	xxxxxxxxxxxx2648	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.

Print Receipt

OK

Save as PDF

## Cecilia Chong (LKK Auto)

---

**From:** Cecilia Chong (LKK Auto)  
**Sent:** Friday, 12 July 2019 10:37 AM  
**To:** claims  
**Cc:** Ng Wai Yin; jasminetan@transcab.com.sg; alicelim@ava-ins.com; diskayao@ava-ins.com  
**Subject:** Your ref: SHB 7973R (OUR REF: CC4/ASM19012308/ga3) \*\*\* ACCIDENT INVOLVING SHB 7973R & SMG 7912G ON 08/07/2019 \*\*\*

12 JULY 2019

Transcab Taxi  
Singapore

Dear Sir,

**OUR REF : CC4/ASM19012308/ga3**

**YOUR REF : SHB 7973R**

**ACCIDENT INVOLVING SHB 7973R & SMG 7912G ALONG/AT 361 HOUGANG AVE 5 ON 08/07/2019**

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 MOTOR IMAGE ENTERPRISES PTE LTD acting on behalf of the owner of SMG 7912G 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 [cst@axa.com.sg](mailto:cst@axa.com.sg) / [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.

**Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.**

**In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.**

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.*

English (default) ▼

LKK AUTO CONSULTANTS PTE LTD (TP) ▼



SERVICE REQUESTS

MESSAGES

CLAIMS



<MANDATE IA> - S9M01TO9 {ACCIDENT  
INVOLVING SHB 7973R & SMG 7912G ON  
08/07/2019 \*\*\*

Type

🔍 Question

Message

Hi Cecilia, duration repair did not crossover to weekend, hence maintain 4 days LOR. Tks

[Reply](#)