

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 24 September 2019 3:33 PM
To: patel.mahiar@cronimet.sg
Subject: <STANDARD NOTIFICATION LETTER> OUR REF: CC4/ASM19013913/Uga3 ***
ACCIDENT INVOLVING SJY 853E & GBF 9810P ON 06/08/2019 ***

24 SEPTEMBER 2019

CRONIMET SINGAPORE PTE LTD

Dear Sir/ Mdm

OUR REF : CC4/ASM19013913/Uga3

YOUR REF : SJY 853E

ACCIDENT INVOLVING SJY 853E AND GBF 9810P ALONG/AT JURONG EAST ST 11 ON 06/08/2019

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 **THINK ONE AUTOCARE PTE LTD** acting on behalf of the owner of GBF 9810P 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
- 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.

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)

AUTHORISATION TO ACT

I / We, ALEX COFFEE of 65 LOWLAND ROAD
("the third party claimant") (address)
SIPORE 547164 owner of GBF 9810 P
(vehicle number)

hereby authorised **THINK ONE AUTOCARE PTE. LTD** ("the workshop) to act for me
with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. GBF 9810 P that was damaged pursuant to the accident which
occurred on 06/08/2019 along JURONG TOWN HALL TURN RH TO JURONG EAST
(date)
involving vehicle number(s) STY 858 E ("the other party").


., We further authorised the workshop to settle my above mentioned claim in a manner that
they deem fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque(s) being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my behalf is on
a without prejudice and without admission of liability basis insofar as the driver / owner /
insurers of the other vehicle(s) is concerned.

*Should the case could not reach to a settlement, I / We authorised Think One Autocare to
proceed with all the necessary legal means and should this case failed,


I/We ALEX COFFEE agreed and will bear / pay
all the repair costs and legal fees costs due incurred by Think One Autocare Pte Ltd

Dated this 6th (day) of AUGUST (month) 20 19 (year)


Signed by "the third party claimant"
(with company's stamp if applicable)



Think One Autocare Pte.
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4000


Signed by "the workshop"
(with company stamp)



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJY 853E (Insd veh)	Model: TOYOTA HIACE
	GBF 9810P (TP veh)	
Date of Accident/ Time:	06/08/2019	

Repair Estimate	: \$	19,845.74	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any) W/GST	: \$		6 days at \$ 85.60 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	6,950.00	GLOBAL SUM (ALL-IN)
Payee Name : THINK ONE AUTOCARE 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: 1	
	BOLA Liability: (%)	Assessed Liability (*): (%)	
* 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

Name of Representative: Michael Ng

Date: 3.2.2020

S0620809 Z

CCS

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

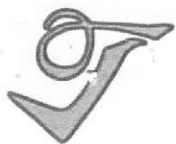
Date: 5/2/2020

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date: 31/1/2020



THINK ONE LEASING PTE LTD

(of Think One Group of Companies)
20 Ubi Road 4 #02-06 Think One Building Singapore 408622
Tel: (65) 6844 3300 24/7 roadside asst: 9678 8488 Fax: +65 6844 4164 Email: info@tol.com.sg Website: www.tol.com.sg
ROC No.: 201115609M GST Reg No.: 20-1115609M

Bill To : AXA INSURANCE SINGAPORE PTE LTD

Address : 8 SHENTON WAY
#01-21/22 AXA TOWER
SINGAPORE 068811

Attn : MOTOR CLAIMS DEPT

Tel : **Fax** :

HP :

Invoice Ref : JO201908-0222

Date : 23/08/2019

Vehicle Num : GBF9810P

Make/Model : TOYOTA HIACE

Mileage(km) : 0.00

Staff ID : MICHAEL

Remarks/Ref :

S/N	Description	Qty	Unit Price	Disc %	Amount S\$
1	BEING RENTAL OF TOYOTA HIACE GBC8651D FOR 6DAYS FROM 8.8.2019 TO 14.8.2019	6	120	0.00	720.00

E & O.E.

SUB TOTAL	:	720.00
GST 7%	:	50.40
TOTAL SGD	:	770.40



Customer's Signature / Co. Stamp

for Think One Leasing Pte Ltd.



Think One Leasing Pte Ltd

(of Think One Group of Companies)

20 Ubi Road 4 #02-06 Think One Building Singapore 408622

Tel: +65 6844 3300 24/7 roadside asst: 9678 8488 Fax: +65 6844 4164 Email: info@tol.com.sg Website: www.tol.com.sg

ROC No.: 201115609M GST Reg. No.: 20-1115609M

Date: 6.8.2019

QUOTATION NO:

LEASING AGREEMENT NO: HA/GBF9870P

SCHEDULE

This is a leasing Agreement made between us, THINK ONE LEASING PTE LTD (hereinafter referred to as "TOL" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 20, UBI ROAD 4 #02-06 THINK ONE BUILDING, SINGAPORE 408622 AND YOU, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

Name of Hirer(s) (in full):	KEHO YONG HWA	NRIC/Passport/ RC/RB No:	S79319289	Tel:
Address:		65 LOWLAND ROAD S'PORE 547464		
		Person in Charge:		

Name of Driver (1) (in full):	NRIC/Passport No:	Date of Birth:
Driving Licence No:	Issue/Expiry Date:	Country of Issue:
Name of Driver (2) (in full):	NRIC/Passport No:	Date of Birth:
Driving Licence No:	Issue/Expiry Date:	Country of Issue:

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")				
Registration No:	GBC 865TD	Make/Model:	T. HIRCE	Engine No:
Chassis No:		Type: Passenger / Commercial*	Spare Tyre: Y / N*	CD/DVD Player: Y / N*
Tools & Jack: Y / N*	Remarks:			
Collection Date / Time and Mileage:	Date / Time and Mileage for Return:			
8.8.2019 (date) (time) (mileage)	14.8.2019 (date) (time) (mileage)			
Petrol Out: Empty / 1/4 tank / 1/2 tank / 3/4 tank / Full* (Vehicle must be returned with same level of petrol)				

2. PERIOD OF LEASE

For 6 day. months from ("Commencement Date") to ("Lease Period").

3. LEASE CHARGES FOR RENTAL OF VEHICLE

Amount S\$ per month including/excluding* Vehicle Parking Certificates ("VPC") exclude Goods and Services Tax ("GST") ("Monthly Lease Charges")

Note: The above Monthly Lease Charges are for rental of the Vehicle only. Where Monthly Lease Charges do not include VPC, you are to submit the VPC at least 2 weeks in advance before the road tax for the Vehicle expires, failing which TOL will purchase the VPC on your behalf at market price and you will be charged accordingly.

4. DEPOSIT

Amount S\$ (equivalent to months of Monthly Lease Charge exclusive of GST)

Cash/Cheque* Date:

5. INSURANCE

Subject to the payment of the Excess Amount below, the standard insurance for the rental of the Vehicle will only cover (a) Third Party injury and death claims (unlimited), and (b) Third Party Property Damage (up to a sum of S\$500,000.00). Additional charges will apply for additional insurance coverage.

Excess Amount: S\$ (per accident per claim) in Singapore

Additional Insurance Coverage: Air side insurance: S\$ (per air side) Others (specify): S\$

6. MAXIMUM MILEAGE

Maximum Mileage: 60,000 km/year for Commercial Vehicles. 20,000 km/year for Passenger Vehicles. Addition charges (see below):-

Type of Vehicle	Additional 10,000 km or part thereof	Type of Vehicle	Additional 10,000 km or part thereof
(a) Life Style Van / Goods Van / Panel Van / 10 ft Lorry	S\$500.00	(e) Passenger Vehicle below 1.6cc	S\$1,100.00
(b) 14 ft Lorry	S\$700.00	(f) Passenger Vehicle 1.6cc to 1.99cc	S\$1,400.00
(c) 24 ft 6 Ton Lorry	S\$900.00	(g) Passenger Vehicle 2.0cc and above	S\$2,500.00
(d) 24 ft 10 Ton Lorry / Prime Mover	S\$1,200.00		

The Agreement herein comprises the schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement. IN WITNESS whereof the Parties hereto have set their hands that day and the year first above written.

Signed by the Hirer

Signed by Think One Leasing Pte Ltd

Name:
Designation:
Company Stamp:

Name:
Designation:
Company Stamp:

Lessor	Hirer

*delete where inapplicable

**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-19-127655

Date of Request: 06/08/2019

Your Ref No: Online Purchase

Think One Autocare Pte Ltd
No. 18 Defu Avenue 2
Singapore 539522

Dear Sir/Madam,

Enquiry Date 06/08/2019
Enquiry By Ng Shee Pan
TP Vehicle No. SJY853E
Accident Date 06/08/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJY853E	AXA Insurance Pte Ltd	13/08/2018-12/08/2019	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.

This is a computer generated document and requires no signature.

**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-19-127655

Date of Request: 06/08/2019

Your Ref No: Online Purchase

Think One Autocare Pte Ltd
No. 18 Defu Avenue 2
Singapore 539522

Dear Sir/Madam,

Enquiry Date 06/08/2019
Enquiry By Ng Shee Pan
TP Vehicle No. SJY853E
Accident Date 06/08/2019

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