



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

22 AUGUST 2019

**XI CHEN**  
83 COMMONWEALTH CLOSE  
#14-169  
SINGAPORE 140083

Dear Sir/ Mdm

**OUR REF : CC4/ASM19014595/ga3**  
**YOUR REF : SLM 4491D**  
**ACCIDENT INVOLVING SLM 4491D AND SMG 8510B ALONG/AT TAMAN WARNA ON 18/08/2019**

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 **KAH MOTOR CO. SDN BHD** acting on behalf of the owner of SMG 8510B 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](mailto: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/ Authorisation letter from your company
- 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](mailto:ceciliachong@lkkauto.com).

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

Yours sincerely



Cecilia Chong  
Case Handler  
DID: 6749 4274  
FAX: 6741 4108  
EMAIL: [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com)

Cc AXA Insurance Pte Ltd  
(Motor Claims Dept)

## LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SMG 8510B &  
(THIRD PARTY'S VEHICLE NO.) SLM4491D ON 18/8/19  
ALONG Taman Wara

I hereby authorize Kah Motor Co. Sdn Bhd (Kah Motor) and its agents or any person authorized by Kah Motor to do all or any of the following:

- To submit, resolve and make any claim(s) which I may have against the 3<sup>rd</sup> party insurers.
- To execute, sign discharge voucher/indemnity forms and all necessary documents in connection with and arising out of the above claim.
- Any payment should be made in favour of my name / Kah Motor Co. Sdn. Bhd.



Ng Teck Khim

Owner Signature  
(Co stamp & authorized signature if is Co registered vehicle)

Name : Ng Teck Khim

NRIC No : S1634741H

Vehicle No : SMG 8510B

Date : 26/08/2019



WITHOUT PREJUDICE to:

Any Personal Injury Claims

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLM 4491D (Insd veh)	Model: HONDA CIVIC
	SMG 6510B (TP veh)	
Date of Accident/ Time:	18/08/2019	

Repair Estimate	: \$	5,471.97	
Final Repair Cost	: \$	5,022.70	(W/GST)
Loss of Use	: \$	480.00	08 days at \$ 60.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	5,502.70	

Payee Name: KAH MOTOR CO SDN BHD

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability: _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>B</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		


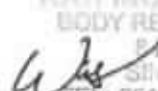
#### NOTE:

- 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.

 <b>KAH MOTOR CO. SDN. BHD.</b> BODY REPAIR & PAINT CENTRE 8 MANDALAY ESTATE SINGAPORE 729905 TEL: 6544 5288 FAX: 6365 1949	 <b>KAH MOTOR CO. SDN. BHD.</b> BODY REPAIR & PAINT CENTRE 8 MANDALAY ESTATE SINGAPORE 729905 TEL: 6544 5288 FAX: 6365 1949
Signature of Workshop Representative / Workshop stamp	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: <b>Desmond Toh</b>	Name of Witness: <b>Winson Chow</b>
Date: <b>15/01/2020</b>	Date: <b>15/01/2020</b>

Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date: **16/01/2020**