AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

email: claims.autoworxhouse@gmail.com
•TEL: 6452 8211 •FAX: 6451 7420

Direct Settlement THIRD PARTY CLAIM

Your ref:

Our ref: GBA 4265 Y

AXA INSURANCE PTE LTD Attn: Officer In Charge (Motor Claim Department)

06/08/2020

Dear Sir,

RE: ACCIDENT INVOLVING GBA4265Y & SKT2751S ON 27/08/2019.

We have been authorized by Aik Sun Demolition & Engineering, the registered owner of vehicle number GBA4265Y, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number SKT2751S.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below:

| Repair cost | S\$ | 2,650.00 |
|-------------------------------------|-----|----------|
| Loss of use (3days x \$90.00) + GST | S\$ | 288.90 |
| Search Fee | S\$ | 2.00 |
| Total | S\$ | 2,940.90 |

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,

Autoworx House

| Autoworx House |
|--|
| INGAPORE |
| ALL CARE CARE |
| |
| Letter of Authorisation |
| GRA 4265Y & SKI 2751) |
| ACCIDENT INVOLVING GRA 4265Y & SKT 2751 S NG/AT PIE TWOS JALAN EUNOS |
| 27/08/2019. |
| |
| I/We, AIK SUN DEMOLITION & ENGINEERING PTE LTD (NRIC No. 19407828C), owner/driver of motor vehicle no. C-BA 4265 Y & residing at |
| I/We, AIK SUN DEMOLITION & ENGINEERING PIE LTD (NRCC 140. & residing at |
| owner/driver of motor venicle no. |
| respectively in consideration of your workshop Au oworx Pouce |
| |
| repair and loss of use. I/We number confirm and authorise you to defaulting party's insurance |
| said service of a solicitor to proceed with negotiation fails, to instruct the solicitor to issue company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue |
| company for payment of the same and in the event negotiation tatis, 20 histories whether the Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the |
| alaine is miscosoful or not all legal costs incurred share of solutions |
| assistance as per second paragraph stated herem below. |
| lyve has/have to render whatever |
| I/We understand that by signing this Letter of Authorisation, I we have a strendance in reasonable assistance to you including signing all relevant Court's document and attendance in reasonable assistance to you including signing all relevant Court's document and attendance in reasonable assistance to you including signing all relevant Court's document and attendance in |
| reasonable assistance to you including signing all relevant Court's document of the claim to succeed. If I/we failed or neglected to do so despite Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite |
| Court to give evidence to enable the claim to succeed. If I'we land of neglector with legal request from you, you shall be entitled to claim from me/us the repair costs together with legal request from you, you shall be entitled to claim from me/us the repair costs together with legal |
| costs other incidental costs and expenses persons |
| A Comment of Colonia Indiana Indiana Colonia Indiana I |
| You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third. |
| and/or his institers ou stant and or |
| Table of the company in the control of the control |
| settlement as full and thial discharge mornies pertaining to the above-mentioned accident from |
| full authority to collect all compensative directly to your workshop M/s |
| insurance company or any other party, |
| Figure 1 Southing party payment after |
| in the event the claim is settled or judgment is obtained against the defaulting party, payment after |
| deducing all costs and dispuss |
| forwarded to you. |
| This letter of Authorisation is irrevocable. |
| This letter of Antagramman & Engineer |
| (10) 当山桥是工程(三) |
| 4人有现公司(5) |
| After * GLA |
| ignature. |
| Name: |
| NRIC NO: |
| |
| 9 - 19 |
| Date this |
| |



AXA THIRD PARTY DIRECT SETTLEMENT

| Vehide No: | SKT 2751S (Insd veh) | |
|-------------------------|----------------------|-------------------------------|
| | GBA 4265Y (TP veh) | Model: TOYOTA DYNA 150 MANUAL |
| Date of Accident/ Time: | 27/08/2019 | |

| Kepair Es | timate | :\$ | 12,469.29 | | | | | | |
|------------|---|-----------------|-----------|--------------------------------------|-------------|--------------|-------------|------|-------------|
| Final Rep | air Cost | :\$ | 2,650.00 | | | | 1 | | |
| Loss of U | se | :\$ | Takinuk | | MA MINI | Wind its | days at \$ | Mont | per day |
| Rental (if | any) w/GST | :\$ | 288.90 | | | 3 | days at \$ | 90 | per day |
| LTA / GIA | Search Fee | :\$ | 2.00 | | | Sinc ! | | | |
| Others: | | :\$ | | | | in the talk | | | YATTI TITLI |
| | | :\$ | | | | | | | |
| Final Set | tlement Sum | :\$ | 2,940.90 | | | W67 11 12 | | V=AT | |
| Is Third F | arty Workshop GIA Register | |] YES [X] | NO (Kindly Agreed Liability | indicate be | elow) (%) | | | T |
| A) | For Non GIA Register | CO WOIKS | | | | | | | |
| | For Non GIA Register For GIA Registered W | | | BOLA Applicable | e: Yes/ No | BOLA So | cenario No: | | |
| A) B) | | orkshop: | | BOLA Applicable Assessed Liabilit | | | | | |
| | For GIA Registered W | orkshop: (%) | | Assessed Liabilit | y (*): | | _(%) | | |

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/TORTFEASOR 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 opeclient to act for and on their behalf in this accident.

Signature of workshop representative workshop stamp
Name of Representative: Auguory House

Date:

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Sun Jhih Out

Date:

Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative:

Date: 19/10/2021

AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721 TEL: 64528211 FAX: 64517420 Registration No. 5296929B

INVOICE

5413

AXA INSURANCE PTE LTD

8/8/2020

| QUANTITY | PARTICULARS | | AMOUNT (\$) |
|----------|--|-------|-------------|
| | RE: TOYOTA DYNA / GBA 4265 Y | | |
| | Lump sum repair for the above mentioned vehicle. | | 2,650.00 |
| | | | |
| | | Total | 2,650.00 |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |



字畅貿易(2012)私人有限公司 VEHICLE TRADING (2012) PTE. LTD.

Co Reg / GST No.: 201201691Z

TAX INVOICE



GBA 4265 Y

AIK SUN DEMOLITION & ENGINEERING PTE LTD

9 SUNGEI KADUT CRESCENT

SINGAPORE 728687

(SUPERME AUTO SERVICE PTE LTD)

TAX INVOICE NO: 4041

GST REG NO : 201201691Z

DATE

: 23-Sep-19

OFFICE

: 6452 8211 : 6451 7423

RENTAL FEE

RENTAL ONE UNIT USED TOYOTA DYNA 150D (METAL BODY) WITH HOOD

REGISTRATION NO

: GU 1156 J

YEAR OF MANUFACTURE

: 2000

ENGINE NO

: 5L5006991

CHASSIS NO

: LY2120004805

RENTAL FEE (18/09/19 ~21/09/19): \$

270.00

ADD: GST 7%

: \$ 18.90

TOTAL PAYABLE

\$ 288.90

SINGAPORE DOLLARS

: ONE HUNDRED THIRTY-NINE DOLLARS

AND TEN CENTS ONLY

SE TON TO THE POPULATION OF TH

REMARK: All Cheque payment should be crossed and made payable to "VEHICLE TRADING (2012) PTE LTD'

Please write Tax Invoice no. on the reverse of the cheque .

Note:

1) Hirer is liable for all parking fines and traffic violations.

2) Excess - Hirer is liable to pay the excess of the insurance policy \$3000 in any accident

3) The above vehicle only allowed the authorised driver (Age 23 ~ 65 with min 2 year of

driving experience)



VEHICLE TRADING (2012) PTE LTD

56 SEMBAWANG ROAD #01-03 HONG HENG MANSIONS SINGAPORE 779086 WORKSHOP: BLK 13 SECTOR B #01-27/29 SIN MING INDUSTRIAL ESTATE, SINGAPORE 575657 TEL: 6452 6770 / 6452 3326 FAX: 6451 0820 (CO. REG. NO: 2012 1691Z)

RENTAL AGREEMENT

NO.: 00936

| PARTICULARS OF HIRER | PARTICULARS OF VEHICLE |
|---|---|
| NAME: | VEHICLE NO: GUII56J |
| NG THIAN_HUAT ADDRESS: | MAKE & MODEL: TOYOTA DYNA 150.D |
| 7,001,1200 | VEHICLE TYPE: LOPRY (METAL BODY) |
| | ATTACHMENTS: HOOD |
| NRIC / ROC NO: | YEAR OF MANUFACTURE: →000 |
| TELEPHONE (OFFICE) : | ENGINE NO: 515006991 |
| (FAX) : (RESIDENT) : | CHASSIS NO: LY2120004805 |
| (HP) : | RENTAL CHARGES |
| DELIVERY ADDRESS / SITE: | DAILY CHARGE: # 90.00 WINT COT |
| | WEEKLY CHARGE: |
| CONTACT PERSON: DYLAN - 96720247 | MONTHLY CHARGE: |
| | DEPOSIT: |
| PARTICULARS OF DRIVER (IF DIFFERENT FROM HIRER) | ADVANCE PAYMENT: |
| NAME: | GRAND TOTAL: |
| NG THIAN_HUAT | * INTEREST OF LATE PAYMENT AT 1.5% PER MONTH |
| NRIC / PASSPORT NO: \$6939009 I | THE ABOVE RENTAL CHARGES INCLUDE: SERVICING, PREVENTIVE MAINTENANCE AND REPAIRS OF THE ABOVE SAID EQUIPMENT UNLESS THE DAMAGES WERE CAUSED BY OPERATOR NEGLIGENCE / ACCIDENT. |
| NATIONALITY: SINGAPORE JEPHONE (RESIDENT): (H/P): 97429080 DATE OF BIRTH: 04 11 1969 AGE: DRIVING EXPERIENCE: 06 0 1 2006 | NOTE: (7) HIRER IS LIABLE FOR ALL PARKING FINES AND TRAFFIC VIOLATIONS. 2) COMPULSORY INSURANCE EXCESS - HIRER IS LIABLE TO PAY FIRST SS 100 PE IN ANY ACCIDENT PLUS COSTS OF REPAIR TO THE RENTED VEHICLEIS (AUTHORISED DRIVERS AGE 23-65 WITH MIN 2 YEARS OF DRIVING EXPERIENCE) |
| PERIOD OF RENTAL: COMMENCEMENT DATE: 18 09 19 TIME: 10-20a | THE VEHICLE IS NOT ALLOW TO USE FOR ANY ILLEGAL ACTIVITIES WHICH CONFLICT WITH THE LAW IN SINGAPORE |
| DATE OF RETURN: 21/09/16 TIME: 11.15 ap. | |
| REMARK: | I/WE DECLARE THAT THE ABOVE PARTICULARS ARE TURE AND CORRECT IN EVERY RESPECT AND I/WE HAVE READ AND UNDERSTOOI THE TERMS AND CONDITIONS OF THE HIRE AGREEMENT PRINTED OVERLEAF. |
| | STAMP & SIGNATURE OF HIRER SIGNATURE OF DRIVER (IF DIFFERENT FROM HIRER) |
| 4041 | DATE: DATE: |



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-19-140826

Date of Request:

28/08/2019

Your Ref No:

Online Purchase

Supreme Auto Service Pte Ltd 176 Sin Ming Drive #02-01 Sin Ming Autocare

Singapore 575721

Dear Sir/Madam,

Enquiry Date

28/08/2019

Enquiry By

Yuki Ho

TP Vehicle No.

SKT2751S

Accident Date

27/08/2019

| 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:

[X] GIRO [] Cash [] Cheque



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-19-140826

Date of Request:

28/08/2019

Your Ref No:

Online Purchase

Supreme Auto Service Pte Ltd 176 Sin Ming Drive #02-01 Sin Ming Autocare Singapore 575721

Dear Sir/Madam,

Enquiry Date

28/08/2019

Enquiry By

Yuki Ho

TP Vehicle No.

SKT2751S

Accident Date

27/08/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SKT2751S | AXA Insurance Pte Ltd | 28/05/2019-27/05/2020 | 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.



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

29 October, 2019

AZHAR BIN IBRAHIM BLK 639 BEDOK RESERVOIR ROAD #03-53 SINGAPORE 410639

Dear Sir/ Mdm

OUR REF : CC4/ASM19015302/Kpb3 // S9M01YPJ

YOUR REF : SKT 2751S

ACCIDENT INVOLVING SKT 2751S AND GBA 4265Y ALONG/AT PIE (EUNOS EXIT) ON

27/08/2019

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 third party claim(s) from SUPREME AUTO SERVICE PTE LTD acting on behalf of the owner of GBA4265Y 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. 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. You 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 chewht@lkkauto.com within 7 days from the date of this letter <u>if not provided at our reporting centre</u>. 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 cst@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 Chew Hsiao Tong(LKK Handler) 6742 3197 or chewht@lkkauto.com Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Chew Hsiao Tong Case Handler DID: 6742 3197 FAX: 6741 4108

EMAIL: chewht@lkkauto.com

cc AXA INSURANCE PTE LTD









Service Request Details

Claim

S9M01YPJ

Reference

CC4/ASM19015302/wb3

Loss Date

27 August 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Report Date

28 Aug 2019 12:00:00 AM

Request Date

1 July 2020

Due Date

29 August 2020

Services

Pending verification - Direct Settlement

Actions

Next Step

PAST DUE: Report that your work is blocked, and modify the Expected Completion Date.

Complete Work

10/19/21, 8:24 AM VendorEngage







Vehicle Information

Incident Vehicle Registration #

GBA4265Y

Make

TPVD

Model

TOYOTA

Service Address

, , ,

Primary Contact/Insured

IBRAHIM AZHAR BIN 639 BEDOK RESERVOIR ROAD, #03-53, 410639, Singapore

Claim Handler

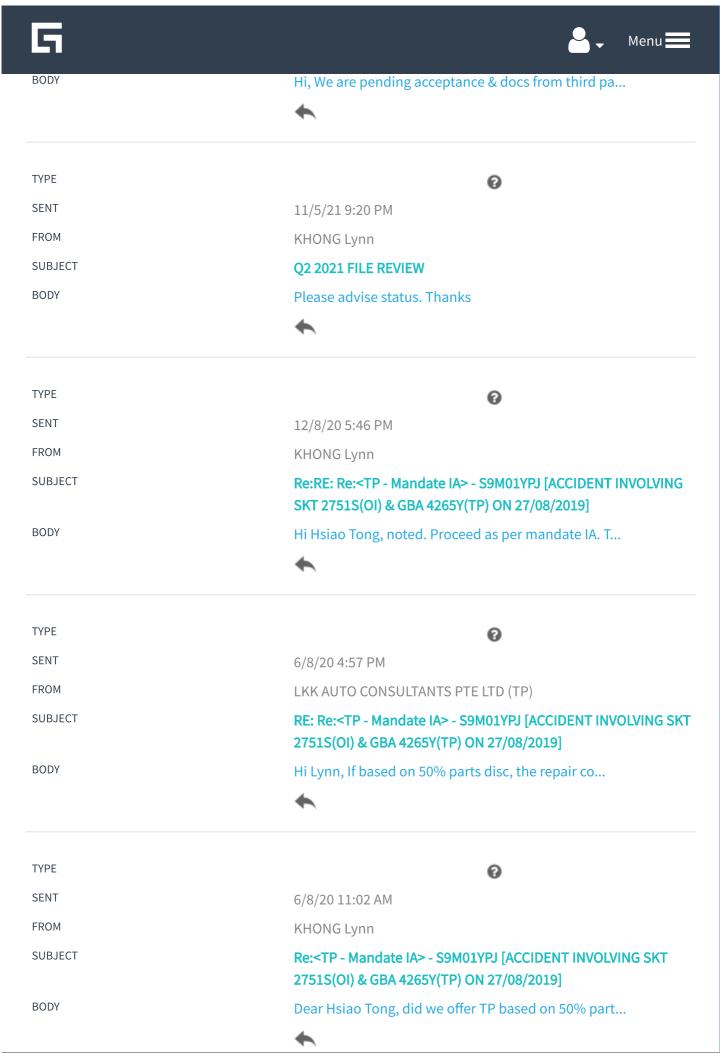
KHONG Lynn

lynn.khong@axa.com.sg

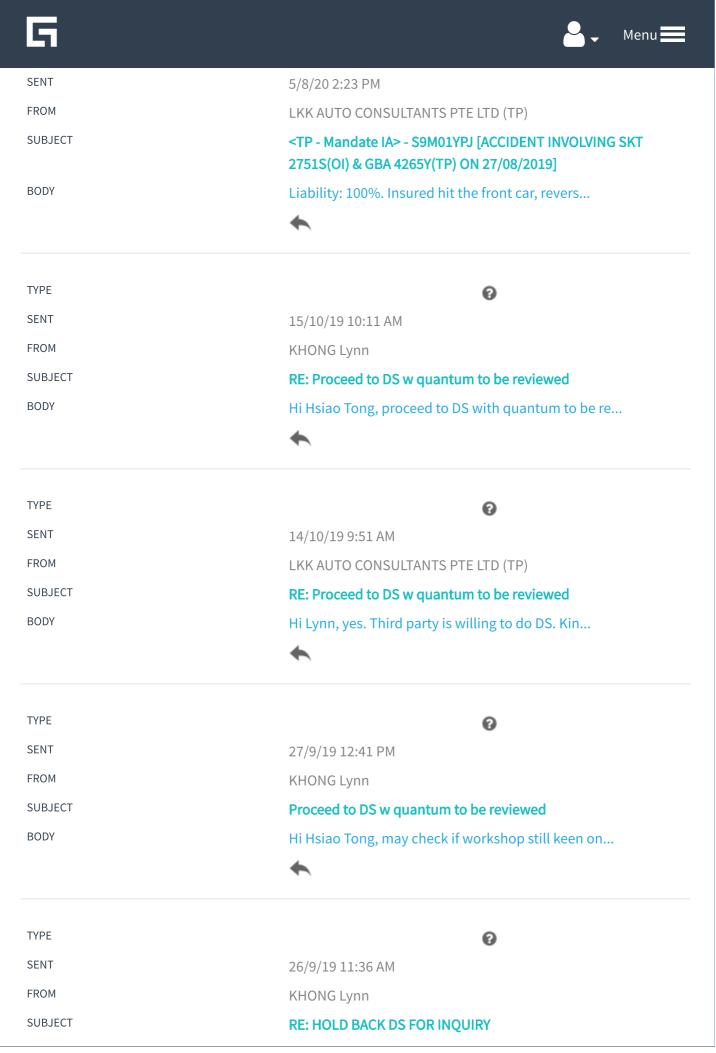
Additional Instructions



10/19/21, 8:24 AM VendorEngage



10/19/21, 8:24 AM VendorEngage



10/19/21, 8:24 AM VendorEngage







TYPE 0 **SENT** 25/9/19 2:56 PM FROM LKK AUTO CONSULTANTS PTE LTD (TP) **SUBJECT RE: HOLD BACK DS FOR INQUIRY BODY** Hi, kindly advise if we may proceed DS. Thanks. Hs... **TYPE** 0 **SENT** 30/8/19 11:40 AM **FROM** KHONG Lynn **SUBJECT HOLD BACK DS FOR INQUIRY BODY Thanks TYPE** 0 **SENT** 29/8/19 2:13 PM FROM KHONG Lynn **SUBJECT** Kindly confirm with Insured on the type of vehicle he has knocked BODY Hi, Insured has reported that he do not know TP's ... TYPE 0 **SENT** 29/8/19 1:06 PM **FROM** LKK AUTO CONSULTANTS PTE LTD (TP) **SUBJECT** VNI. **BODY** Please be informed vehicle not in the workshop, re...





GIRO CREDIT AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment will be credited directly into the policyholder/claimant's designated bank account stated below. The Policyholder/claimant has to complete <u>all</u> <u>fields</u> of this form and return to:

AXA Insurance Pte Ltd 8 Shenton Way, #24-01 AXA Tower Singapore 068811

| Name of Policyholder/Claimant: | completed by the Policyholder/Claimant) AUTOWORX HOUSE |
|--|---|
| Contact Person: | DYLAN CHEW |
| Contact Number: | 96725547 |
| The second secon | claim. autoworphouse @ smail.com |
| | be sent to this email address once the payment has been credited) Bank Account |
| Particulars of Policyholder/Claimant's I | |
| Particulars of Policyholder/Claimant's I Name of Bank: | Bank Account |
| Particulars of Policyholder/Claimant's I Name of Bank: Bank Code: | Bank Account UOB 7375 |
| Particulars of Policyholder/Claimant's I Name of Bank: | Bank Account UOB 7375 |

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such bank account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such insurance payout once such amounts are credited into the above bank account.

This authorisation shall continue in force until I/we have expressly revoked it by notice in writing delivered to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before the change.

In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.com.sg ("Purposes").

Authorised Signature & Company Stamp (as in bank records)

25/05/2021

Date