



Auto
Consultants
Pte Ltd

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

18 DECEMBER 2019

**DANDELION ED PTE LTD
1 BROOKE ROAD
#02-22 KATONG PLAZA
SINGAPORE 429979**

Dear Sir/ Mdm

**OUR REF : CC4/ASM19017461/Agb3
YOUR REF : SLQ 3845C
ACCIDENT INVOLVING SLQ 3845C & SLD 8821G ALONG/AT PIE TOWARDS CHANGI
ON 02/10/2019**

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 **VISION AUTOWORK PTE LTD** acting on behalf of the owner of SLD 8821G 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
- Rental Agreement/ Leasing Agreement
- Coloured photographs of accident scene (if any)
- COUNTER CLAIM STATUS AGAINST THIRD PARTY
- 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.

Yours sincerely



Cecilia Chong
Case Handler
DID: 6749 4274
FAX: 6741 4108
EMAIL: ceciliachong@lkkauto.com

Cc *AXA Insurance Pte Ltd
(Motor Claims Dept)*

Authorization To Act

I, Kamalasanan Sasi Kumar ("the third party claimant") of
67 Choa Chu Kang Loop #02-04 Singapore 689671
(address), owner of SLD 88216 (vehicle no.) hereby
authorize Vision Autowork 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. SLD 88216 that was damaged pursuant to the accident which
occurred on 02/10/2019 (date) along PIE towards Changi
(Before Lornie Road Exit) (location) involving
vehicle no/s SLQ 3845C
("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that
they deem fit and the workshop is further authorized to receive payment further to
settlement of my claim with payment cheque/s being made in favour of the workshop.

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

Dated this 02 day of 10 (month) 20 19 (year)



[Signature]

Signed by "the third party claimant"



Signed by "the workshop"



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLQ 3845C	(Insd veh)	Model: KIA FORTE K3
	SLD 8821G	(TP veh)	
Date of Accident/ Time:	02/10/2019		

Repair Estimate	: \$ 24,556.07	
Final Repair Cost	: \$ 9,737.00	(W/GST)
Loss of Use	: \$ 400.00	8 days at \$ 50.00 per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$ 14.90	
Others	: \$	
Final Settlement Sum	: \$ 10,150.00	GLOBAL SUM (ALL-IN)

Payee Name: VISION AUTOWORK PTE LTD

Is Third Party Workshop GIA Registered? ☐ YES ☒ 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: _____
	BOLA Liability: _____ (%)	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: Lee Jing J.
 Date: 13/01/2020

Signature of Witness / Workshop stamp (if applicable):
 Name of Witness: Chen Kai Jit
 Date: 13/01/2020

Signature of AXA's surveyor/representative: 
 Name of AXA's surveyor/representative: WMP
 Date: 14/01/2020



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

Print Date/Time : 02 Oct 2019 / 12:08:21

Receipt Date/Time : 02 Oct 2019 / 12:08:21

Tax Invoice/Receipt

Receipt No.: ITNET-00000-191002-001348

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SGJ8736Y

As at 02 Oct 2019/09:30:00

Insurance Co: NTUC INCOME INS CO-OP LTD

1 Insurance Enquiry - SGJ8736Y

Enquiry Fee

20191002120757498128

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx1359 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.



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

Print Date/Time : 02 Oct 2019 / 10:37:15

Receipt Date/Time : 02 Oct 2019 / 10:37:15

Tax Invoice/Receipt

Receipt No.: ITNET-00000-191002-000856

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 - SLQ3845C				
As at 02 Oct 2019/09:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLQ3845C			
	Enquiry Fee	7.00	0.49	7.49
	20191002103646841471			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	*****1359	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!

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