

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

24 October 2019

TAN YANG PING KEVIN 3 JALAN TAMBAN SINGAPORE 428288

Dear Sir/Madam,

OUR REF : CC4/ASM19017722/Upa3 // S9M02304

YOUR REF : SME 9930B

ACCIDENT INVOLVING SME 9930B AND SLT 5466J ALONG/AT JUNCTION

SHEARES AVE & MARINA BLVD ON 07/10/2019

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 third party claim(s) from KIM CHWEE AUTO PTE LTD acting on behalf of the owner of SLT 5466J against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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 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)
- · 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 <a href="mailto:cst@axa.com.sg">cst@axa.com.sg</a> 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 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 (Motor Claims Dept)

# AUTHORISATION TO ACT

LY #1		8030106				nant") of <u>Bl</u>	_ (vehicle no.) her	
authoriza	e Kim	chuee					act for me with resp	
							my vehicle no. red on <u>orlul19</u> (d	ate)
		A **	Enrucie	Garden	a R. And	Bruce.	_(location) involv	

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 insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this \_08 \_\_\_\_ (day) of \_\_\_ 0 c+ . (month) 20\_19 (year)

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



\*\*\* This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsmed losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to projudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

#### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SME 9930B	(Insd veh)	
	SLT 5466J	(TP veh)	Model: MAZDA 6 SEDAN 2.0 AT
Date of Accident/ Time:	07/10/2019		

Repair Es	timate	:5	42,508.34				
Final Rep	air Cost	:5					
Loss of U	se	:5	days at \$ per day				
Rental (if	any)	: 5	days at \$ per day				
LTA/GIA	Search Fee	: 5					
Others:		:5					
		:5					
Final Sett	tlement Sum (Global Sum)	:5	15,100.00				
Payee Na	me : KIM CHWEE AUTO PT	DLTD	L. H. M.				
Is Third P	arty Workshop GIA Registere	rd?	[ ] YES [X] NO (Kindly indicate below)				
A)	For Non GIA Registere	d Work	shop: Agreed Liability 100 (%)				
B)	For GIA Registered Wo	rkshop	BOLA Applicable: Yes/ No BOLA Scenario No:				
	BOLA Liability:	(%)	Assessed Liability (*). /UO (%)				
	* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply						

#### NOTE:

- 1. 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.
- 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 lano

Signature of AXA surveyor representative

Name of Representative: Date: 31 12 1019

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: tot Wee Tana

Date: 31.12.2019

Name of AXA's surveyor Representative: Date:

AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 - axa.com.sg



## 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-19-165129

Date of Request:

08/10/2019

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

**Enquiry Date** 

08/10/2019

Enquiry By

Tang Kok Wee, Allan

Vehicle No.

SME9930B

Accident Date

07/10/2019

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SME9930B	AXA Insurance Pte Ltd	12/12/2018-11/12/2019	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.

β 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-19-165129

Date of Request:

08/10/2019

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

**Enquiry Date** 

08/10/2019

Enquiry By

Tang Kok Wee, Allan

Vehicle No. Accident Date

SME9930B 07/10/2019

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:

[X] GIRO [] Cash [] Cheque