



Auto
Consultants
Pte Ltd

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

29 November 2019

LOONG NAM BOEY
BLK 1162A RIVERVALE CRESCENT,
#12-210
SINGAPORE 541162

Dear Sirs,

OUR REF : CC4/ASM19019207/Apa3 // S9M024ZI
YOUR REF : SLU 1203Y
ACCIDENT INVOLVING SLU 1203Y AND SJL 8378B ALONG/AT PIE TOWARDS
CHANGI ON 25/10/2019

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 **SM AUTOMOTIVE** acting on behalf of the owner of **SJL 8378B** 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 as it is head-to-rear collision. 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. Your 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 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 us 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)

LETTER OF AUTHORISATION

SM AUTOMOTIVE

Kaki Bukit Avenue 6
Blk 1 #01-43
Singapore 417883

Dear Sir,

Accident on

25.10.19 @ 2210hrs

Involving Vehicles

SJLB378B & SLN1203Y

Along

Pte (Jurong) before (CTE/SLF EXN)

I/We, the registered owner/driver of vehicle registration no: SJLB378B
have involved in the above accident.

I/We hereby authorize **SM AUTOMOTIVE** to commence repairs of the said vehicle forthwith.

I/We agree to assign the whole proceeds of my/our comprehensive/third party claim to you and our solicitor, _____, to act on my/our behalf in respect of the above matter. And if applicable, my/our solicitors shall accept this as my/our irrevocable authority to pay the amount as deemed compensated direct to you after deduction of their costs on a Solicitor and client basis.

I/We undertake to co-operate fully with you and our solicitors to ensure that claim is successful.

I/We also authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in relation with the above claim in my/our absence.

Your kind co-operation in this matter will be much appreciated.

Yours truly,



Owner's Signature
(Company's stamp if applicable)

Name: Li Peng

NRIC No.: S698591267

Date: 25.10.19

Assignment

To: SM Automotive (Workshop)

In consideration for your agreement to repair my motor vehicle registration no. SJL 8378B and to defer demanding for payment of the cost of repair, I/we the undersigned do hereby irrevocably assign absolutely to you all the proceeds of my/our claim(s) including damages, interest, costs and expenses (including legal costs / disbursements payable on a party and party basis which are to be paid to the parties so entitled including solicitors, vehicle appraisers and other experts / consultants).

I/We further confirm that payment to you only or to any person authorised by you to receive payment shall constitute a good and effectual discharge of the obligations by any party of the aforesaid proceeds of my/our claim(s).

I/We authorise you expressly to give notice of this assignment to the party concerned.

I/We confirm that by this assignment, I/we shall not be entitled in law to receive any payment. If a cheque is sent to me/us, I/we shall return same to the sender as I/we am/are precluded from accepting any payment.

Dated this 25 day of 10 2019.

Signature :

Name :

ID No. :

Address :

Li Peng
569859129
26 Canberra Drive #14-13 S(760428)

Witness Signature :

Witness Name :

Witness ID :

Witness Address :

Sukaji Chong




WITHOUT PREJUDICE to:
(a) Insurance Subrogated Claim and/or
(b) Any Personal Injury Claims
[Note: This Notice supersedes any inconsistencies
found in this Discharge Voucher]

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLU 1203Y	(Insd veh)	
	SJL 8378B	(TP veh)	Model: TOYOTA CAMRY 2.0 AUTO
Date of Accident/ Time:	25/10/2019		

Repair Estimate	S	15,839.92	
Final Repair Cost	S		
Loss of Use	S		11 days at 5/00 per day
Rental (if any)	S		days at 5 per day
LTA / GIA Search Fee	S		
Others	S		
	S		
Final Settlement Sum (Global Sum)	S	8,150.00	
Payee Name : SM AUTOMOTIVE			
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: _____
	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: Sukyi Chong
Date: 17.3.2020



lmp

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Chloe Chew
Date: 17.3.2020



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 18/3/2020

**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-19-176861

Date of Request: 26/10/2019

Your Ref No: Online Purchase

Chew Motor Pte Ltd
No 1 Kaki Bukit Ave 6, #01-11/41
Autobay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 26/10/2019
Enquiry By Chong Siok Ling
TP Vehicle No. SLU1203Y
Accident Date 25/10/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLU1203Y	AXA Insurance Pte Ltd	18/09/2019-17/09/2020	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.



RECORDS MANAGEMENT CENTRE

**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-19-176861

Date of Request: 26/10/2019

Your Ref No: Online Purchase

Chew Motor Pte Ltd
No 1 Kaki Bukit Ave 6, #01-11/41
Autobay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 26/10/2019
Enquiry By Chong Siok Ling
TP Vehicle No. SLU1203Y
Accident Date 25/10/2019

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:

☒ GIRO ☐ Cash ☐ Cheque