

Vehicle No:

AXA THIRD PARTY DIRECT SETTLEMENT

EH 66J (Insd veh)

	JRQ 5443 (TP veh)		Model: HONDA AFS		
Date of Accident/ Time:		22/11/2019	, , , , , , , , , , , , , , , , , , , ,		
Repair Estimate	;\$		3,299.20		
Final Repair Cost	:\$				
Loss of Use	:\$			days at \$	per day
Rental (if any)	:\$			days at \$	per day
LTA / GIA Search Fee	:\$				
Others:	:\$				
	:\$				
Final Settlement Sum	:\$		1,090.00	(GLOBAL SUM	1)
Payee Name : S9 MOTO	OR TRADING F	TE LTD			
Is Third Party Workshop GIA Re	gistered? [] YES [X] NO	(Kindly indicate below	w)	
A) For Non GIA Re	gistered Worksl	hop: Agreed	Liability100	(%)	
B) For GIA Register	ered Workshop: BOLA Applicable: Yes/ No BOL		DLA Scenario No:		

A)	For Non GIA Registered Workshop:	Agreed Liability100(%)			
В)	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

ABT

Signature of workshop representative / Workshop stamp

Name of Representative: Date: W 6 N W

Name of Witness: Date:

Signature of Witness / Workshop Stamp (if applicable)

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

Date:

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)

Sent: Thursday, 19 March 2020 8:40 AM

To: JOSHUA.GOH@EUROAUTOMOBILE.COM.SG

Subject: <STANDARD LETTER> OUR REF: CC4/ASM19021320/Dqb3 *** ACCIDENT INVOLVING

EH 66J & JRQ 5443 ON 22/11/2019 ***

19 MARCH 2020

JOSHUA GOH YI SHUN

Dear Sir/ Mdm

OUR REF : CC4/ASM19021320/Dqb3

YOUR REF : EH 66J

ACCIDENT INVOLVING EH 66J & JRQ 5443 ALONG/AT SENGKANG WEST RD TWDS SELETAR RD ON 23/11/2019

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 **SG 98 MOTOR PTE LTD** acting on behalf of the owner of JRQ 5443 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 & Relationship with driver
- ADDEMDUM FORM TO BE SIGN & RETURN
- 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.

Cc AXA Insurance Pte Ltd (Motor Claims Dept)

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards, Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth Print only when necessary



Vehicle No:

AXA THIRD PARTY DIRECT SETTLEMENT

(Insd veh)

			JRQ 5443 (TP veh)	Model: HONDA	AFS	
Date of A	Accident/ Time:	22/11/2019				
Repair Es	stimate	:\$				
Final Rep	pair Cost	:\$				
Loss of U	se	:\$			days at \$	per day
Rental (if	any)	:\$			days at \$	per day
LTA / GIA	Search Fee	:\$				
Others:		:\$				
		:\$				
Final Settlement Sum : \$			1,090.00 (GLOBAL SUM)	
Payee Na	ame: S9 MOTOR	R TRADING PT	E LTD			
Is Third P	arty Workshop GIA Regi	stered? [] YES [X] NO	(Kindly indicate belo	w)	- Inches
A)	For Non GIA Regis	stered Worksho	p: Agreed	Liability 100	_(%)	
3)	For GIA Registered Workshop:			Applicable: Yes/ No Bo	-	
	BOLA Liability:	(%)	Assess	ed Liability (*):	(%)	
	* Assessed Liabilit	y to be filled onl	y for chain collisions and	for cases where BOLA c	does not apply.	
Remarks:						

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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: Date: 20 6 20 20 np Signatu

Signature of Witness / Workshop Stamp (if applicable)

Name of Witness:

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

Date:

AUTHORIZATION TO ACT

, Ang Giap Tiam	("the third party claimant")
of clo BIK 152 Woodlands 8+ 13 #11-783	(\$730152) (address),
of the IS2 Woodlands St 13 # 11-783 owner of JRQ 5443 (vehicle no.) 89 Motor Trading Ptc Ltz	hereby authorize
("the workshop") to act for me with respect to my claim for repair loss of use ("claim") for my vehicle no. TRQ 5443 damaged pursuant to the accident which occurred on 22/11 Sengkang West Are towards Jalan kainvolving vehicle no/s EH 66. J	r costs and/or rental and/or that was
involving vehicle no/s EH 66 J	
("the accident").	
I further authorize the workshop to settle my above mentioned clarent they deem fit and the workshop is further authorized to receive passettlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque/s being made in favour of the settlement of my claim with payment cheque with the settlement of my claim with payment cheque with the settlement of my claim with payment cheque with the settlement of my claim with payment cheque with the settlement of my claim with th	ayment further to
I further acknowledge that any settlement the workshop may reach without prejudice and without admission of liability basis insofar as Insurers of the other vehicle/s is concerned.	4
Dated this	
Signed by "the third party Claimant" Signed by "the	workshop"

LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Menu



Pls proceed \$1090 all-in, OI liability is 100% down.

Type

Question

Message

Reply

\$9 MOTOR TRADING PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622 Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

DATE: 16 March 2020

Invoice No: S9-20-025

AXA Insurance S'pore Pte Ltd

LETTER OF DEMAND

8 Shenton Way #27-01 AXA Towers SINGAPORE 068811

Your Insured:

EH 66J

Date of Accident:

22-Nov-19

Location:

Sengkang West Avenue twds Jalan Kayu

FINAL REPAIR COSTS

VEHICLE NO. JRQ 5443 (Honda AFS 110 MCSG)

Cost of Repair for Vehicle No .:

JRQ 5443 (lump sum)

\$1,150.00

Loss of Use:

3 days x \$30

\$90.00

Towing Fee:

\$30.00

Total:

\$1,270.00

SINGAPORE DOLLARS:

ONE THOUSAND TWO HUNDRED SEVENTY ONLY

Notes:

- 1. All cheque payment should be "Crossed" and made payable to S9 MOTOR TRADING PTE LTD
- 2. All cheque should have our "Invoice No" written on the reverse side of the cheque
- 3. For further enquiries on this invoice, please feel free to contact us

S9 Motor Trading Pte Ltd

:LG

\$9 MOTOR TRADING PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622 Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

DATE: 16 March 2020

Invoice No: S9-20-025

AXA Insurance S'pore Pte Ltd

PD - Direct Settlement

8 Shenton Way #27-01 AXA Towers SINGAPORE 068811

Your Insured:

EH 66J

Date of Accident:

22-Nov-19

Location:

Sengkang West Avenue twds Jalan Kayu

FINAL REPAIR COSTS

VEHICLE NO. JRQ 5443 (Honda AFS 110 MCSG)

Cost of Repair for Vehicle No.:

JRQ 5443 (lump sum)

\$1,150.00

Total:

\$1,150.00

SINGAPORE DOLLARS:

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Notes:

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S9 Motor Trading Pte Ltd

:LG

CASH SALES / WORK ORDER

HAH RECOVERY SERVICES Business Reg No. 53346881K Handphone No. 9855 8851

4619

<i>D</i> a		No: HOI.
Date: 41119		W,
Received from: Miche	r John	blil
Vehicle No: 7 Vo 54	43 Model: Wa	
From: Who	To: Scm	,
Remarks :		- P
Amount: \$	<u>\$30</u> pad	Clari
NOTE: Vehicle is transported at ow for damages or other iffisde	ner's risk. The company accepts no re meanour to your vehicle whilst being	esponsibility transported.
Authorised by:	Received by:	2