

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

30 DECEMBER 2019

LEE KIM HAI BLK 992B BUANGKOK LINK #10-183 SINGAPORE 532992

Dear Sir/ Mdm

OUR REF : CC4/ASM19021947/Ugb3

YOUR REF : SLK 353G

ACCIDENT INVOLVING SLK 353G & SKB 7799S ALONG/AT YIO CHU KANG ROAD

BEFORE LORONG NAPIRI ON 02/12/2019

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 FASTECH AUTO PTE LTD acting on behalf of the owner of SKB 7799S 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)

AUTHORISATION TO ACT

I'We, Tan Keng choon (the	third party claimant") of 35 Jolon Jari
A Committee of the Comm	s), owner of <u>SKB 77995</u> (vehicle no.) hereby
authorize Fastech Auto Pto Ital	("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/	The same of the sa
	to the accident which occurred on 01 12 209 (date)
along Yio Ohu kang Road	(location) involving
vehicle no/s SLL 353 G ("the accident").
	y above mentioned claim in a manner that they
- 1991 - 1992 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 199	ed to receive payment further to settlement of my
claim with payment cheque/s being made in fa	avour of the workshop.
The same of the same of	he workshop may reach on my behalf is on a lability basis insofar as the driver/owner/insurers
Dated this 11 (day) of RC ((month) 2019 (year)
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Signed by "the third party claimant"	Signed by "the workshop"
(with company stamp if applicable)	(with company stamp)



*** This Discharge Voucher applies only to the claimant's claim for his property demage and will not affect his personal injuries claim and/or minoured losses claim in a later date. Further, the settlement terms beerin should not be used as an evidence to prejudice to the claimant's personal injuries claim sed/or other uninsured losses claim stising of the subject matter in this action.

AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	SLK 353G (Insd veh)			
	SKB 7799S (TP veh)	Model:	NISSAN QASHQAI	
Date of Accident/ Time:	02/12/2019			

* Assessed Liability	to be filled	only for chain collis	ions and f	or coses w	here.BOLA.do	es not apply.	
BOLA Liability:	(%)		Assesse	d Liability	(*):	0 (%)	
For GIA Registered	Workshap:		BOLA A	pplicable:	Yes/ No BOI	A Scenario No: 28	
For Non GIA Regist	lered Works	hop:	Agreed	Liability _	100 (1	4):	
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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.
- 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 G Name of Representative: TANG JUN

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

S87049

Date: 12 62 20

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

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

Third Party Insurer Enquiry

Our Ref No:

GR-19-204003

Date of Request:

11/12/2019

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

11/12/2019

Enquiry By

Tang Kok Wee, Allan

Vehicle No. Accident Date

SLK353G 02/12/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLK353G	AXA Insurance Pte Ltd	03/01/2019-02/01/2020	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.

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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-19-204003

Date of Request:

11/12/2019

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

11/12/2019

Enquiry By Vehicle No. Tang Kok Wee, Allan

SLK353G

Accident Date

02/12/2019

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