

DYNAMIC AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No. : 201436361C

Letter of Demand

Re : Accident involving my vehicle no. 5MF5335R and vehicle no. 5MM2374K on 28/12/19 at 18:15 HRS PM/AM at/along PZE towards Tras (At Tunnel KPE towards MCE)

We refer to the above matter.

Attached please find copies of the following for your kind perusal:

Vehicle Repair cost / Excess	\$ 5671.00
Vehicle Rental Fee for <u>—</u> days @	
\$ <u>—</u> per day	\$ —
Loss of use for <u>7</u> days @	
\$ <u>180.00</u> per day	\$ 1260.00
Police search fee/ police report fee /LTA search fees	\$ 7.45
Others <u>3rd Party Report</u>	\$ 43.00
Total :	\$ 6981.45

Yours faithfully,

ABBY



ABBY

HP : 9856 4815

E-mail: dynamicautowork@gmail.com

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8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875

Tel: 6341 6789 Fax: 6341 6778

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Authorisation To Act

I, Chua Kee Chang, Bernard ("the third party claimant") of
BK 945 Tampines Avenue 4, #07-328, SC520945
(address), owner of SMF5335R (vehicle no.) hereby
authorise Dynamic 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. SMF5335R that was damaged pursuant to the accident which
occurred on 28/12/19 (date) at/along PTE towards Tuas (At
Tunnel KPE > MCE) (location) involving
vehicle no/s SMW2374K
("the accident").

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

I further authorise the workshop to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my/our convenience.

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 any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.

Dated this 30 day of 12 (month) 20 19 (year)



[Signature]
Signed by "the third party claimant"

[Signature]



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:	SMM 2374K (Insd veh)	Model: TOYOTA ESTIMA 2.4X A
	SMF 5335R (TP veh)	
Date of Accident/ Time:	28/12/2019	

Repair Estimate	: \$	25,644.85	
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 (Global Sum)	: \$	6,200.00	
Payee Name : DYNAMIC AUTOWORK PTE LTD			
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:

- 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: <u>Lee Jing Ji</u> Date: <u>22/07/21</u>	  Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Chua Kor Jit</u> Date: <u>22/07/21</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>07/09/2021</u>	

Dynamic Autowork Pte.Ltd.

8 Kaki Bukit Ave 4, #08-09, Premier@Kaki Bukit
Singapore 415875
Tel : 6341 6789
Fax : 6341 6778
ROC / GST REG NO.: 201436361C
Email : dynamicautowork@gmail.com



TAX INVOICE

Invoice # : 00001091

Date : 25.03.20

Vehicle No : SMF5335R

Bill To:

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

	DESCRIPTION	AMOUNT
	Carry out lump sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 5,300.00
Sub Total		\$ 5,300.00
Add GST 7%		\$ 371.00
Total Amount		\$ 5,671.00

PAYMENT BY CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO
' DYNAMIC AUTOWORK PTE.LTD. '

PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

Issued By :

ABBY

Authorised Signature



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

Print Date/Time : 30 Dec 2019 / 11:49:37

Receipt Date/Time : 30 Dec 2019 / 11:49:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191230-001320

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SMM2374K As at 28 Dec 2019/18:15:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMM2374K Enquiry Fee 20191230114901090026	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.



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-20-000493

Date of Request: 02/01/2020

Your Ref No: WALK IN GOH

DYNAMIC AUTOWORK PTE. LTD
8 KAKI BUKIT AVE 4, #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No: SMF5335R

Date of Accident: 28/12/2019

Place of Accident: PIE

Involving Vehicle No: SMM2374K, SMM5140Z

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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DYNAMIC AUTOWORK PTE. LTD
8 KAKI BUKIT AVE 4, #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 28/12/2019

Vehicle No: SMF5335R

Place of Accident: PIE TWRDS TUAS(AT TUNNEL KPE & MCE)

Involving Vehicle No: SMM2374K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMM2374K	PIE TWRDS TUAS(AT TUNNEL KPE & MCE)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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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-20-000495

Date of Request: 02/01/2020

Your Ref No: WALK IN GOH

DYNAMIC AUTOWORK PTE. LTD
8 KAKI BUKIT AVE 4, #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 28/12/2019

Vehicle No: SMF5335R

Place of Accident: PIE TWRDS TUAS(AT TUNNEL KPE & MCE)

Involving Vehicle No: SMM5140Z

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMM5140Z	PIE TWRDS TUAS(AT TUNNEL KPE & MCE)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



Auto
Consultants
Pte Ltd

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

09 January 2020

HAAS STEFAN WALTER
11 HOLLAND LINK
#01-70
SINGAPORE 275764

Dear Sirs,

OUR REF : CC4/ASM19022904/Apa3 // S9M02BMW
YOUR REF : SMM 2374K
ACCIDENT INVOLVING SMM 2374K AND SMF 5335R ALONG/AT PIE TOWARDS
KPE TUNNEL ON 28/12/2019

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 third party claim(s) from **DYNAMIC AUTOWORK PTE LTD** acting on behalf of the owner of **SMF 5335R** 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. 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)*

 Re:<TP - Mandate IA> - S9M02BMW [ACCIDENT INVOLVING
SMM 2374K(OI) / SMF 5335R(TP) / OTHERS ON 28/12/2019]

Type

 Question

Message

Hi, pls proceed based on BOLA S 28 at \$6,407.45. TY.

Reply