Cecilia Chong (LKK Auto)

From:

Cecilia Chong (LKK Auto)

Sent:

Tuesday, 3 March 2020 5:18 PM

To:

MPEXPRESS123@GMAIL.COM

Subject:

<STANDARD LETTER> OUR REF: CC4/ASM200000919/Bga3 *** ACCIDENT INVOLVING

SFG 6565P & SJH 50U ON 09/01/2020 ***

Attachments:

SJH 50U.mp4

03 MARCH 2020

TRANSPORT TRANSFER SERVICES DRIVER: ONG PEI YING, AUDREY

Dear Sir/ Mdm

OUR REF

: CC4/ASM200000919/Bga3

YOUR REF

: SFG 6565P

ACCIDENT INVOLVING SFG 6565P & SJH 50U ALONG/AT COMMONWEALTH AVENUE ON 09/01/2020

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 **TEAM AUTOPRO PTE LTD** acting on behalf of the owner of SJH 50U 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: <u>CeciliaChong@lkkauto.com|</u> fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth. Print only when necessary.

To

Team AutoPro Pte Ltd

CRN

201811621K

located at

160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Letter of Authorization & Undertaking

In	Respect	of	Accident	Involving	my/our	Vehicle	No.:	SJH50U
and			G6565P		******	and		
and		******	***************************************			and		
@	Commo	nwe	alth ave					
date	ed 09/01	/20						

- 1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
- 2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
- 3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you - in the form of payment cheque made in favor to Team AutoPro Pte Ltd.

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

- 4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
- 5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
- 6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,

Claimant Signature & Co's Stamp (if applicable)



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SFG 6565P (Insd v	(h)
	SJH 50U (TP ve	Model: MERCEDES BENZ CLA 180
Date of Accident/ Time:	09/01/2020	

Repair Estimate			15 28,204.31					
Final Repair Cost			(
Loss of Use				1 days at \$50.00 per day				
Rental (if any)				10 days at \$ 100.00 per day				
LTA / GIA Search Fee								
Others:		:\$						
		:\$						
Final Settlement Sum		:\$	9,800.00	GLOBAL SUM (ALL-IN)				
Payee Na	ime : TEAM AUTOPR	O PTE L	TD	1				
Is Third P	arty Workshop GIA Registered	1?	[x] YES [] NO (Kindly indicate below)				
A)	For Non GIA Registered	Work	shop: Agreed Liability [5	%)				
В)	For GIA Registered Wor	kshop	: BOLA Applicable: Yes/ Ne BO	LA Scenario No: 15				
	BOLA Liability:10	0_(%)	Assessed Liability (*):	Assessed Liability (*):(%)				
	* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.							
	Assessed Coolinty to be	meu	city for another complete and for cases where both ac	ies not apply.				

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/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/torrigaser) for any and all losses (past/present/future) arising from this accident.

ent to act for and on their behalf in this accide 20 A We confirmed that we hav

Signature of workshop hop stamp

Name of Represent

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

24/3/2020

Signature of Witness / W

"My execution of this Discharge Voucher is solely for my claim for Property Damage & nonprejudicial to any other claims arising from the same accident."

TEAM

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956

teamautoffice@gmail.com / teamautopl@gmail.com

THIS IS YOUR INVO

pertaining to this invoice, please feel free to contact us

INVOICE DATE:

20-Jan-20

INVOICE NOS:

TAP50U-229/0694

Your Reference:

SJH 50U

Our Reference:

SLZ 2517J

Billed To:

Skading Karen Joan

Address:

27 Portchester Avenue S'556309

Invoice Type:

Rental

INVOICE TOTAL IN SGD 1,200.00

\$

DESCRIPTION

SLZ 2517J

AMOUNT (S\$)

1,200.00

Leasing of Vehicle Number:

\$120.00

Rental Duration:

Rental Rate Per Day:

10

Commencement Date:

10/1/2020

Ceasement Date:

20/1/2020

* DRIVER: Davina Koh Guey Hoon of \$9103984B

Discount

Amount Due

1,200.00

COMMENTS

- 1. Total payment due in 30 days.
- 2. All Cheques must be made payable to TEAM AUTOPRO PTE LTD.
- 3. Please include our invoice number at the back of your cheque.
- Free Upgrade

Signature & Stamp

PAYMENT DETAILS



RENTAL AGREEMENT

RA/202001/279

HIRER'S PARTICULAR	Vehic	le No / N	/lode	l et	Rental Veh	icle No / Model	
Name: Skading Kaven Joan	53	H 501	1 1	n. C180	SLZ25	517] AULTAU	
NRIC/Passport No: S7234778A	Date /	Time O	ut:		Date / Time	e In;	
Driving Licence No: Exp:	10/0	1/2020) 7	5=20 PM	7pm 2	20/01/2020	
Address: 27 Port Chaster Ave 5(556309)				Fuel T	ank Level		
			TUO	-		IN	
Tel:			1/2		1	1/2	
ADDITONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)	E			F	E	F	
Name: Daving Koh Guey Hoon	RENT	AL CHA	RGE	S		TOTAL S\$	
NRIC/Passport No: S9103984B		Hour	@		per hour		
Driving Licence No: Exp:	10	Days	@	\$120	per days	\$1200	
Address: BIK 664A Punggol Drive #09-202		Weeks	@		per week		
s(821664)		Months	@		per month		
Tel: 8499 2884				Addit	ional Payable:		
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES			/		TAL Payable:	4	
	DEPOSIT AMOUNT PAID DEPOSIT AMOUNT REFUNDED / Date						
	Mode of Payment						
The card of the ca	Free upgrade.						
Physical Damage Excess 3 Acknowledgement	HIRER'S	DECLARA"	rion:	I/WE agree to	the terms and	conditions above	
Singapore - Own Damage \$2,000 Singapore - 3rd Party Damage \$2,000 Malaysia (If applicable) \$8,000 For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age (Additional)	are true hot disqu	and accura	ate. N om dri	1y/Our driving ving. You may	l information gi licence(s) is/ard charge all amo		
IMPORTANT NOTE: 1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and				1	7		
severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign.							
Only persons above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.	HIRER Figure / Date						
Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the pior written consent of TeamAutoPro Pte Ltd.			TEN	- A NA	10		
4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited.	AT TO THE						
5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours	Aut	horized S	Signa	tory on Bel	nalf of Team!	AutoPro Pte Ltd	

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

10 Jan 2020 / 10:01:38

Receipt Date/Time: 10 Jan 2020 / 10:01:38

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200110-000682

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SFG6565P As at 09 Jan 2020/21:14:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SFG6565P					
	Enquiry Fee 20200110100025412521		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			
		xxxxxxxxxxxx8855	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.