



Motor Image Enterprises Pte Ltd  
19 Lorong 8 Toa Payoh  
Singapore 319255  
Tel : (65) 6417 0333  
Fax : (65) 6252 5655  
BRN 198702032R

## BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SKM2230R and SGV3018G on 25/06/2018

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 1521.63
b)	Loss of Use/ Rental of vehicles for _____ day(s) @ S\$ _____ per day	S\$ 235.40
c)	LTA/ GIA Search Fees	S\$ 2.00
d)	Towing Fees	S\$ /
e)	Others _____	S\$ /
TOTAL		S\$ 1759.03

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input checked="" type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input checked="" type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to **Motor Image Enterprises Pte Ltd/my favour** and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

\*Contact person: Siow Hooi – 6703 8115  
hooi@motorimage.net



## LETTER OF AUTHORITY AND INDEMNITY

Motor Image Enterprises Pte Ltd

- ☒ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255  
☐ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

Type of Claim:

- ☒ Third Party (Direct Settlement)  
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SKM 2230 R AND SGN 3018 G  
ON 25 JUNE 2018 AT TPE TOWARDS CHANGI AIRPORT / PIE

1. I, the owner of vehicle no. SKM 2230 R hereby instruct you and authorise you to act for me with respect to the following: -
  - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
  - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
  - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
  - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
  - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
  - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop
Name <u>JOSIAH CHIANG LIANG KIANG</u>		Company Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u>
Address <u>APT BLK 217D SUMANG WALK</u>		Claim Officer's Name <u>DANIEL A JUDE</u>
<u>#14-204 3 (824217)</u>		
Telephone No <u>8611 8253</u>		Telephone No <u>8611 3195</u>
Date <u>25 JUNE 18</u>	Email <u>-</u>	Date <u>25 JUNE 18</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>[Signature]</u>	Claim Officer Signature <u>[Signature]</u>



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV 3018G (Insd veh)	Model: SUBARU FORESTER
	SKM 2230R (TP veh)	
Date of Accident/ Time:	25/06/2018	

Repair Estimate	: \$		
Final Repair Cost	: \$	1,521.63 /	(W/GST)
Loss of Use	: \$		days at \$ per day
Rental (if any) (W/GST)	: \$	235.40 /	2 days at \$ 117.70 per day
LTA / GIA Search Fee	: \$	2.00 /	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,759.03 /	
Payee Name : MOTOR IMAGE ENTERPRISES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: 27	
	BOLA Liability: 100 (%)	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: 001 SLOW HOOI

Date: 01/09/2020



Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: 02/09/2020

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: NOOR AISHA\*

Date: 01/09/2020





**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh Singapore 319255  
Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535  
25 Leng Kee Road Singapore 159097  
Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137  
Website: www.motorimage.net



## TAX INVOICE

GST Reg No. M2-0076975-9  
Co. Reg No. 198702032R

**Sales: INSURANCE CUSTOMER**

**Invoice No: L518500**

**For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.**

**DATE REC'D: 21-Jan-2020**

**SERVICE ADVISOR: HOOI**

**JOB No.: L513600**

**MILEAGE: 93732**

**ID:**

**NAME:** AXA INSURANCE PTE LTD  
**ADDRESS:** 8 SHENTON WAY  
#27-01 AXA TOWER, S(068811)  
**TELEPHONE:** 63387288  
**MODEL:** FORESTER 2.0I-L AWD CVT  
**ENGINE No.:** FB20Y315126  
**CHASSIS No.:** JF1SJ5KC5GG073571  
**REGISTRATION No.:** SKM2230R

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SGV3018G - AXA	
2	REMARK CONDUCT TP CLAIM AXA DATE:25/06/2018 TIME:0858HRS LOCATION:TPE TOWARDS CHANGI AIRPORT/PIE	
3	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
4	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
5	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
6	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
7	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
8	INS06 THE OWNER IS REQUIRED.	
9	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
10	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
11	INS09 CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
12	REMARK REPAIR/REPLACE REAR BUMPER AND PANEL	560.00
13	REMARK RESPRAY REAR BUMPER,TAILGATE AND PANEL	420.00
	TOTAL(LABOUR)	980.00
1	BUMPER FACE REAR FORESTER IL	
	57704SG012(Qty : 1 @ 540.00 each(Discount 20.00%))	432.00
2	COVER HOOK R	
	57731SG010NN(Qty : 1 @ 12.60 each(Discount 20.00%))	10.08

  
Certified True Copy



**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh Singapore 319255  
Service Centre Tel (65) 64170100/101 Fax (65) 62535535  
25 Leng Kee Road Singapore 159097  
Service Centre Tel (65) 64764776 Fax (65) 64791137  
Website: www.motorimage.net



## TAX INVOICE

GST Reg No. M2-0076975-9  
Co. Reg No. 198702032R

**Sales:** INSURANCE CUSTOMER

**Invoice No:** L518500

For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.

**DATE REC'D:** 21-Jan-2020

**SERVICE ADVISOR:** HOOI

**JOB No.:** L513600

**MILEAGE:** 93732

**ID:**

**NAME:** AXA INSURANCE PTE LTD  
**ADDRESS:** 8 SHENTON WAY  
#27-01 AXA TOWER, S(068811)  
**TELEPHONE:** 63387288  
**MODEL:** FORESTER 2.0I-L AWD CVT  
**ENGINE No.:** FB20Y315126  
**CHASSIS No.:** JF1SJ5KC5GG073571  
**REGISTRATION No.:** SKM2230R

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
	TOTAL(SPARE PARTS)	442.08

Subtotal	1,422.08
GST(7%)	99.55
<b>TOTAL</b>	<b>\$1,521.63</b>

DATE : 18-Aug-2020

\_\_\_\_\_  
CUSTOMER

  
\_\_\_\_\_  
MANAGER

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

**CUSTOMER**

Not yet a DUO Member? Join us now at [www.DUORewards.com](http://www.DUORewards.com) and start accumulating your points for your invoice today!

  
Certified True Copy



# Hiring Agreement

TP2020351

Co.Reg.No : 198403871H

GST Reg.No.: M2-0067432-1

ACCOUNTS COPY

SALESMAN CODE: RUSYDI

Vehicle Number: SKP6715S Make & Model: SUBARU FORESTER 2.0XT AWD CVT Date: 20/01/2020  
 Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
 Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Hirer**Name: MOTOR IMAGE ENTERPRISES PTE LTDAddress: 19 LORONG 8 TOA PAYOHSingapore: (319255)Contact Person: DANIEL JUDE Tel: \_\_\_\_\_**1st Driver**Name: JOSHIA CHIANG LIANG KIANGAddress: BLK 293A COMPASSVALE CRESCENT #04-11Singapore: (541293)Contact No: 86118253 (H) (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport / NRIC No: S8600961G Nationality: SINGAPOREANDriver's Licence No: S8600961G Driving Exp:  yrsCountry of Issue: SINGAPORE Driving Date: \_\_\_\_\_**Additional Driver**Name: CHIANG SIEW YEE FAITHAddress: BLK 293A COMPASSVALE CRESCENT #04-11Singapore: (541293)Contact No: 90098524 (H) (O) \_\_\_\_\_ (HP) \_\_\_\_\_Occupation: \_\_\_\_\_ Date of Birth: 15/05/1989Passport / NRIC No: S8920480A Nationality: SINGAPOREANDriver's Licence No: S8920480A Driving Exp:  yrsCountry of Issue: SINGAPORE Driving Date: \_\_\_\_\_**Remarks / Delivery Location**SKM2230R TPCLAIM (MIE TPY ISMAN)**Check In / Out**Date Out: 21/01/2020 Time Out: 09:30:00 Km Out: 8889.00Petrol Level: FAgreed Date of Return: 28/01/2020 09:30:00

Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ Km In: \_\_\_\_\_

Petrol Level: F**Collision Damage Waiver & PAI**

ACCEPTS

To Pay Extra Fees

Daily \$50.00

Non-Waiverable Excess

SS 0.00 per accidentWindscreen Excess: \$100.00

Signature \_\_\_\_\_

SPARE USE ONLY

DECLINES

Hirer Declines CDW

Excess S\$ 2,000.00

per accident

Windscreen Excess: \$100.00Signature [Signature]

\*The above is subjected to 7% GST.

Per Day	110	00
Per Week		
Per Month		
Weekend		
Rental Charges 2 days x \$110	770	220
CDW	0	00
PAI	0	00
Deliver / Collection	0	00
Malaysia Charge		
Petrol		
Other Charge		
7% GST	53	15
Sub Total	823	00

**OVERALL CHARGES**\$ 835.40**Deposit Tax Invoice**

Deposit Inv: \_\_\_\_\_ Amount: \_\_\_\_\_

O/R No: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use**INV: S1016113 O/R: \_\_\_\_\_ Date: 23/01/20

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of \$5250 will be applicable to tokenize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of \$550 will be applied.

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD



Motor Image Enterprises Pte Ltd.

Request For Car Rental

Date: 06/01/2020

Department: INS

Request By: ISMAN

Invoice To: MIE SVC - TP / MIE SVC - LK

Reason:

3rd PARTY CLAIM → AXA

JOSIAH CHIANG LIANG KIANG → 8611 8253

Owner's Car Plate No: SKM 2230 R

Authorized No. of days:

Owner's Car Model: FORESTER

Date Required: 21/01/2020

Date Returned: \_\_\_\_\_

Model of Vehicle Required: (Auto / Manual): AUTO

Authorized By: DANIEL LIM. (Name & Signature of Dept Mgr)

To Be Completed by Downtown Travel Service P L Staff:

Vehicle Number Assigned: SKP67155

Car Model: SUGAR FORESTER 2.0

Rental Date: 21/01/2020

Date Returned: 23/01/2020

Process by: YUSURI

TP2020351

SI016773



www.tanchong.com



**DOWNTOWN TRAVEL SERVICES PTE LTD**

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6334 1700 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

MOTOR IMAGE ENTERPRISES PTE LTD  
(TPY SERVICE)  
19 LORONG 8 TOA PAYOH

S(319255)  
ATTN : DANIEL JUDE

GST Reg No. : M2-0067432-4  
Tax Invoice : S1016773  
Inv. date...: 23-JAN-2020  
Print date...: 23-JAN-2020  
Print time...: 14:31:08  
Page no.....: 1  
Agreement no: TP2020351  
Salesman....: RUSYDI

Description	Amount
RENTAL CHARGE FROM 21-JAN-2020 TO 23-JAN-2020	220.00
SUBARU FORESTER 2.0XT AWD CVT - SKP6715S	
(JOSIAH CHIANG LIANG KIANG)	

TOTAL SGD(BEFORE GST)	220.00
GST(7%)	15.40
TOTAL SGD(AFTER GST)	235.40

N.B. Cheques should be crossed and made payable to  
**DOWNTOWN TRAVEL SERVICES PTE LTD**  
Interest at 0.05% per day on overdue account. Terms  
of payment strictly 7 days.

**DOWNTOWN TRAVEL SERVICES PTE LTD**



Authorised Signature



## TAX INVOICE

Our Ref No: GR-18-096538  
Date of Request: 25/06/2018

Your Ref No: Online Purchase

Motor Image Enterprises Pte Ltd  
19 Lorong 8 Toa Payoh  
Singapore 319255

Dear Sir/Madam,

Enquiry Date 25/06/2018  
Enquiry By Lim Po Beng  
TP Vehicle No. SGV3018G  
Accident Date 25/06/2018

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.

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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 May 2019

**Abdul Aziz Bin Abuu Jaili**  
Blk 162 Woodlands Street 1  
#07-615  
Singapore 730162

Dear Sir/ Mdm

**OUR REF : CC4/ASM18011753/wa3**  
**YOUR REF : SGV 3018G**

**ACCIDENT INVOLVING SGV 3018G & SKM 2230R ALONG TPE TWDS AIRPORT ON 25/06/2018**

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 **Motor Image Enterprises Pte Ltd** acting on behalf of the owner of **SKM 2230R** against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. 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 7 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 [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) within 7 days 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)
- 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



Auto  
Consultants  
Pte Ltd

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

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.

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 6841 8625 or email us at Vivianlau@lkkauto.com

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vivian Lau  
Case Handler  
DID: 6841 8625  
FAX: 6741 4108  
EMAIL: Vivianlau@lkkauto.com

c.c. AXA Insurance Pte Ltd  
(Motor Claims Dept)

English (default) ▼

LKK AUTO CONSULTANTS PTE LTD (TP) ▼



SERVICE REQUESTS

MESSAGES

CLAIMS



Re:<MANDATE IA> - S8M00M0H (ACCIDENT INVOLVING SGV 3018G & SKM 2230R ON 25/06/2018)

Type

🔍 Question

Message

approved. thanks

[Reply](#)