BIFROST AUTO PTE, LTD.

Co. Reg. No.: 201929175W

WITHOUT PREJUDICE

Our Ref

: SHC 8425 U : SLQ 2420 B

Your Ref

AXA INSURANCE SINGAPORE PTE LTD 8 Shenton Way, #24-01 AXA Tower,

Singapore 068811

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 17.02.2020 @ 10:20 hours along Sin Ming Drive involving vehicles SHC 8425 U and SLQ 2420 B

We refer to the above-mentioned accident.

We are claiming as per below:-

1.	Repair Cost – Lump Sum		\$ 8,800.00
2.	Loss of Income for 17 Days x \$80/- per day		\$ 1,360.00
3.	Loss of Rental for 17 Days x \$107.43/- per day		\$ 1,826.31
4.	LTA/GIA Search fee		\$ 7.00
		Sub Total	\$ 11,993.31
		Gst 7.0%	\$ 744.33
		TOTAL	\$ 12,737.64

Enclosed herewith a copy each of relevant GIA report, LTA, Proforma Tax invoice, Rental Agreement/Tax invoice, Mileage Record, Towing Fee and Letter of Authorization for your attention. Kindly let us have your reply with the next 14 days upon receipt of this letter.

If you have any enquiries, please contact us @ 9648-8228 or you may email to us at claims@bifrostauto.com

Yours faithfully, BIFROST AUTO PTE. LTD.

NOTE: # Please note that the Loss of Use will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

This is a computer generated letter and does not need a signature.

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

GST at 7% is charged where applicable

BIFROST AUTO PTE. LTD.

Co. Reg. No.: 201929175W

NRIC No: S xxxx727Z

LETTER OF AUTHORISATION

Accident on 17.02.2020 @ 10:20 hours along Sin Ming Drive involving vehicles SHC 8425 U and SLQ 2420 B

In consideration of Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589, repairing my/our motor vehicle no SHC 8425 U at my request, I/We, Pow Pooh Kim ("the claimant") of BLk 232 Jurong East Street 21 # 08 - 444 Singapore 600232 (address) bearing NRIC No S xxxx727Z the owner / hirer of motor vehicle no SHC 8425 U, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use / income and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Bifrost Auto Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Bifrost Auto Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Bifrost Auto Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Bifrost Auto Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Bifrost Auto Pte Ltd** shall amount to a good discharge of **Bifrost Auto Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

iiiii 3 obiigation to me iii respe	ect of the settlement m	AUTO A
Dated thisd	ay of 0 (m	nonth) 20 (year
Pow Poch Kin		<u>*************************************</u>
Signed by "the claimant"		Signed by Bifrost Auto Pte Ltd
Name: Pow Pooh Kim		Name: KUM .



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLQ 2420B (Insd veh)	
	SHC 8425U (TP veh)	Model: Hyundai I40 (1685cc)
Date of Accident/ Time:	17/02/2020	1., 4.1.44 (10000)

	mate	:\$	31,068.65				
Final Repair	r Cost W/GST	:\$	9,416.00				
L oss of Us e /LOI		:\$	500.00			10 days at \$ 50.00 pe	r day
Rental (if any)		:\$	1,149.50			10 days at \$114.95pe	r day
LTA / GIA S	earch Fee	:\$	7.45				
Others:		:\$					
		:\$					
Final Settle	ement Sum	:\$	11,072.95				
	ne: BIFROST AUTO			NO (Kindly indi	cate below		_
	rty Workshop GIA Registe	ered?	[] YES [X]	NO (Kindly indi			
Is Third Par	rty Workshop GIA Registe	red Work	[] YES [X]	Agreed Liability	100(9		_
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Is Third Par A)	For Non GIA Register For GIA Registered V BOLA Liability:	red Works Vorkshop (%)	[] YES [X] shop:	Agreed Liability	100 (9 s/ No BO	6) (%)	

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.
- 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 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

Co. Reg. No. 201929175W

AUTO

Signature of workshop representative / Workshop stamp

Name of Representative: 12000

Date: 39, 03. 2021

Date:

Name of Witness: Juseph Koh 29 03.2021

Signature of Witness / Workshop stamp (if applicable)

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

Date: 30/03/2021

my execution of this Discharge Voucher is only for my claim for property damage and not prejudicia to any other claims arising from the same accident.

BIFROST AUTO PTE. LTD.

GST. Reg. No.: 201929175W

Tax Invoice

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way, #24-01 AXA Tower. Singapore 068811

Inv. No. :

BA.LT.2103023

Inv. Date:

29-03-2021 17.02.2020

Ref: Terms:

30 Days

Veh. No.:

SHC 8425 U

Make & Model:

i40

#	Description	Qty	Rate	Total	Тах
1	LUMP SUM REPAIR AS RECOMMEDED BY SURVEYOR	1.0	\$8,800.00	\$8,800.00	\$616.00

Subtotal for invoice :

\$\$8,800.00

GST (7.0%)

S\$616.00

Total:

S\$9,416.00

I agree to the price as listed above and affirm that the goods are received in good condition.

On behalf of BIFROST AUTO PTE. LTD.

(Authorised Signature)

(Customer's Signature and Company Stamp)

Please make cheque payable to "BIFROST AUTO PTE LTD" and mail to 6001 BEACH ROAD #22-01, GOLDEN MILE TOWER Singapore 199589 or direct bank transfer to DBS Bank Current Account 070-902-886-1.

Our Ref: CT20020339

Date: 19 February 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

17/02/2020 @ 10:20 hrs

ALONG

SIN MING DRIVE

INVOLVING

SLQ2420B

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC8425U** (the "Taxi"). The Taxi was hired to **POW POOH KIM IC NO SXXXX727Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$114.95 per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SHC 8A2HU . 306382001

DATE	NAME OF DRIVER MILEAGE READING		MILEAGE TRAVELLED	HOURS OPERATED (TIME)	
			(KM)	FROM	ТО
16 2		434753	181	1238	7318
17.02.2020	bom boon kim	Academy		10:10	234
0A 03 10H)	bom book kim	Renany		Ry3	16:30
*,3	9				
• •					
• 142	*:				E .
			6		
•		9			

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

18 Feb 2020 / 13:03:55

Receipt Date/Time : 18 Feb 2020 / 13:03:55

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200218-001482

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 - SLQ2420B As at 17 Feb 2020/10:20:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SLQ2420B				
Enquiry Fee 20200218130206418461		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			
	xxxxxxxxxxx7094	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.



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

17 March 2020

CAR WISH PTE LTD BLK 635 CHOA CHU KANG NORTH 6 #03-281 SINGAPORE 680635

Dear Sir/ Mdm

: CC4/ASM20003237/Dpa3// S0M02HC0 OUR REF

YOUR REF : SLQ2420B

ACCIDENT INVOLVING SLQ 2420B(AXA) AND SHC 8425U ALONG/AT SIN MING **DRIVE ON 17/02/2020**

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 third party claim(s) from BIFROST AUTO PTE LTD acting on behalf of the owner of SHC 8425U against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver's favour as your vehicle was making a right turn and collided with third party who was driving straight on the opposite direction. Under Motor Accident Guide, onus is on the turning vehicle. 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 also wish to inform you that Section II of the Motor Insurance Policy is attached, and capped, with an excess of \$2,000.00 for third party claim settlements.

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. You 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
- 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 as 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)