

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

DATE: 22/4/2020

LETTER OF DEMAND

AXA Insurance Singapore Pte Ltd
8 Shenton Way
27-01 AXA Towers
Singapore 068811

Your Insured: SHB 9928J

Date of Accident: 15/2/2018

Location: North Bridge Rd / High Street

FINAL REPAIR COSTS

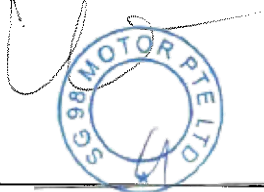
VEHICLE NO. FS 9322R SYM Joy Ride

Total Loss	FBE 9322R	\$3,700.00
Loss of Use:	5 days x \$30	\$150.00
Total:		\$3,850.00

SINGAPORE DOLLARS: THREE THOUSAND EIGHT HUNDRED AND FIFTY ONLY

Notes:

1. All cheque payment should be "Crossed" and made payable to **SG98 MOTOR PTE LTD**
2. All cheque should have our "Invoice No" written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



SG98 MOTOR PTE LTD

:LG

AUTHORIZATION TO ACT

I, Ismail Bin Maroom ("the third party claimant")
of B/K 117 Clementi Street 13 #15-83 S'pore 120117 (address),
owner of FS 9322 R (vehicle no.) hereby authorize
SG 98 Motor 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. FS 9322 R that was damaged pursuant to the
accident which occurred on 15/02/2018 (date) along
North Bridge Rd / High Street (location)
involving vehicle no/s SHB 9728 J
("the accident").

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

I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the
other vehicle/s is concerned.

Dated this 03 day of MARCH (month) 20 21 (year)



Signed by "the third party claimant"



Signed by "the workshop"



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 9928J (Insd veh)	Model: SYM JOYRIDE
	FS 9322R (TP veh)	
Date of Accident/ Time:	15/02/2018	

Repair Estimate	: \$		
Final Repair Cost	: \$	(TOTAL LOSS)	1,850.00
Loss of Use	: \$	50.00	5 days at \$ 20.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,900.00	
Payee Name : SG 98 MOTOR PTE LTD			
Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability 50 (%)	
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:

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.
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: *Ruse*
Date: *3/3/2021*



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: *05/03/2021*

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: *Linda Yeo*
Date: *3/3/2021*



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Thursday, 01 MARCH 2020 5:49 PM
To: 'claims'
Cc: Ng Wai Yin; jasminetan@transcab.com.sg; alicelim@ava-ins.com; disk Yao@ava-ins.com
Subject: YOUR REF: SHB 9928J (OUR REF:CS3/AXA18004300/Bga3s2-1)*** ACCIDENT INVOLVING SHB 9928J & FS 9322R ON 15/02/2018 ***

Dear Sir/Madam,

OUR REF : CS3/AXA18004300/Bga3s2-1
YOUR REF : SHB 9928J

ACCIDENT INVOLVING SHB 9928J & FS 9322R ALONG / AT NORTH BRIDGE RD ON 15/02/2018

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 third party claim(s) from M/S SG 98 MOTOR PTE LTD acting on behalf of the owner of FS 9322R 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. We also wish to inform you that Section II of the Motor Insurance Policy is attached, and capped, with an excess of **\$5,000.00** 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. 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 ceciliachong@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 ceciliachong@lkkauto.com 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 Ms. Cecilia Chong (LKK Handler) 6749 4274 or ceciliachong@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

"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: CeciliaChong@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Save the Earth. Print only when necessary.

Print Received Message

This mail is associated with :

***FS9322R (C0470895)**

[SHB9928J]

TP

ISMAIL BIN MAROOM

Feb 15 2018 9:00PM

[TRANS-CAB SERVICES PTE LTD]

Sg 98 Motor Pte Ltd

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on 29/01/2021 12:37 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (\$1925.00) - FS9322R - Claim Handler: Richard Ang

Approved:1925.00.



redefining / standards

GIRO CREDIT AUTHORISATION FORM

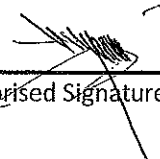
This form must be completed and returned to AXA Insurance Pte Ltd. Payment Service fees will be credited directly into the Service Provider's designated bank account stated below. The Service Provider has to complete all fields of Section A and the completed form must be returned by post/hand to:

AXA Insurance Pte Ltd
8 Shenton Way #27-01 AXA Tower, Singapore 068811
Attn:

Section A: Service Provider Details (To be completed by the Service Provider of AXA Insurance Pte Ltd)	
Name of Service Provider (Company):	
Contact Person:	
Telephone:	
Email Address:	
(An auto-prompt email from the bank will be sent to this email address once this form has been processed by AXA Insurance Singapore Pte Ltd and the payment has been credited)	
Particulars of Service Provider Bank Account (Bank code and Branch code can be found at the bottom of cheque)	
Name of Bank:	OCBC
Bank Code:	7339
Bank Branch Code:	695
Bank Account Number:	695252536001
Name of Account Holder:	SGR motor Pte Ltd.

I/We hereby authorize AXA Insurance Pte Ltd to credit service payments due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand, any sum which should not have been credited into such bank account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such service payments once such amounts are credited into above bank account.

This authorization shall continue in force until I/we have expressly revoked it by notice in writing to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before such change.


Authorised Signature & Company Stamp (as in bank records)



5/3/2021
Date