



Speed Auto Works

1 Kaki Bukit Ave 6 Blk C #01-37 Autobay@Kaki Bukit Singapore 417833
Tel: 6842 2035 / Fax: 6783 5155 / Email: speedauto90@gmail.com

Date: 15/07/2020
Your Ref: SMF 8464 G

To: AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

Thru: LKK Auto Consultants Pte Ltd

Attn: Motor Claims Department

Dear Sir/Mdm,

RE: THIRD PARTY CLAIM FOR VEHICLES SKD278P & SMF8464G ON 24/02/2020

We refer to the above matter.

Attached copies of the following for your perusal:

- 1) Invoice No. IV2020-01109 (S\$9,095.00)
- 2) Loss of Rental 22 days @ S\$149.80 (S\$3,295.60) Invoice & Rental Agreement
- 3) Authorisation To Act

Please look into the above claim and let us have your payment of S\$12,390.60 soonest.

THANK YOU

Yours faithfully,

Susan

E-mail: speedauto90@gmail.com

AUTHORISATION TO ACT

I/We, Wong Ee Hoong (the third party claimant) of 354 Kang Ching Road
#03-27 S(610354) (address), owner of SKD 278P (vehicle no.) hereby
authorize Speed Auto Works ("the workshop") to act for me with respect
to my claim for repair costs and/or rental loss of use ("claim") for my vehicle no.
SKD 278P that was damaged pursuant to the accident which occurred on 24/02/2020 (date)
along Brickland Rd 7 KJE Turning to CCK Ave 6 Junction (location) involving
vehicle no/s SME 8464G ("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 received payment further to settlement of my
claim with payment cheque/s being made in favour of the workshop.

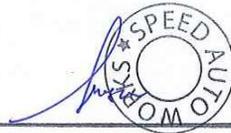
I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver / owner / insurers
of the other vehicle/s is concerned.

Dated this 15 (day) of July (month) 20 20 (year)



Signed by "the third party claimant"

(with company stamp if applicable)



Signed by "the workshop"

(with company stamp)



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

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMF 8464G (Insd veh)	Model: Kia Cerato (1591cc)
	SKD 278P (TP veh)	
Date of Accident/ Time:	24/02/2020	

Repair Estimate	: \$		
Final Repair Cost w/GST	: \$	9,095.00	
Loss of Use	: \$		days at \$ per day
Rental (if any) w/GST	: \$	1,177.00	11 days at \$ 100 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	10,272.00	

Payee Name : Speed Auto Works

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
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:

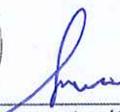
NOTE:

- 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: Susan
Date: 18/09/2020



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Koh Ks.
Date: 18/09/2020

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 21/09/2020



Speed Auto Works

8 Kaki Bukit Ave 4 #08-46 Premier@Kaki Bukit Singapore 415875
Tel: 6842 2035 / Fax: 6783 5155 / Email: speedauto90@gmail.com
GST Reg No.201500047H

TAX INVOICE

DATE : 15-Jul-20
INVOICE NO : IV2020-01109
VEH REG NO : SKD 278 P
VEH MODEL : KIA CERATO

Bill To:
AXA INSURANCE PTE LTD

DESCRIPTION	AMOUNT
BEING PARTS & LABOUR SUPPLIED TO THE ABOVE MENTIONED VEHICLE	\$ 8,500.00
Sub Total	\$ 8,500.00
7 % GST	\$ 595.00
TOTAL	\$ 9,095.00

Make all cheques payable to "SPEED AUTO WORKS"

THANK YOU FOR YOUR BUSINESS!



CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874
 Tel Nos.: +65 6970 9119 / 6789 5155
 Co. Reg'n No.: 201609732N
 GST Reg'n No.: 201609732N

Tax Invoice #: I2003040
 Date: 17-03-20

Bill To:

Wong Ee Hoong
 S0203519G
 Blk 354 Kang Ching Road
 #03-27
 610354
 Singapore

Ship To:

Wong Ee Hoong
 S0203519G
 Blk 354 Kang Ching Road
 #03-27
 610354
 Singapore

1

Description

Amount

Job No.

Vehicle Rental for period 24.02.2020 to 17.03.2020
 (Billing for days 22 X \$140.00/per day)
 (Vehicle No.: SLZ5315E)

\$3,295.60 SLZ5315E SR

Your Order #: SKD278P

COMMENT	CODE	RATE	GST	SALE AMOUNT	Total Inv Amt:	Amount Applied:
	SR	7%	\$215.60	\$3,080.00		
Terms: Net 30th after					GST:	\$215.60
					Total Inv Amt:	\$3,295.60
					Amount Applied:	\$0.00
					Balance Due:	\$3,295.60



CARS FOR RENT (2016) PTE LTD

5 Tanah Merah Kecil Road #17-05 S 46665
Tel: 6789 5155 Fax: 67835155

No: E 16360

ROC No: 201609732N

VEHICLE RENTAL AGREEMENT

SOP 278P Speed 4th Worker

<p>HIRER'S PARTICULAR</p> <p>Name: (as in I/C) <u>Wong Fe Hoong</u></p> <p>NRIC/PASSPORT No: <u>S0203519G</u></p> <p>Address (Res): <u>Blk 354 Kang Ching Road #03-27 S(610354)</u></p> <p>Name & Address of Employer: _____</p> <p>Occupation: _____ Driving Exp: _____</p> <p>Driving Licence No: _____ D/L Type: <u>Local/International</u></p> <p>Issue Date: _____ Date of Birth: <u>07/08/1954</u></p> <p>Tel: (O) _____ (R) _____ HP/PG <u>91813115</u></p> <p>ADDITIONAL DRIVER'S PARTICULARS</p> <p>Name: (as in I/C) _____</p> <p>NRIC/PASSPORT No: _____</p> <p>Address (Res): _____</p> <p>Driving Licence No: _____ D/L Type: <u>Local/International</u></p> <p>Issue Date: _____ Date of Birth: _____</p> <p>Occupation: _____ Driving Exp: _____</p>	<p>Vehicle No: <u>S125315 E</u> Replace Veh No: _____</p> <p>Mileage Out: _____ Mileage In: _____</p> <p>Make & Model: <u>MAZDA 3</u> Auto/Manual Group: _____</p> <p>OUT: Date <u>24/2/20</u> Time: <u>12:17 PM</u></p> <p>HIRE/PERIOD EXPIRY: _____</p> <p>COLLISION DAMAGE WAIVER Excess <u>2000</u> YES / NO</p> <p>PERSONAL ACCIDENT INSURANCE YES / NO</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CHARGES</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td><u>220\$ 140</u> per day</td> <td><u>308</u></td> <td><u>00</u></td> </tr> <tr> <td>Weekly</td> <td><u>@\$</u> per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td><u>@\$</u> per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td><u>@\$</u> per hour</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td><u>@\$</u></td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td><u>@\$</u> per day/month</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td><u>@\$</u> per day/month</td> <td></td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUB-TOTAL \$</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="7">PETROL LEVEL</th> </tr> </thead> <tbody> <tr> <td>Out</td> <td>E</td> <td><u>1/4</u></td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> </tbody> </table> <p>EXTENSION</p> <p>Collection Service _____</p> <p>Misc. <u>71. 215 60</u></p> <p style="text-align: right;">TOTAL CHARGES \$ <u>3295 60</u></p> <p>Rented out by: _____</p> <p>Hirer's Signature: _____</p> <p>Addition Driver's Signature: _____</p>	CHARGES				Daily	<u>220\$ 140</u> per day	<u>308</u>	<u>00</u>	Weekly	<u>@\$</u> per week			Monthly	<u>@\$</u> per month			Hours	<u>@\$</u> per hour			Others	<u>@\$</u>			CDW	<u>@\$</u> per day/month			PAI	<u>@\$</u> per day/month			Delivery Service				SUB-TOTAL \$				PETROL LEVEL							Out	E	<u>1/4</u>	1/2	3/4	F		In	E	1/4	1/2	3/4	F	
CHARGES																																																														
Daily	<u>220\$ 140</u> per day	<u>308</u>	<u>00</u>																																																											
Weekly	<u>@\$</u> per week																																																													
Monthly	<u>@\$</u> per month																																																													
Hours	<u>@\$</u> per hour																																																													
Others	<u>@\$</u>																																																													
CDW	<u>@\$</u> per day/month																																																													
PAI	<u>@\$</u> per day/month																																																													
Delivery Service																																																														
SUB-TOTAL \$																																																														
PETROL LEVEL																																																														
Out	E	<u>1/4</u>	1/2	3/4	F																																																									
In	E	1/4	1/2	3/4	F																																																									

VEHICLE CHECK LIST

REAR



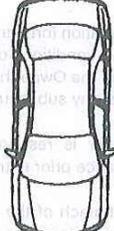
RIGHT

FRONT



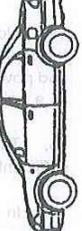
FRONT

TOP



TOP

LEFT



LEFT

INDICATE: D - DENTS, S - SCRATCHES, A - ACCIDENTS

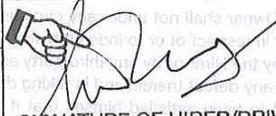
ACCESSORIES CHECK

<input type="checkbox"/> Ashtray	<input type="checkbox"/> Cig Lighter	<input type="checkbox"/> S/Tyre
<input type="checkbox"/> STD Tools	<input type="checkbox"/> Jack	<input type="checkbox"/> Hub Caps
<input type="checkbox"/> Radio / Class	<input type="checkbox"/> CD	<input type="checkbox"/> Cartridges

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

- * IMPORTANT**
- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
 - ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
 - THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND /OR PAI WHERE APPLICABLE.
 - IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
 - VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY. CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS
<u>17/3</u>	<u>1439hrs</u>			 SIGNATURE OF HIRER/DRIVER

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Monday, 16 March 2020 8:34 AM
To: XEPHPHANG@GMAIL.COM
Subject: ACCIDENT INVOLVING SMF 8464G(AXA) AND SKD 278P ALONG/AT BRICKLAND RD ON 24/02/2020

16 March 2020

MR PHANG TEE AN/ PHANG WEI ZHAN

Dear Sirs/ Mdm

OUR REF : CC4/ASM20003283/Hpa3// SOM02HE9

YOUR REF : SMF8464G

ACCIDENT INVOLVING SMF 8464G(AXA) AND SKD 278P ALONG/AT BRICKLAND RD ON 24/02/2020

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 SPEED AUTO WORKS acting on behalf of the owner of SKD 278P against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver's favour as it is a head-to-rear collision. 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.

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)
- Driver's Work Permit/Work Pass
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- 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 email us at chewht@lkkauto.com.

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

Best Regards,

Hsiao Tong, Chew (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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