



Automobile Integrated Management Pte Ltd  
Co. & G.S.T. Reg no. 201605297G  
Office: 28 Sin Ming Lane #07-147 Midview City Singapore 573972  
Workshop: 23 Kaki Bukit Ave 5 #04-01 (South Wing) Singapore 415933  
Email: automim.claim@gmail.com Tel: 9119 8371

By Email

Our ref: AC2020017/TP/SLT1612E-27.02.2020

13 March 2020

AXA Insurance Pte Ltd  
8 Shenton Way  
#24-01 AXA Tower  
Singapore 068811  
Attention: Claim Officer in charge

Dear Sir / Madam,

**CLAIMANT – LIM TONG PENG  
ACCIDENT INVOLVING SLT1612E AND SKT9761S ALONG CARPARK OF BLK 256 BANGKIT  
ROAD ON 27 FEBRUARY 2020**

We are appointed by Mr Lim Tong Peng to repair his vehicle SLT1612E. The claimant has requested and authorized us to assist him in presenting his claims in connection with the above-said accident. We are submitting these claim for your consideration:

1. Cost of Repair	S\$ 2193.50
2. Loss of use (3 days x \$100 per day)	S\$ 300.00
<b>Total Claims:</b>	<b><u>S\$ 2493.50</u></b>

We enclosed herewith the following document:

- (a) Original Final Repair Bill
- (b) Letter of Authorization

We look forward to the settlement of the said claim. Please note that it is a condition of any settlement reached that it shall be without prejudice to and shall not affect any other claims arising from this accident.

Thank you.

Yours faithfully,

***Automobile Integrated Management Pte Ltd***

« **Re:<MANDATE IA> - SOM02HM1 {ACCIDENT INVOLVING  
SKT 9761S (OI) & SLT 1612E (TP) ON 27/02/2020**

Type

🔗 Question

Message

LOU AT \$50 PER DAY OTHERS AS PROPOSED

Reply



**AUTOMOBILE INTEGRATED MANAGEMENT PTE. LTD.**

GST Registration No. : 201605297G  
Company Registration No. 201605297G

## Tax Invoice

**INVOICE TO**

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

**INVOICE NO.** AC2020017/TP

**DATE** 13/03/2020

**DUE DATE** 13/03/2020

**TERMS** Due on receipt

**VEHICLE NO.**

SLT1612E

DESCRIPTION	QTY	RATE	AMOUNT
REPAIR (INSURANCE CLAIMS) LUMP SUM REPAIR COST	1	2,050.00	2,050.00
SUBTOTAL			2,050.00
GST TOTAL			143.50
TOTAL			2,193.50
BALANCE DUE			<b>S\$2,193.50</b>

**GST SUMMARY**

RATE	GST	NET
GST @ 7%	143.50	2,050.00

**Payment mode:**

- \* Bank transfer to OCBC current 712821057001
- \* Paynow, UEN. 201605297G
- \* Cheque to be issued to Automobile Integrated Management Pte Ltd

Workshop Address: 23 Kaki Bukit Ave 4 #04-01 (South Wing) Singapore 415933  
Mailing Address: 28 Sin Ming Lane #07-147 Midview City Singapore 573972  
Email: automim.acct@gmail.com  
Tel: 91198371 / 91198372



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKT 9761S (Insd veh)	Model: KIA FORTE K3
	SLT 1612E (TP veh)	
Date of Accident/ Time:	27/02/2020	

Repair Estimate	: \$	7,398.19	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,340.00	(GLOBAL SUM)
Payee Name: AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD			
Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability: 100 (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: 23	
	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.

<b>Automobile Integrated Management Pte Ltd</b> ROC no.: 201605297G Registered Address: 28 Sin Ming Lane #07-147 Midview City Singapore 573972 Email: automim.acct@gmail.com Tel: 91198371, 91198372		<b>Automobile Integrated Management Pte Ltd</b> ROC no.: 201605297G Registered Address: 28 Sin Ming Lane #07-147 Midview City Singapore 573972 Email: automim.acct@gmail.com Tel: 91198371, 91198372	
Signature of workshop/representative:	Signature of Witness / Workshop Stamp:	Signature of Witness / Workshop Stamp:	Signature of Witness / Workshop Stamp:
Name of Representative: Sheng Ang	Name of Witness: Lee Chia Sing	Name of Witness: Lee Chia Sing	Name of Witness: Lee Chia Sing
Date: 14/4/20	Date: 14/4/20	Date: 14/4/20	Date: 14/4/20

Signature of AXA's surveyor/representative:  CCS

Name of AXA's surveyor /Representative:

Date: 15/04/2020

**Automobile Integrated Management Pte Ltd**  
 ROC no.: 201605297G  
 Registered Address: 28 Sin Ming Lane  
 #07-147 Midview City Singapore 573972  
 Email: automim.acct@gmail.com  
 Tel: 91198371, 91198372

## AUTHORIZATION TO ACT

I, Lim Tong Peng (the third party claimant) of Blk 331 Sembawang  
Close #09-355 Singapore 750331 (address), owner of SLT1612E (vehicle no.)  
hereby authorize Automobile Integrated Management 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. SLT1612E that was damaged pursuant to the accident which occurred on 27/02/2020  
(date) along Carpark of Blk 256 Bangkit Road (location) involving vehicle no/s  
SKT 9761S ("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 28 (day) of February (month) 2020 (year)



Signed by "the third party claimant"  
(with chop if applicable)

Automobile Integrated Management Pte Ltd  
ROC no.: 201605297G  
Registered Address: 28 Sin Ming Lane  
#07-107 Midview City Singapore 573972  
Email: automim.acct@gmail.com  
Tel: 91198771, 91198772

Signed by "the workshop"  
(with chop)





Auto  
Consultants  
Pte Ltd

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

18 MARCH 2020

**NG PUAY JOO WENDY  
BLK 409 SAUJANA ROAD  
#08-126  
SINGAPORE 670409  
(DRIVER: NG BAK HO)**

Dear Sir/ Mdm

**OUR REF : CC4/ASM20003430/Uga3**

**YOUR REF : SKT 9761S**

**ACCIDENT INVOLVING SKT 9761S & SLT 1612E ALONG/AT BANGKIT RD CAR PARK  
IN FRONT OF BLK 256 ON 27/02/2020**

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 claim from **AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD** acting on behalf of the owner of **SLT 1612E** 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](mailto: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.

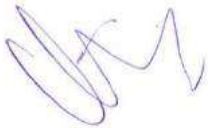
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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](tel:67494274) or email us at [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com).

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

Yours sincerely



Cecilia Chong  
Case Handler  
DID: 6749 4274  
FAX: 6741 4108  
EMAIL: [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com)

Cc     *AXA Insurance Pte Ltd  
(Motor Claims Dept)*