



WITHOUT PREJUDICE

Our Ref: SLL 1698A

Your Ref: SCM 7602M

9th July 2020

ATTN: LKK Auto Consultants Pte Ltd
INSURER: AXA Insurance Pte Ltd

Dear Hsiao Tong,

Accident Involving: SLL 1698A and SCM 7602M

Date of Accident: 29 February 2020

Location of Accident: Tampines Road towards KPE (Near Hougang Ave 7)

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$	1,950.00
TOTAL LOR/U DAYS	9 DAYS	2+1 Days PRS (2/3/4 Mar) + 1 Day Resurvey (5 Mar) + 4 Repair Days Agreed (6/7/9/10 Mar) + 1 Sunday (8 Mar)
Add Loss of Rental	\$	1,080.00 6 Days - Inv#TAP1698A-252/0795
Add Loss of Use	\$	300.00 3 Days
Total	\$	3,330.00
Add 3rd Party Report Fee	\$	29.00
Add LTA Search Fee	\$	7.45
GRAND TOTAL	\$	3,366.45

Kindly pay the Grand Total Amount of **\$3,366.45** to:

Team AutoPro Pte Ltd
160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautoffice@gmail.com

Thank you.


Regard
Adel (Ms)

Team AutoPro Pte Ltd Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautoffice@gmail.com / teamautopl@gmail.com



PROFORMA INVOICE

ATTENTION:

Toh Tat Keong

PI Number	P2007-0935
PI Date	9-Jul-2020
Vehicle No.	SLL 1698A
Accident Date	29-Feb-2020

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SLL 1698A	COR Lump Sum		\$ 1,950.00

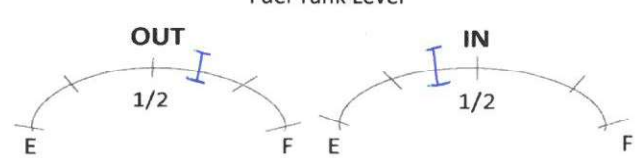
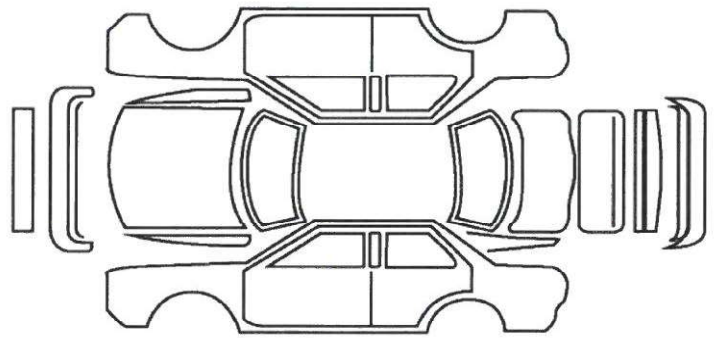



Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount	\$ 1,950.00
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Authorized Signature



HIRER'S PARTICULAR		Vehicle No / Model		Rental Vehicle No / Model																	
Name: <u>Toh Tat Keang</u>		SLL 1698 A T-Header		SMF 9029 Z chrysler																	
NRIC/Passport No: <u>S1686235E</u>		Date / Time Out:		Date / Time In:																	
Driving Licence No: _____ Exp: _____		4/3/2020 3pm		10/03/2020 1.45pm																	
Address: <u>17 Wak Hassan Place S(757110)</u>		Fuel Tank Level 																			
Tel: <u>91000593</u>																					
ADDITIONAL DRIVER'S PARTICULAR (AUTHORIZED DRIVER)		RENTAL CHARGES																			
Name: _____		<table border="1"> <tr> <td>Hour</td> <td>@</td> <td>per hour</td> <td></td> </tr> <tr> <td>6 Days</td> <td>@</td> <td>\$180</td> <td>\$1080</td> </tr> <tr> <td>Weeks</td> <td>@</td> <td>per week</td> <td></td> </tr> <tr> <td>Months</td> <td>@</td> <td>per month</td> <td></td> </tr> </table>			Hour	@	per hour		6 Days	@	\$180	\$1080	Weeks	@	per week		Months	@	per month		TOTAL S\$
Hour	@	per hour																			
6 Days	@	\$180	\$1080																		
Weeks	@	per week																			
Months	@	per month																			
NRIC/Passport No: _____																					
Driving Licence No: _____ Exp: _____																					
Address: _____																					
Tel: _____																					
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Additional Payable: _____																			
		SUBTOTAL Payable: <u>\$1080</u>																			
		DEPOSIT AMOUNT PAID		DEPOSIT AMOUNT REFUNDED / Date																	
		Mode of Payment																			
		ADDITIONAL REMARKS																			
Physical Damage Excess		Acknowledgement		HIRER'S DECLARATION: I/WE agree to the terms and conditions above and as set overleaf and declare that all information given on this form are true and accurate. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amounts due on the rental to my/our account.																	
Singapore - Own Damage	\$2,000																				
Singapore - 3rd Party Damage	\$2,000																				
Malaysia (If applicable)	\$8,000																				
For Driver aged < 23 or above 65 or less than 2 years driving experience regardless of age	\$3,000 (Additional)																				
IMPORTANT NOTE : 1. The person(s) signing this rental Agreement assumes full personal responsibility, jointly and severally with the firm, person or organization, the driver or all authorized driver in whose name he/they might sign. 2. Only persons above 23 years of age with more than 2years driving experience, authorised, licensed and signing this agreement may drive the vehicle. 3. Vehicle is strictly for use in Singapore only and may not be driven or taken out of Singapore without the prior written consent of TeamAutoPro Pte Ltd. 4. Use of vehicle for illegal purposes (e.g. in connection with theft, drug pedalling or trafficking, smuggling), commercial purposes (e.g. taxi, uber, grab car / car pool usage) is strictly prohibited. 5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are bodily injuries, a police report must be made within 24 hours																					
<div style="text-align: center;">  Authorized Signatory On Behalf of TeamAutoPro Pte Ltd </div>																					



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-037052

Date of Request: 03/03/2020

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Your Vehicle No: SLL1698A

Date of Accident: 29/02/2020

Place of Accident: TAMPINES RD

Involving Vehicle No: SCM7602M (NO REPORT) VALID TILL 4-12/3

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-20-041249
Date of Request: 10/03/2020

Your Ref No: WALK IN LEE

TEAM AUTOPRO PTE LTD
385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE
SINGAPORE 575718

Dear Sir/Madam,

Date of Accident: 29/02/2020
Vehicle No: SLL1698A
Place of Accident: TAMPINES ROAD TOWARDS KPE (NEAR HOUGANG AVE 7)
Involving Vehicle No: SCM7602M

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SCM7602M	TAMPINES ROAD TOWARDS KPE (NEAR HOUGANG AVE 7)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Mar 2020 / 15:28:55

Receipt Date/Time : 02 Mar 2020 / 15:28:55

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200302-002497

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SCM7602M

As at 29 Feb 2020/23:15:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SCM7602M
Enquiry Fee
20200302152815612319

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

xxxxxxxxxxxx5916 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.

To : **Team AutoPro Pte Ltd**
CRN : **201811621K**
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

Letter of Authorization & Undertaking


In Respect of Accident Involving my/our Vehicle No.: SLL 1698 A
and SCM 7602 M and
and and
@ Tampines Road towards KPE (Near Hougang Ave 7)
dated 29/02/2020

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,


Claimant Signature & Co's Stamp (if applicable)

Date: 04/03/2020



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SCM 7602M (Insd veh)	Model: Toyota Harrier (1986cc)
	SLL 1698A (TP veh)	
Date of Accident/ Time:	29/02/2020	

Repair Estimate	: \$	6,418.07	
Final Repair Cost	: \$	1,950.00	
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	840.00	6 days at \$ 140 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,797.45	

Payee Name : Team Autopro Pte Ltd

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:

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.

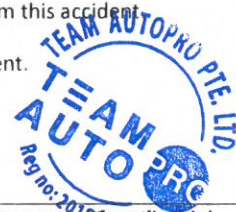
We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

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: Adik
Date: 21/07/2020



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Peuch Any
Date: 21/07/2020



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 22/07/2020

"My execution of this Discharge Voucher is solely for my claim for Property Damage & nonprejudicial to any other claims arising from the same accident."



160 Sin Ming Drive #02-12
Sin Ming AutoCity
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956
teamautooffice@gmail.com / teamautopl@gmail.com

THIS IS YOUR INVOICE

Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.

INVOICE DATE:	21-Jul-20
INVOICE NOS:	TAP1698A-20/1083
Your Reference:	SLL 1698A
Date Of Accident:	29/2/2020

Billed To: AXA Insurance Singapore Pte Ltd

On Behalf Of: Toh Tat Keong

Invoice Type: 3rd Party PD Claim

INVOICE TOTAL IN SGD
\$ 1,950.00

DESCRIPTION	AMOUNT (\$\$)
Lump Sum Amount Payable for Supply of Spare Parts & Labour Pertaining to Accident Repair of: <u>SLL 1698A</u>	\$ 1,950.00
Discount	\$ -
Amount Due	\$ 1,950.00

COMMENTS

1. Total payment due in 30 days.
2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
3. Please include our invoice number at the back of your cheque.

For Team AutoPro Pte Ltd



Signature & Stamp

PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)

Page 1 of 1



Auto
Consultants
Pte Ltd

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

17 March 2020

FONG CHEE MOON
BLK 27 KOVAN ROAD
#15-27
SINGAPORE 545023

Dear Sir/ Mdm

OUR REF : CC4/ASM20003566/Bpa3// S0M02HU3

YOUR REF : SCM7602M

ACCIDENT INVOLVING SCM 7602M(AXA) AND SLL 1698A ALONG/AT TAMPINES ROAD ON 29/02/2020

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 TEAM AUTOPRO PTE LTD acting on behalf of the owner of SLL 1698A 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)
- 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

A handwritten signature in blue ink, appearing to read 'CHT' or similar, written over the printed name.

Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

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