



MY CAR CONSULTANT PTE LTD

Address: 53 Ubi Avenue 1, Paya Ubi Industrial Park
#01-33 S(408934)

Email: Admin@mycar.sg

(Company Registration No: 201605878Z)

16th April 2020

Our reference: SMN3363E

Your reference: SJG5516R

AXA Insurance Pte Ltd

8 Shenton Way #24-01

Singapore 068811

Attn: Motor Claims Department

BY HAND

Dear Sir/ Madam,

Claimant : FOCUS RENTALS PTE LTD

Address : 26 SIN MING LANE #05-114 S573971

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **05/04/2020** along involving our client's vehicle registration number **SMN3363E** and vehicle registrations number **SJG5516R** driven by you/your insured's driver at the material time.

As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$4,800.00
Loss of Rental	:	\$1,050.00
LTA Search	:	\$7.49
GIA Search		\$0.00
Total	:	\$5,857.49

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Rental Agreement & Official Receipt;
- f) LTA Search Results & Official Receipt;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Yours faithfully,



.....
My Car Consultant



MY CAR CONSULTANT PTE LTD (Co Reg no: 201605878Z)
53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park S408934
Tel: +65 9888 8885 / +65 8330 0060

LETTER OF AUTHORIZATION

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 53 Ubi Avenue 1, Paya Ubi Ind Park #01-33 Singapore 408934

I/We, Focus Rentals Pte Ltd of NRIC/Passport number/ROC number: _____, Owner of vehicle no. SMN3363E hereby authorize you to commence claim, settle and receive whatever amount payable by the insurance company and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensate direct to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a successful conclusion.

I/We hereby instruct and authorize you to claim direct from my/our insurance company on my/our behalf for all monies due to you, I undertake to pay you for the excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf in the event that my/our claim is unsuccessful.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

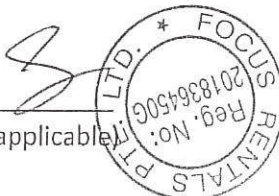
I/We irrevocably authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

In the event the third party's insurers forward me/us the settlement monies, I undertake to pay you the sum claimed in relation to my property damage claim.

Dated this 07 (day) of 04 (month) 20 (year)

Owner's signature/Company stamp (if applicable)



Name:

NRIC/FIN/UEN No:



All Settlement Amount Are Without
Prejudice to our driver's Injury Claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJG 5516R (Insd veh)	Model: HONDA SHUTTLE - 1.5 (A)
	SMN 3363E (TP veh)	
Date of Accident/ Time:	05/04/2020 / 12:30	

Repair Estimate	: \$	8,476.96	
Final Repair Cost	: \$	4,800.00	
Loss of Use	: \$	420.00	7 days at \$ 60 per day
Rental (if any)	: \$	-	days at \$ per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$	-	
Final Settlement Sum	: \$	5,227.49	
Payee Name : MY CAR CONSULTANT 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 / No	BOLA Scenario No: <u>NIL</u>
	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: Tan Hui Ain
Date: 7/1/2021



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Dave Ong
Date: 7/1/2021

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 07.01.21

1-Stop Solution For All Automotive Needs

53 Ubi Avenue 1, Paya Ubi Industrial Park
#01-33/02-33 S(408934)
Tel: 9888 8885 / 8866 8832 | Fax: 6925 5219

REMARKS:

THANK YOU FOR YOUR BUSINESS!



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Apr 2020 / 16:01:44

Receipt Date/Time : 06 Apr 2020 / 16:01:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200406-003243

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SJG5516R				
As at 05 Apr 2020/12:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJG5516R Enquiry Fee 20200406155944855768	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SHC6576E				
As at 05 Apr 2020/00:50:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
2	Insurance Enquiry - SHC6576E Enquiry Fee 20200406155944895111	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		14.00	0.98	14.98
Rounding Difference				0.03
Total Amount Payable				14.95
Paid By				
409636XXXXXX7897 eNETS Credit Card				14.95
Total				14.95
Cash Change				0.00
Tendered Amount				14.95
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.



Auto
Consultants
Pte Ltd

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

30 APR 2020

SIM JOSEPHINE
BLK 227D COMPASSVALE DRIVE
#10-244
SINGAPORE 544227

Dear Sir/ Mdm

OUR REF : CC4/ASM20004955/Eea3
YOUR REF : SJG 5516R
ACCIDENT INVOLVING SJG 5516R AND SMN 3363E ALONG COMPASSVALE STREET ON 05/04/2020

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 M/s MY CAR CONSULTANT PTE LTD acting on behalf of the owner of SMN 3363E against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle rear ended Third Party vehicle SMN 3363E. As such, liability is down against us.

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 7 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 ashersng@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)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



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

- 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 6256 3561 or email us at ashersng@lkkauto.com.

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

Yours sincerely,

asher

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

FW: New message for service request 167200, vehicle number SMN3363E

Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>

Tue 12/29/2020 4:04 PM

To: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>

12/27/20 11:29 PM *** Pls proceed as per proposed mandate - KHOR Saw Theng

-----Original Message-----

From: sawtheng.khor@axa.com.sg <sawtheng.khor@axa.com.sg>

Sent: Sunday, 27 December 2020 11:29 PM

To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>

Subject: New message for service request 167200, vehicle number SMN3363E

AXA Insurance has sent you a message for claim number S0M02L00.

Please click here <https://vp.smartclaims.axa.com.sg/claim-portal/> to view the message in Vendor Portal.

This message is confidential; its contents do not constitute a commitment by AXA except where provided for in a written agreement between you and AXA. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.