

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)

14th May 2020

Our reference: SLQ2732B Your reference: SHC5671U

AXA Insurance Pte Ltd

8 Shenton Way #24-01

Singapore068811

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant

: TEH CHEE HOCK

Address

: BLK 412 COMMONWEALTH AVE WEST #10-3029 S120412

BY HAND

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on <u>15/04/2020</u> along involving our client's vehicle registration number <u>SLQ2732B</u> and vehicle registrations number **SHC5671U** 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 : \$6,100.00

Loss of Rental : \$1,050.00

LTA Search : \$7.49

GIA Search \$0.00

Total : \$7,157.49

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 Ave 1 Paya Ubi Industrial Park #01-33 Singapore 408934
I/We, Teh Chel Holl of NRIC/Passport number/ROC number: S2609 634), Owner of vehicle no. Sl027326 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 authorize 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 authorize 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 this15 (day) of04 (month) <u>2020(year)</u>
Owner's signature (Company stamp if applicable)

NRIC No:

Name: TEH CHEE HOCK



AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:		SHC 5671U			(Insd veh)	DENALI		T MEGANE OT LINE		
		SLQ	27	32B	(TP veh)	Model:	RENAULT MEGANE GT LII 1.5DCI AT EU6		LINE	
Date of Accident/ Time: 15/			04/2020 16:55			1.00017(1				
Repair Estima	ite		: \$							
Final Repair C	ost		:\$							
Loss of Use			:\$					days at \$	per day	
Rental (if any)		:\$					days at \$	per day	
LTA / GIA Sea	rch Fee		:\$							
Others:			:\$							
			:\$			2				
Final Settlement Sum		:\$	6,400.0	0			(GLOBAL SU	JM)		
Payee Name	: MY CAR	CONSL	ILT/							
	Workshop GIA				V) NO	(Kindly ind	icate below)			
A)	For Non GIA	Registered	Work	shop:	Agreed	Liability	100(%)		
B)	For GIA Registered Workshop:				BOLA A	pplicable: Ye	es/No BOL	A Scenario No:		
	BOLA Liability:(%)				Assesse	Assessed Liability (*):(%)				
	* Assessed Lie	ability to be	filled	only for chain c	ollisions and fo	or cases who	ere BOLA doe	es not apply.		

NOTE:

Remarks:

- 1. 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.
- 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 approprity of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp

CT

Name of Representative: Yes & SUN Juremy
Date: 09/11/2020

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

Date: 10/11/2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: TON HUI DIN

Date: 09/11/2020

MY CAR CONSULTANT PTE LTD

INVOICE

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

DATE:

14-May-20

INVOICE # FOR:

MCC2020-646 SLQ2732B

RENAULT

REMARKS:

Bill To:

AXA INSURANCE PTE LTD

DESCRIPTION		AMOUNT		
COSTS OF REPAIRS	\$	6,100.00		
	TOTAL	\$6,100.00		

Make all cheques payable to MY CAR CONSULTANT PTE LTD

PAYNOW UEN - 201605878Z, or DBS CURRENT 018-904614-2

Payment terms: Due upon receipt

THANK YOU FOR YOUR BUSINESS!

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

16 Apr 2020 / 16:27:10

Receipt Date/Time:

16 Apr 2020 / 16:27:10

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200416-002025

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	lt of Insurance Enquiry - SHC5671U				
	: 15 Apr 2020/17:00:00 ance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC5671U				
	Enquiry Fee 20200416162527449329		7.00	0.49	7.49
		Sub-Total	7.00	0.49	7.49
As at	It of Insurance Enquiry - SMJ6090T 15 Apr 2020/12:35:00	AODE) DIE LID			
insur 2	ance Co: MSIG INSURANCE (SINGAP Insurance Enquiry - SMJ6090T	ORE) PIE LID			
-	Enquiry Fee 20200416162527519534		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	d	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.

Jasper Chua (LKK Auto)

From: Jasper Chua (LKK Auto)

Sent: Monday, 31 August 2020 10:59 AM

To: 'claims'

Cc: transcab_avaclaims@ava-ins.com

Subject: ACCIDENT INVOLVING SHC 5671U (AXA) AND SLQ 2732B ALONG/AT NORTH

BOUNA VISTA ROAD TOWARDS PORTSDOWN ROAD ON 15/04/2020

31 August 2020

Transcab Taxi Singapore

Dear Sir/Mdm,

OUR REF : CC4/ASM20005279/Eba3 / S0M02MEZ

YOUR REF : P1680520 (SHC5671U)

ACCIDENT INVOLVING SHC 5671U (AXA) AND SLQ 2732B ALONG/AT NORTH BOUNA VISTA ROAD TOWARDS PORTSDOWN ROAD ON 15/04/2020

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 MY CAR CONSULTANT PTE LTD acting on behalf of the owner of SLQ 2732B against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your favour as it is a head to rear collision. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of \$\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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. You 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 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)
- 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 AXA immediately. You may email it to cst@axa.com.sg / jasperchua@lkkauto.com or deliver it by hand to our 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), 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 6841 2928 or email us at iasperchua@lkkauto.com.

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

Best Regards,

Jasper Chua | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2928 | email: jasperchua@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933) LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Menu



Re:RE: <TP - MANDATE IA> -S0M02MEZ [ACCIDENT INVOLVING SHC 5671U(OI) & SLQ 2732B(TP) ON 15/04/2020]

Type

Question

Message

Mandate approved

Reply