



## 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)

3<sup>rd</sup> June 2020

Our reference: SMT3229D  
Your reference: SLD2921R

**AXA Insurance Pte Ltd**  
8 Shenton Way #24-01  
Singapore 068811  
**Attn: Motor Claims Department**

**BY HAND**

Dear Sir/ Madam,

Claimant : LUMENS AUTO PTE LTD  
Address : 22 SIN MING LANE \$01-74/75 S573969

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **20/05/2020** along involving our client's vehicle registration number **SMT3229D** and vehicle registrations number **SLD2921R** 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	:	\$3,600.00
Loss of Use	:	\$750.00
LTA Search	:	\$7.49
GIA Search	:	\$0.00
Total	:	\$4,357.49

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, LUMENS Auto Pte Ltd of NRIC/Passport number/ROC number: 20426961K, Owner of vehicle no. SM T3229D 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.

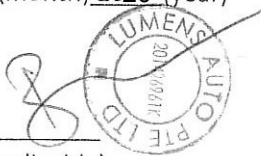
I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

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 20 (day) of 05 (month) 2020 (year)



Owner's signature/Company stamp (if applicable)

Name: **LUMENS AUTO PTE LTD**

NRIC/FIN/UEN No:



All Settlement Amounts are Without  
Prejudice to our driver's Injury Claim

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLD 2921R (Insd veh)	Model: HONDA FIT 1.3GF CVT
	SMT 3229D (TP veh)	
Date of Accident/ Time:	20/05/2020 11:00	

Repair Estimate	: \$		
Final Repair Cost	: \$	3,466.80	
Loss of Use	: \$	250.00	5 days at \$ 50 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	3,724.25	
Payee Name: MY CAR CONSULTANT PTE LTD			
Is Third Party Workshop GIA Registered? [ ] YES <input checked="" type="checkbox"/> 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: _____	
	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/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 authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: YEO E San Jeremy Date: 19/10/2020	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: Tan Hui Qian Date: 19/10/2020
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 21/10/2020	

## 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:

Type text here	
DESCRIPTION	AMOUNT
COSTS OF REPAIRS	\$ 3,600.00
TOTAL	\$3,600.00

**THANK YOU FOR YOUR BUSINESS!**



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 May 2020 / 16:43:28

Receipt Date/Time : 20 May 2020 / 16:43:28

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200520-002473

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SDG71K				
As at 19 May 2020/17:15:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SDG71K Enquiry Fee 20200520164232789976	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLD2921R				
As at 20 May 2020/11:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
2	Insurance Enquiry - SLD2921R Enquiry Fee 20200520164232832883	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.

## Jasper Chua (LKK Auto)

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**From:** Jasper Chua (LKK Auto)  
**Sent:** May 27, 2020 11:36 AM  
**To:** PAPER\_FLAG@HOTMAIL.COM  
**Subject:** ACCIDENT INVOLVING SMT 3229D & SLD 2921R ALONG BEDOK RESERVOIR ROAD JUNCTION ON 20/05/2020

27 MAY 2020

ENG ZI QI

Dear Sir/ Madam,

**OUR REF : CC4/ASM20005864/Eba3**  
**YOUR REF : SLD 2921R**

### **ACCIDENT INVOLVING SMT 3229D & SLD 2921R ALONG BEDOK RESERVOIR ROAD JUNCTION ON 20/05/2020**

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 MY CAR CONSULTANT PTE LTD acting on behalf of the owner of SMT 3229D against your motor insurance policy.

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 defense, 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 [jasperchua@lkkauto.com](mailto:jasperchua@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](mailto: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 6841 2928 or [jasperchua@lkkauto.com](mailto:jasperchua@lkkauto.com) . Please quote our claim reference when you contact us that we can assist you more effectively.

**Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.**

Best Regards,

**Jasper Chua** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2928 | email: [jasperchua@lkkauto.com](mailto:jasperchua@lkkauto.com) | fax: 6741-4108

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





## Re:<TP - MANDATE IA> - S0M02O96 [ACCIDENT INVOLVING SLD 2921R(OI) & SMT 3229D(TP) ON 20/05/2020]

Type

🔍 Question

Message

PLS PROCEED AS FOLLOWS: COR \$3,466.80 LOU \$250 LTA \$7.45 TOTAL \$3,724.25 COR \$3,466.80 LOR \$535 LTA \$7.45 TOTAL \$4,009.25

Reply



## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 27/5/2020

### Survey Details:

Date of loss	20-May-2020
Date of appointment	21-May-2020
Date of survey	21-May-2020
Location of survey	MY CAR CONSULTANT PTE LTD

### Vehicle Details:

Claim Type:	THIRD PARTY CLAIM
Vehicle number	SMT3229D
Make and Model	HONDA FIT 1.3GF CVT
Date of registration	28-Apr-20
Excess	
Market Value	\$ 66,000.00
Parf Rebate	\$ 35,267.00
Nett Loss	\$ 30,733.00

### Repair details:

Initial Estimate with GST	\$ 7,249.76
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### Proposed/Revised repair cost:

Parts	\$ 2,928.80
Check items (estimate)	-
Labour	\$ 1,590.00
<b>Total</b>	<b>\$ 4,518.80</b>
<b>Lump Sum(if applicable)</b>	<b>\$ 3,600.00</b>

Number of days for repair	5
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**Remarks:**

*Insured driver rear-ended TP.*

**Mandate:**

<b>Liability(TP)</b>	<b>100%</b>	
Proposed repair cost (w/gst)	\$ 3,852.00	\$ 3,852.00
Loss of use ( 5 DAYS X \$60.00 )	\$ 300.00	NIL
Loss of rental ( 5 DAYS X \$100.00 ) (w/gst)	NIL	\$ 535.00
Loss of income	NIL	NIL
LTA search fees	\$ 7.45	\$ 7.45
Others	NIL	NIL
<b>Proposed Total</b>	<b>\$ 4,159.45</b>	<b>\$ 4,394.45</b>