

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Wednesday, 27 May 2020 1:55 PM
To: christine.seowcs@yahoo.com.sg
Subject: <STANDARD LETTER> OUR REF: CC4/ASM20005945/Aga3 *** ACCIDENT INVOLVING SCZ 9832J & SMP 7997P ON 23/05/2020 ***
Attachments: RED AVANTE SMP7997P (online-video-cutter.com).mp4

27 MAY 2020

CHIA GEOK CHOO CHRISTINE

**457 KEW CRESCENT
Singapore 466250**

Dear Sir/ Mdm

OUR REF : CC4/ASM20005945/Aga3
YOUR REF : SCZ 9832J
ACCIDENT INVOLVING SCZ 9832J & SMP 7997P ALONG/AT JEWEL CARPARK BASEMENT 3 ON 23/05/2020

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 claim from **CAS GARAGE PTE LTD** acting on behalf of the owner of **SMP 7997P** 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 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** or email us at ceciliachong@lkkauto.com.

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

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

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,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SCZ 9832J (Insd veh)	Model: HYUNDAI AVANTE
	SMP 7997P (TP veh)	
Date of Accident/ Time:	23/05/2020	

Repair Estimate	: \$		
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	: \$	11,700.00	(GLOBAL SUM)
Payee Name : CAS GARAGE 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:

- 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.

Signature of workshop representative / Workshop stamp
 Name of Representative: CHONG A1 XIN
 Date: 23/5/2020



Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: BOH HUA LOON
 Date: 23/5/2020

Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: 24/07/2020



Reg No: 52977287 J

CASH SALE/WORK ORDER

迅速拖車服務

SPEEDWAY RECOVERY SERVICE

Singapore Post Centre Post Office P.O. Box 201 Singapore 914007

Tel: 6841 0080

No: K 8906

Date: 23/05/2020

Name/Company CASH

Vehicle No. VMP 7997 P Model H/AVANTE

From CHANGI AIRPORT TH

To AUTO BAY #02-22

Remarks _____

Time: : - : - :

- ☐ Jump Start
- ☐ Tyre Replacement
- ☐ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo Payment
- ☐ Trips

Amount \$ 860.1

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

[Signature]

Tow Truck

24 HRS TOWING SERVICE
6841 0080

www.speedwayrecovery.com
Email: speedwaytowing@gmail.com

Received By _____



Pls proceed DS with below revised quantum

Type

🔗 Question

Message

COR: \$11200.00; LOU: \$400-\$450 (\$50/day for 8-9 days); Towing: \$60.00; GIA/LTA: \$7.45. Total: \$11667.45~\$11717.45.

Reply



INVOICE

AXA INSURANCE PTE LTD

Invoice Date
3 Jul 2020

Invoice Number
TI-20-0086-1264TP

Reference
SMP 7997P HYUNDAI
AVANTE

CAS GARAGE PTE LTD
1 KAKI BUKIT AVENUE 6
#02-22 AUTOBAY
SINGAPORE 417883

Description	Quantity	Unit Price	Tax	Amount SGD
LUMP SUM REPAIR COST (RECOMMENDED BY LKK ADRIAN)	1.00	11,200.00	No Tax	11,200.00
Subtotal				11,200.00
TOTAL SGD				11,200.00

Due Date: 3 Jul 2020



PAYMENT ADVICE

To: CAS GARAGE PTE LTD
1 KAKI BUKIT AVENUE 6
#02-22 AUTOBAY
SINGAPORE 417883

Customer	AXA INSURANCE PTE LTD
Invoice Number	TI-20-0086-1264TP
Amount Due	11,200.00
Due Date	3 Jul 2020
Amount Enclosed	

Enter the amount you are paying above



Proforma Inv : CAS/20/PI0082

FAX: 6509 9501
Email: contact@casgarage.sg

03.07.2020

Our Ref : SMP 7997P

Your Ref : SCZ 9832J

M/s AXA Insurance Pte Ltd
8 Shenton Way
#27-01
Singapore 068811

Dear Sir/Mdm

ACCIDENT INVOLVING SMP 7997P AND SCZ 9832J ALONG CHANGI AIRPORT T1 ON 23.05.2020

Please refer to the above mentioned accident.

We are writing in on the behalf of **LIM KIM MOI** the registered owner of motor vehicle number **SMP 7997P** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number **SCZ 9832J** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair (Recommended By LKK Adrian)	\$	11,200.00
2.	Loss of Use (9 days x \$ 60)	\$	540.00
3.	LTA Fees	\$	7.45
4.	Tow Fee	\$	60.00

TOTAL AMOUNT	\$	11,807.45
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We enclsod hereby the following documents for your consideration :

- (A) Final Repair Bill
- (B) LTA Search Invoice
- (C) Letter of Authority
- (D) Rental Agreement
- (E) Rental Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

CAS GARAGE PTE LTD
UEN 201828067M
7 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY,
SINGAPORE 417883

Ms Nicole Chong
Administrator
Mobile: 65 97916119
Email: nicole@casgarage.sg

MSME20047782 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 26/05/2020 11:29
 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	26/05/2020 11:29
Date Of Accident	23/05/2020 18:00
Exact Location Of Accident	CHANGI AIRPORT T1 JEWEL B3 LOBBY C CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7997P
Insured/Policyholder	
Name Of Registered Owner	LIM KIM MOI
NRIC No	SXXXX338Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92726080
Alternative Phone No	OFFICE-92726080

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2353376
Cover Note Number	

Driver

Name of Driver	NIGEL LIU WEI YANG
NRIC No	SXXXX678H
Date Of Birth	06/03/1988
Occupation	INDOOR
Date Of Driving Pass	12/02/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96747287
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 370 WOODLANDS AVE 1 #10-837
Postcode	730370
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LINDA
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 23/05/2020 AT ABOUT 1800HRS, I WAS TRAVELLING STRAIGHT ALONG CHANGI AIRPORT T1, JEWEL B3, LOBBY C. SUDDENLY, VEHICLE B FAILED TO STOP AT THE STOP LINE, COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE A, CAUSING THE DAMAGES. I WISHED TO STATE I HAVE IN CAR CAMERA AS EVIDENCE. DUE TO THE GREAT IMPACT, MY CAMERA FELL TO THE FLOOR. I WILL PROCEED TO HAVE A CHECK ON MY CAMERA TO SEE IF THERE IS ANY FAULTY TO IT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ9832J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	SEOW LI CHANG MARK
NRIC/Passport Number	SXXXX078A
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

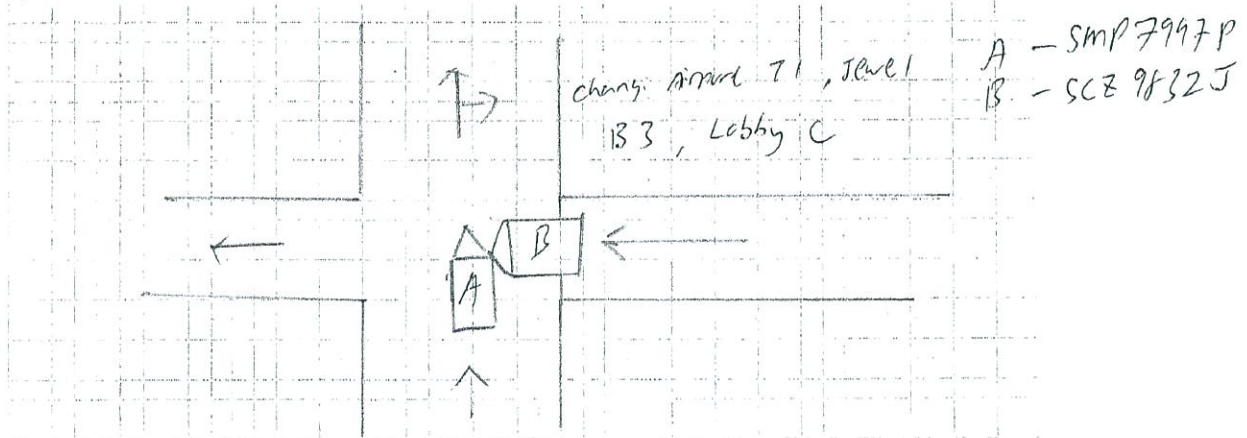
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23.05.2020, at about 1800, I was travelling straight along Changi Airport T1, Jewel, B3 Carpark, Lobby C. Suddenly, vehicle B failed to stop at the stop line, collided to the right portion of my vehicle A, causing the damages. I wished to state I have in-car camera as evidence. Due to the great impact, my camera fell to the floor, I will proceed to have a check on my camera to see if there is any faulty to it.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NPIC/FIN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, LIM KIM MOI, the owner of vehicle no. SMP7997P

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, CAS GARAGE PTE LTD

Signed and Acknowledge by:

S1499338 & [Signature]
Nric no. & signature of policyholder

.....
Company stamp

26/05/20
Date



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 May 2020 / 10:59:43

Receipt Date/Time : 26 May 2020 / 10:59:43

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200526-000818

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 - SCZ9832J

As at 23 May 2020/18:00:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SCZ9832J

Enquiry Fee

20200526105716859760

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

421808XXXXXX7506 eNETS Credit Card 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.



FAX: 6509 9501

Email: contact@casgarage.sg

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMP7997P AND SCZ9832J
AT/ALONG Changi Airport T1 Jewel B3 Lobby C Carpark
ON 23 DAY MAY MONTH 2020 YEAR

- I/We, the owner of vehicle no. SMP7997P hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.

Dated this 23 day MAY month 2020 year

Signature : [Signature]
Name : Lim Kim Moi
NRIC/ROC No. : S1499338Z
Address : _____

Company Stamp

