

15/02/09

INS. CASE OWNER

Hossie

CC6 / AXA140 20008 / kh y352

LKK: IDAC

ASSIGNMENT

Surveyor: KSC

DOI: 23.10.14

Assg Date: 23.10.14

Pre-assign / CCU / FTE



Insured Vehicle No.: GT 8992 X

Claim No.: 0321240

Name of Insured: Hui Wang Enterprise

Policy No.: P1002314

Insured Tel No.: HP:

Make / Model: Toyota

Excess Sec II: SS 2300.00 D.O.A: 20.10.14

Place of Accident: AMK Ave 8

Is driver the owner? (YES / NO) Nature of Accident:

If NO, Driver Name / Age: Nelson Gundan

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.: 8524 9903

(V/L: YES / NO Insured Liability:

% Final? Yes / No

PBI



SDV 9535B  
INSRS:  
WSP: Auto Excel  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
16.1	Is driver the owner? (YES / NO)	Finalisation:	
16.1	If NO, Driver Name / Age:	Email AJG for OI GIA:	X 30
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	X	Call OI: 040515 - SWAN	
	X	After call ltr to OI: 040515 - SWAN	
	No yet sent PA & estimate	Type Report:	Kay 5/8/15
	ESTIMATE RECEIVED	Prepare Invoice:	
	TO SEND PA TO AXA. FINISHED	Others:	
040515 @ 1046	CALL CID NO REPORT	Documentation Check List:	Handler Typist
@ 1646	CALL CID COMPANY. REQUEST TO CALL 28864541	OI Apt Ltr:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	WINSTON. WILL CALL BACK AND CHECK FOR	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	FILE. RENTED VEHICLE	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
A 1110	PIC WINSTON CALLED. THIS RECEIVE PID WITHIN	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	ANOTHER VEH INVOLVED. DID A HIGH. PIC	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	MENTION THEY CANNOT CONTACT CID AS	LTA / GIA:	<input type="checkbox"/> <input type="checkbox"/>
	CID HAD OUTSTANDING PAYMENTS TO THE	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	COMPANY INFORM ABOUT TP CLAIM PIC	Approval Email:	<input type="checkbox"/> <input type="checkbox"/>
	AWARE NCD WILL BE AFFECTED AND	Payment Breakdown Form:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	EXCESS TO BE PAID LETTER SENT TO OI	Others:	<input type="checkbox"/> <input type="checkbox"/>
	TO WIN PUB APPROV LETTER SENT OUT.		
	TO GET OIL REPORT OF OTHER VEHICLE		
	TO GET EVIDENCE.		
	TP LOD N. TP WANT TO FILE TO LAWYER.		

16/11/15

01-7-16 Based on BOLA, we are liable to both M/CYCLIST & TP VEHICLE. SHOULD SETTLE ASAP  
15-11-16 IF TP PASSED THE FILE TO LAWYER FOR HANDLING, WRITE TO AXA TO CLOSE FILE

FINAL SETTLEMENT	Date:	Confirm with	
Repair Cost:	SS —	Final Liability	50 % (Agreed / Assessed)
Loss of Rental:	SS —	( days)	Nil or
Loss of Use:	SS —	(\$ x days)	Format Type: WP REPORT / TP INHIBIT
Disbursement:	SS —		\$350.00
Total:	SS —	Global Sum: SS	

" NO SETTLEMENT. NO REPORT. TP PASSED LAWYER "

ASS. REC. BY:

REF: AVA /

### ASSIGNMENT

Kenneth

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Auto exco

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SDV 9535B Yr Regn: 09, 07

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai Matrix c.c. 1599

Colour: B. Green A/C: Insured / Std / NI / NA

Sp. Reading: 185719 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMH PNBICR 7U 289494

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 185/5R14

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front 9 mm Rear 9 mm

R/Bal. 9 mm L/Bal. 9 mm

D.O.A. 20/10/14 D.O.I. 23/10/14

Survey held at ✓

Des. of Damages: Nil / Frt / Rear / O/S / N/S / UIC / Rooftop or

nil rear body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>2st not ready</u>
	<u>FINALISED COR L10 @ 1450 WITH 4 DAYS (RED: \$1673.74 / 54%)</u>

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: \_\_\_\_\_

1) Return  
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

TOTAL



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
AXA INSURANCE SINGAPORE PTE LTD		Ref : CC6/AXA14020008/Kh2y3	
8 SHENTON WAY #27-01 SINGAPORE 068811		Date : 24-10-2014	
		Code : AXA2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GT 8992X	Veh. Inspected	SDV 9535B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/10/2014
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer		Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	20/10/2014	Inspection Date	23/10/2014
Survey held at	AUTOEXCEL ENGINEERING PTE LTD BLOCK 19, #01-05 SEC A SIN MING INDUSTRIAL ESTATE SINGAPORE 575677.		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

## Admin-B (LKK Auto)

**From:** Flossie Ang [Flossie.Ang@axa.com.sg]  
**Sent:** Thursday, 15 January, 2015 3:09 PM  
**To:** Admin-B (LKK Auto)  
**Cc:** Jacy Goh Lay Ting; 'Vic'; 'Kathy Lai'  
**Subject:** RE: WP / AUTOEXCEL / C0321240 / OD-GT8992X / TP-SDV9535B / 20.10.2014 / EST-TBA / X'S-\$2300 / FA

Hi Yin Siew,

Your may proceed

**Best Regards**

**Flossie ANG**

Senior Executive-Motor Claims Department

**AXA Insurance Singapore Pte Ltd**

8 Shenton Way, #27-01 AXA Tower, Singapore 068811

[flossie.ang@axa.com.sg](mailto:flossie.ang@axa.com.sg)

Contact: 1800 8804741 Option 3

Website: [www.axa.com.sg](http://www.axa.com.sg)

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redefining / insurance



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**From 14 March 2011, AXA Insurance will be located at 8 Shenton Way, #27-01 Singapore 068811.  
Our Customer Service Centre will be located at #B1-01. All contact numbers remain unchanged.**

Please consider the environment before printing this email

**From:** Admin-B (LKK Auto) [mailto:admin-b@lkkauto.com]  
**Sent:** Thursday, January 15, 2015 3:04 PM  
**To:** Flossie Ang  
**Cc:** Jacy Goh Lay Ting; 'Vic'; 'Kathy Lai'  
**Subject:** RE: WP / AUTOEXCEL / C0321240 / OD-GT8992X / TP-SDV9535B / 20.10.2014 / EST-TBA / X'S-\$2300 / FA

Dear Flossie,

Kindly advise whether we can proceed for direct settlement for this case.

Thanks & Regards,

*YIN SIEW*

LKK Auto Consultants Pte Ltd

DID: 6366 0055

FAX: 6741 4108

**From:** Flossie Ang [<mailto:Flossie.Ang@axa.com.sg>]

**Sent:** Tuesday, 16 December, 2014 4:54 PM

**To:** Admin-B (LKK Auto)

**Cc:** Jacy Goh Lay Ting; 'Vic'; 'Kathy Lai'

**Subject:** RE: WP / AUTOEXCEL / C0321240 / OD-GT8992X / TP-SDV9535B / 20.10.2014 / EST-TBA / X'S-\$2300 / FA

Hi Yin Siew,

OSP

**Best Regards**

**Flossie ANG**

Senior Executive-Motor Claims Department

**AXA Insurance Singapore Pte Ltd**

8 Shenton Way, #27-01 AXA Tower, Singapore 068811

[flossie.ang@axa.com.sg](mailto:flossie.ang@axa.com.sg)

Contact: 1800 8804741 Option 3

Website: [www.axa.com.sg](http://www.axa.com.sg)

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**From 14 March 2011, AXA Insurance will be located at 8 Shenton Way, #27-01 Singapore 068811.  
Our Customer Service Centre will be located at #B1-01. All contact numbers remain unchanged.**

Please consider the environment before printing this email

**From:** Admin-B (LKK Auto) [<mailto:admin-b@lkkauto.com>]

**Sent:** Monday, December 15, 2014 11:40 AM

**To:** Flossie Ang

**Cc:** Jacy Goh Lay Ting; 'Vic'; 'Kathy Lai'

**Subject:** RE: WP / AUTOEXCEL / C0321240 / OD-GT8992X / TP-SDV9535B / 20.10.2014 / EST-TBA / X'S-\$2300 / FA

Dear Flossie,

Kindly advise whether we can proceed for direct settlement for this case.

*"WISHES YOU A MERRY CHRISTMAS & HAPPY NEW YEAR 2015"*

Thanks & Regards,

*YIU SIEW*

LKK Auto Consultants Pte Ltd

DID: 6366 0055

FAX: 6741 4108

**From:** Jacy Goh Lay Ting [mailto:jacy.goh@axa.com.sg]  
**Sent:** Monday, 17 November, 2014 5:11 PM  
**To:** assignments@lkkauto.com; celinefong@lkkauto.com; sur@lkkauto.com  
**Cc:** Flossie Ang; Jeffrey Ng Say Kiat  
**Subject:** WP / AUTOEXCEL / C0321240 / OD-GT8992X / TP-SDV9535B / 20.10.2014 / EST-TBA / X'S-\$2300 / FA

Hi Jeffrey

Please note there is injury involved. ✓

Thank you

**Jacy Goh**  
Executive Assistant - Claims SITF  
**AXA Insurance Singapore Pte Ltd**  
8 Shenton Way, #27-01 AXA Tower, Singapore 068811  
jacy.goh@axa.com.sg  
Customer Care: 1800 8804741(Press 3)  
Website: [www.axa.com.sg](http://www.axa.com.sg)

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 Please consider the environment before printing this email

**From:** Admin-B (LKK Auto) [mailto:admin-b@lkkauto.com]  
**Sent:** Monday, October 27, 2014 12:10 PM  
**To:** Winnie Ho Ping Ping; Tan Tiong Beng; Jacy Goh Lay Ting  
**Cc:** 'Vic'; 'Kathy Lai'; 'KKLau'  
**Subject:** Direct Settlement - Acc Invl GT 8992X (OI : AXA - TBA) & SDV 9535B (TP : LKK - CC6/AXA14020008/Kh2y3) on 20.10.2014

Dear Sir/Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SDV 9535B AT M/s Autoexcel Engineering Pte Ltd.

Enclosed herewith a copy of TP's GIA and police report for your perusal.

Please be informed that our estimated cost of repair is not ready yet.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Vic and she can be contacted at DID 6841 2096.

KK2

AUTOEXCEL ENGINEERING PTE LTD  
Block 19, Sector A,  
Sin Ming Industrial Estate,  
#01-485, Singapore 373977  
Tel: 64591620, 64535639 Fax: 64591698  
Email: autoexcel@singnet.com.sg

Not Authorized  
L18mg \$1450  
4 days

Date : 21/10/2014

QUOTATION -THIRD PARTY CLAIM

AXA INSURANCE SINGAPORE PTE LTD

Attn: Motor Claim Department Officer In Charge

Claim : Third Party Claim  
Veh. No : SDV 9535 B  
Model : HYUNDAI MATRIX  
Insured Ins: NTUC INCOME  
GST Reg. No : 19 - 9603355 - R

Accident on : 21/10/2014

QTY	PARTICULARS	AMOUNT	SURVEYOR
	Your Insurer Vehicle No : GT 8992 X		
1	FRONT LH DOOR	REPAIR	
		\$ 68.59	
1	FRONT LH DOOR PROTECTOR	REPAIR	
1	REAR LH DOOR	REPAIR	
		\$ 68.59	
1	REAR LH DOOR PROTECTOR	REPAIR	
1	REAR LH FENDER	REPAIR	
1	REAR BUMPER	REPAIR	
1	REAR LH WHEELHUB BEARING	\$ 420.00	
1	REAR LH SHOCK ABSORBER	\$ 385.00	X
		\$ 942.18	
	Less 20%	\$ 188.44	
		\$ 753.74	
	<b>S/Nett.</b>		
1	REAR LH RIM	\$ 380.00	
	Total S/Nett	\$ 380.00	
	Sub-Total	\$ 1,133.74	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No : GT 8992X  
Name(as shown in NRIC): \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P) : \_\_\_\_\_  
(Email) : \_\_\_\_\_  
Date of Accident : 20/10/2014 Time of Accident : \_\_\_\_\_  
Place of Accident : Ang mo Kio Ave 8  
Insurance Company : AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\*THE ANOTHER VEHICLE INVOLVED IS SDV953SB. THAT ALL #

\* FAX TO 6741 4108

Signature of Vehicle Owner / Driver

Date:

**AUTOEXCEL ENGINEERING PTE LTD**  
 BLK 19, SIN MING INDUSTRIAL ESTATE SECTOR A.  
 # 01-05 SINGAPORE 575677.  
 TEL : 6459 1630 / 6453 5654 . FAX : 64591698.  
 EMAIL : aeexcel @ singnet.com.sg.

Date : 05/11/2014

Ref : SDV 9535B

ATTN : MOTOR CLAIM DEPARTMENT .( T.P )      WITHOUT PREJUDICE

ADDRESS : AKA Insurance Singapore Pte Ltd.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dear Sir/ Mdm :

Accident involving our vehicle No : SDV 9535B & your insure vehicle GT 8992X.  
 date of accident 20/10/2014 . Along / At Ang Mo Kio Ave 8.  
Tuas Bishan Road.

Refer to the matter . The accident was caused solely by the negligence of your insured and as a result the following costs and losses had incurred.:

		<u>AMOUNT .</u>
1      G.I.A/ POLICE REPORT FEE.	S\$	<u>          -</u>
2      FINAL REPAIR BILL INCLUDE GST	S\$	<u>1,551.50.</u>
3      SURVEYOR REPORT FEE	S\$	<u>LKK Auto</u>
4      RENTAL BILL :	S\$	<u>          -</u>
L.O.U. <u>Waiting + A working</u>		<u>250.00</u>
5      T.P INSURANCE SEARCH : <u>LTA Search</u>	S\$	<u>          -</u>
6      OTHER DOCUMENT.:	S\$	<u>          -</u>
<b>TOTAL :</b>	<b>S\$</b>	<b><u>1,801.50</u></b>

Please kindly let us have your confirmation to settle our claim As Soon As Possible.  
 kindly contact Ryan Soh regarding the above matter.

\_\_\_\_\_  
 RYAN SOH 64535654

### AUTHORISATION TO ACT

I/We, \_\_\_\_\_ (the third party claimant") of \_\_\_\_\_  
 \_\_\_\_\_ (address), owner of SOV 9535 B (vehicle no.) hereby  
 authorize \_\_\_\_\_ ("the workshop") to act for me with respect  
 to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no.  
 \_\_\_\_\_ that was damaged pursuant to the accident which occurred on \_\_\_\_\_ (date)  
 along \_\_\_\_\_ (location) involving  
 vehicle no/s \_\_\_\_\_ ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they  
 deem fit and the workshop is further authorized to receive payment further to settlement of my  
 claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a  
 without prejudice and without admission of liability basis insofar as the driver/owner/insurers  
 of the other vehicle/s is concerned.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_ (year)

X *[Signature]*  
 Signed by "the third party claimant"  
 (with company stamp if applicable)

*[Signature]*  
 Signed by "the workshop"  
 (with company stamp)

LETTER OF AUTHORITY & INDEMNITY

To: **AUTOEXCEL ENGINEERING PTE LTD ("AUTOEXCEL")**  
Blk 19 Sector A Sin Ming Industrial Estate # 01-05  
Singapore 575677

ACCIDENT INVOLVING VEHICLE NO. SDV 9535B AND GT 8992X  
ON 20-10-14

1. I/We, the owner of vehicle no. SDV 9535B hereby instruct and authorise AUTOEXCEL to commence repairs to the said vehicle.
2. You are authorised to submit my/our claim on my/our behalf, to the insurers of the third party driver to recover the repair cost, loss of use or rental fees as the case may be, survey report fee and any other expenses which are recoverable.
3. AUTOEXCEL is further authorised to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his/her insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
4. AUTOEXCEL 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 AUTOEXCEL deem fit. Upon settlement of my/our claim, AUTOEXCEL is authorised to sign any Discharge Voucher or any document to confirm my/our acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf.
5. Upon resolving my/our claim, AUTOEXCEL is authorised to agree with my/our solicitors on the amount of their professional costs and disbursements for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account.
6. In the event that I/we and/or the driver of my/our vehicle are required to attend at my/our solicitors' office or to attend Court in connection with my/our claim, I/we shall render full co-operation.
7. Subject to Clause 8 hereinafter, in the event that my/our claim against the 3<sup>rd</sup> party is not successful, AUTOEXCEL will write off the repair cost.
8. While my/our vehicle is undergoing repairs, AUTOEXCEL will on my /our behalf rent a vehicle for my/our use and recover the rental fees from the 3<sup>rd</sup> party driver. If no vehicle is rented for my/our use, AUTOEXCEL will on my/our behalf recover damages for loss of use of vehicle and remit the sum recovered to me/us upon successful recovery.
9. I/we agree to pay AUTOEXCEL the repair cost, rental fees (if applicable), survey report fees and legal costs and disbursements in the event that my/our claim is not successful for any one or more of the following reasons :-
  - a. If the driver of my/our vehicle had committed a traffic offence or driving related offence in the above captioned accident and is convicted in a court of law or is served a traffic summons and has accepted and paid the composition fine stated therein.

- b. If I/we and/or the driver of my/our vehicle fails to render full co-operation to sign or make any court documents and/or to attend court in connection with my/our claim.
- c. If the third party driver is uninsured or fails to report the accident to his or her insurers or fails to co-operate with his/her insurers or commits a breach of policy conditions (including but not limited to drunken driving in respect of the accident) resulting in his or her insurers refusing to entertain my/our claim.
- d. If the driver of my/our vehicle had falsely reported the circumstances of the accident or misled AUTOEXCEL in respect of the circumstances of the accident including but not limited to the identity of the driver of my/our vehicle.

10.

Remarks :

Claim loss of leg

Signed :

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200

Signed :

X *Alan*

Name:

NRIC No:

Address :

Contact No.

9733 4482

**LETTER OF DISCHARGE**

We, \_\_\_\_\_ (workshop), hereby agreed and confirmed that we are authorized by the owner of motor vehicle \_\_\_\_\_ to accept the sum of \$ \_\_\_\_\_ (inclusive of inte alia, damages, interests, loss of use, costs and disbursements) from M/s LKK Auto Consultants Pte Ltd, the authorized surveyors of M/s AXA Insurance Singapore Pte Ltd, the Third Party's insurers, on this matter.

This acceptance is in full and final settlement of any claim made against \_\_\_\_\_ pursuant to the road accident which occurred along \_\_\_\_\_ on \_\_\_\_\_.

We \_\_\_\_\_ (workshop) are further authorized by the said owner that this settlement is reached on a strictly without prejudice basis on the part of M/s AXA Insurance Singapore Pte Ltd. And or their insured or other person or persons arising out of this said accident.

In consideration of the said payment by the said M/s AXA Insurance Singapore Pte Ltd, we, the said authorized workshop, shall fully discharge them from any further claim whatsoever in respect of the said accident.

We also declare that we are authorized by the said owner to receive the said settlement sum and hereby undertake to indemnify M/s AXA Insurance Singapore Pte Ltd, against any claim made or which may be made in respect of this matter.

.....  
For and on behalf of the owner of  
(  
(workshop stamp and authorized signature)

.....  
For and on behalf of M/s AXA  
Insurance Singapore Pte Ltd  
(LKK stamp and authorized  
signature)





益勝工程私人有限公司  
**AUTOEXCEL ENGINEERING PTE LTD**

Block 19, Sector A, Sin Ming Industrial Estate,  
#01-05 Singapore 575677  
Tel: 64591630 Fax: 64591698

**TAX INVOICE**  
GST Reg. No. 19-9603355-R

INVOICE NO: TP 5501

DATE: 05/11/2014  
TO: AXA INSURANCE SINGAPORE PTE LTD  
8, SHENTON WAY,  
#27-01 AXA TOWER  
SINGAPORE 068811

VEH NO : SDV 9535 B  
MODEL : HYUNDAI  
PAYMENT TERM : MATRIX  
JOB NO :

S/N	DESCRIPTION	AMOUNT S\$
	Accident date : 20/10/2014	
	Lump Sum repair, supply parts and labour .	\$ 1,450.00
	Sub - Total	\$ 1,450.00
	GST 7%	\$ 101.50

NOTE: All cheques must be crossed and make payable to Autoexcel Engineering Pte Ltd

RECEIVED VEHICLE IN GOOD ORDER

**TOTAL** \$ 1,551.50  
for Autoexcel Engineering Pte Ltd

\_\_\_\_\_  
\_\_\_\_\_  
Attn: Motor Claims Dept

Dear Sir/ Madam

ACCIDENT INVOLVING VEHICLE NO \_\_\_\_\_  
ALONG \_\_\_\_\_ ON \_\_\_\_\_

We understand that you are the insurer of \_\_\_\_\_ vehicle.

I/We wish to inform you that my/our vehicle \_\_\_\_\_ have been completed  
repairs to my/our satisfaction by M/s \_\_\_\_\_ I/We therefore propose  
to claim from you as follows:

- |    |  |           |
|----|--|-----------|
| 1. | Cost of Repairs                            | S\$ _____ |
| 2. | Loss of Use/Rental(S\$ _____ x _____ days) | S\$ _____ |
| 3. | LTA Search Fee/GIA Reports                 | S\$ _____ |
|    | <b>TOTAL</b>                               | S\$ _____ |

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

\_\_\_\_\_

## Enquire Vehicle & Owner Information ( Vehicle No. GT8992X As At 20 Oct 2014 / 00:00:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
 Law Firm Case No.: A5-MISC-2014

### Current Owner Details

Owner ID Type: Business  
 Owner ID: 49439300M  
 Owner Name: HUI WANG ENTERPRISE  
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
 Registered Block/House No.: 5  
 Registered Street Name: DEFU LANE 10  
 Registered Unit No.: # 01 - 576  
 Registered Building Name: -  
 Registered Postal Code: 539188

### Current Vehicle Details

Vehicle No.: GT8992X  
 Make Description/Model: TOYOTA / DYNA 150 D  
 Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Auto  
Consultants  
Pte Ltd

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

**Our Ref: CC6/AXA14020008/Khy3**  
**Policy Number: P1002314**

05 MAY 2015

**HUI WANG ENTERPRISE**  
BLK 5 DEFU LANE 10  
#01-578  
SINGAPORE 539186

Dear Sir/Madam,

**ACCIDENT INVOLVING GT8992X AND SDV9535B ON 20/10/2014**

We refer to the above accident where we are acting for AXA Insurance Singapore Pte Ltd (AXA) to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **15/05/2015**, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Accordingly your No Claim Discount (NCD – if applicable) may not be preserved. However, if you are making a claim against third party and successful with 80% in your favor, our principal will re-instate your NCD.

As your policy carries an excess of \$2300 under third party claim and the third party vehicle has lodged a claim against your vehicle, you are advice to issue a cheque of **\$2300** in favour of our principal **AXA Insurance Singapore Pte Ltd** to enable us to handle third party claim.

Please call us if you have further queries.

Yours faithfully,

Lim Chin Siong Bevan  
Case Handler  
DID: 6749 5792  
FAX: 6741 4108  
Email: Bevanlim@lkkauto.com

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

## Vic (LKKAuto)

---

**From:** Vic (LKKAuto)  
**Sent:** Tuesday, 15 November, 2016 3:20 PM  
**To:** Flossie Ang  
**Cc:** Admin A; Vic (LKKAuto)  
**Subject:** RE: C0321240MC/FA -GT8992X/SDV9535B -  
**Attachments:** FileNETImage.tif

Dear Flossie,

We refer to our below email.

Please be informed that till date, we haven't received any feedback from TP claimant.

As such, in view of no activity from TP, we would intend to close this matter and submit WP report.

Thank you.

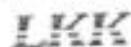
Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2096 | email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

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



Public  
Company  
No. 1202

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**From:** Mei Kwan (LKK Auto)  
**Sent:** Monday, 11 April, 2016 7:36 PM  
**To:** Flossie Ang <[Flossie.Ang@axa.com.sg](mailto:Flossie.Ang@axa.com.sg)>; Vic <[vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)>  
**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** RE: C0321240MC/FA -GT8992X/SDV9535B -

Dear Flossie,

Thank you for your email.

**Dear Vic,**

***Kindly revert on a urgent basic. Our ref: CC6/AXA14020008/Khy3.***

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

**From:** Flossie Ang [<mailto:Flossie.Ang@axa.com.sg>]  
**Sent:** Tuesday, 5 April, 2016 2:53 PM  
**To:** Admin-B; Vic  
**Subject:** C0321240MC/FA -GT8992X/SDV9535B -

Dear all,

We are conducting file review and would appreciate to hear from you on our mail of 29 October 2015.

Best Regards

Flossie ANG

Senior Executive-Motor Claims Department

AXA Insurance Singapore Pte Ltd

8 Shenton Way, #27-01 AXA Tower, Singapore 068811

[flossie.ang@axa.com.sg](mailto:flossie.ang@axa.com.sg)

Contact: 1800 8804741 Option 3

Website: [www.axa.com.sg](http://www.axa.com.sg)

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redefining / insurance 

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**From 14 March 2011, AXA Insurance will be located at 8 Shenton Way, #27-01 Singapore 068811.**  
**Our Customer Service Centre will be located at #B1-01. All contact numbers remain unchanged.**

P Please consider the environment before printing this email



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE SINGAPORE PTE LTD

Ref : CC6/AXA14020008/Kha3s2

8 SHENTON WAY #27-01 SINGAPORE 068811

Date : 01-12-2016



ATTN: FLOSSIE ANG

Code : AXA2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GT 8992X	Veh. Inspected	SDV 9535B
Policy No.	VFX/P1002314	Coverage (\$)	0.00
Claim No.	C0321240	Excess (\$)	0.00
Assign From		Assign Date	23/10/2014

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI MATRIX (A)	c.c	1599
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	KMHPN81CR7U289494	Colour	METALLIC GREEN
Odometer	195719	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/65R14	MICHELIN	9 mm
L/H Front Tyre	185/65R14	MICHELIN	9 mm
R/H Rear Tyre	185/65R14	MICHELIN	9 mm
L/H Rear Tyre	185/65R14	MICHELIN	9 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR BODY. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	20/10/2014	Inspection Date	23/10/2014
Survey held at	AUTOEXCEL ENGINEERING PTE LTD BLOCK 19, #01-05 SEC A SIN MING INDUSTRIAL ESTATE SINGAPORE 575677.		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDV 9535B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT LH DOOR (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
1	FRONT LH DOOR PROTECTOR (CONSISTENT)	SCRATCHED	68.59	68.59
1	REAR LH DOOR (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
1	REAR LH DOOR PROTECTOR (CONSISTENT)	SCRATCHED	68.59	68.59
1	REAR LH FENDER (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
1	REAR LH WHEELHUB BEARING (CONSISTENT)	BENT / NECESSARY	420.00	420.00
1	REAR LH SHOCK ABSORBER (CONSISTENT)	SERVICEABLE	385.00	-
	LESS 20% DISCOUNT		-188.44	-111.44
			753.74	445.74
<b>SPECIAL NETT ITEMS</b>				
1	REAR LH RIM (SN) (CONSISTENT)	DENTED	380.00	280.00
			380.00	280.00
<b>LABOUR</b>				
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT LH DOOR, REAR LH DOOR, REAR LH FENDER AND REAR BUMPER.		700.00	360.00
	TO DO SPRAY PAINTING ON ACCIDENT AREA.		900.00	600.00
	TO REPLACE REAR UNDERCARRIAGE DAMAGE PARTS.		120.00	60.00
	TO DO WHEEL COMPUTER ALIGNMENT.		60.00	60.00
	ANTI RUST.	NOT NECESSARY	60.00	-
	REMOVE, REFIX, GARNISH, DOOR TRIM BOARD, UPHOLSTERY ETC.	NOT NECESSARY	120.00	-
	CHECKING WIRING SYSTEM.		30.00	15.00
			1,990.00	1,095.00
<b>GRAND TOTAL</b>			<b>3,123.74</b>	<b>1,820.74</b>

Report Ref No. CC6/AXA14020008/Kha3s2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,450.00
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Report Ref No. CC6/AXA14020008/Kha3s2

KONG SENG CHEONG

Licensed Appraiser

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