

Autoexcel Engineering

From: Autoexcel Engineering <aeexcel@singnet.com.sg>
Sent: Tuesday, June 30, 2020 10:18 AM
To: 'SG AXA Insurance SM AXA SGP - Motor Survey'
Subject: ACCIDENT INVOLVING OUR SDV 9535B & YOUR INSURE GT 8992X ON 20/10/2014
Importance: High

Dear Officer,

Kindly update us the status of the below file.

- 1) ACCIDENT INVOLVING OUR SDV 9535B & YOUR INSURE GT 8992X ON 20/10/2014 ALONG BISHAN ROAD.

Thank you

Best Regards
Ryan Soh
93825367

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.

UCC

10/07/2015

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 -
Twds 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 : L.O.U.	S\$ <u>—</u> <u>250.00</u>
5	T.P INSURANCE SEARCH : <u>LTA Search</u>	S\$ <u>—</u>
6	OTHER DOCUMENT.:	S\$ <u>—</u>
TOTAL :		S\$ <u>1,801.50</u>

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

18/11/14

13/07/15



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

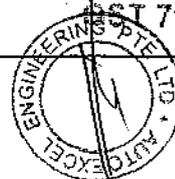
INVOICE NO: TP 5501

DATE :	05/11/2014	VEH NO :	SDV 9535 B
TO :	AXA INSURANCE SINGAPORE PTE LTD	MODEL :	HYUNDAI
	8, SHENTON WAY,	PAYMENT TERM :	MATRIX
	#27-01 AXA TOWER	JOB NO :	
	SINGAPORE 068811		

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
	TOTAL	\$ 1,551.50

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

RECEIVED VEHICLE IN GOOD ORDER



for Autoexcel Engineering Pte Ltd

Text size +

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.: A6-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: 539185

Current Vehicle Details

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

Land Transport Authority

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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 3rd 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 3rd 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 Use

Signed : _____

Dated this _____ day of _____ 200

Signed : X Alan

Name: _____

NRIC No: _____

Address ;

Contact No. 97334482