



**WITHOUT PREJUDICE**

Our Ref: SMQ 9741S

Your Ref: SKM 6116L - S0M02QSD

16<sup>th</sup> September 2020

**ATTN:** LKK Auto Consultants Pte Ltd  
**INSURER:** AXA Insurance Pte Ltd

Dear Jasper,

**Accident Involving:** SMQ 9741S and SKM 6116L

**Date of Accident:** 16 July 2020

**Location of Accident:** Slip Road of Habourfront Ave towards Telok Blangah R

We refer to the aforementioned accident and hereby submit our claim as below:

Cost of Repair as agreed	\$	4,700.00	
TOTAL LOR/U DAYS	12 DAYS	2 Days PRS (16/17 Jul) + 3 Days Resurvey (18 Sat/19 Sun/20 Jul) + 6 Repair Days Agreed (21/22/23/24/25/27 Jul) + 1 Sunday (26 Jul)	
Add Loss of Rental	\$	1,883.20	8 Days - Inv#223416
Add Loss of Use	\$	480.00	4 Days
Total	\$	7,063.20	
Add 3rd Party Report Fee	\$	29.00	
Add LTA Search Fee	\$	7.45	
<b>GRAND TOTAL</b>	<b>\$</b>	<b>7,099.65</b>	

Kindly pay the Grand Total Amount of **\$7,099.65** to:

**Team AutoPro Pte Ltd**  
160 Sin Ming Drive #02-12  
Sin Ming AutoCity  
Singapore 575722

For further query, please feel free to contact us at 6258 1955 or email: teamautooffice@gmail.com

Thank you.



Regards  
Adel (Ms)

**Team AutoPro Pte Ltd** Co Reg No: 201811621K

160 Sin Ming Drive #02-12 Sin Ming AutoCity Singapore 575722

Tel: 6258-1955 Fax: 6258-1956 Email: teamautooffice@gmail.com / teamautop1@gmail.com

To : **Team AutoPro Pte Ltd**  
CRN : **201811621K**  
located at : **160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722**

**Letter of Authorization & Undertaking**

In Respect of Accident Involving my/our Vehicle No.: SMQ 9741 S  
and SKM 6116 L and .....  
and ..... and .....  
@ SLIP ROAD OF HARBOURFRONT AVE TWDS TELOK BLANGAH RD  
dated 16/07/2020.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date: 16/07/2020



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKM 6116L (Insd veh)	Model: B.M.W. 216I ACTIVE TOURER
	SMQ 9741S (TP veh)	
Date of Accident/ Time:	16/07/2020 11:45	

Repair Estimate	: \$	12,681.65	
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	: \$	5,500.00	(GLOBAL SUM)
Payee Name: TEAM AUTOPRO PTE LTD			
Is Third Party Workshop GIA Registered? [ ] YES [X] 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:

- 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/TORTEASOR 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: *7/10/20*  
Date: *7/10/20*



LTC

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: *Peah Ang*  
Date: *07/10/2020*

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 08/10/2020

"My execution of this Discharge Voucher is solely for my claim for Property Damage & nonprejudicial to any other claims arising from the same accident."





160 Sin Ming Drive #02-12  
Sin Ming AutoCity  
Singapore 575722

Tel: 6258 1955 Fax: 6 258 1956  
teamautoffice@gmail.com / teamautopl@gmail.com

## THIS IS YOUR INVOICE

*Kindly remit payment to our office address stated. If you have any query pertaining to this invoice, please feel free to contact us.*

INVOICE DATE: 7-Oct-20

INVOICE NOS: TAP9741S-20/1179

Your Reference: SMQ 9741S

Date Of Accident: 16/7/2020

**Billed To:** AXA Insurance Singapore Pte Ltd

**On Behalf Of:** Wong Yuan Shun (Huang Yuanshun)

**Invoice Type:** 3rd Party PD Claim

**INVOICE TOTAL IN SGD**

**\$ 4,700.00**

DESCRIPTION	AMOUNT (\$\$)
Lump Sum Amount Payable for Supply of Spare Parts & Labour Pertaining to Accident Repair of: <u>SMQ 9741S</u>	\$ 4,700.00
Discount	\$ -
Amount Due	\$ 4,700.00

### COMMENTS

1. Total payment due in 30 days.
2. All Cheques must be made payable to **TEAM AUTOPRO PTE LTD.**
3. Please include our invoice number at the back of your cheque.

For Team Autopro Pte Ltd

Signature & Stamp

### PAYMENT DETAILS

THANK YOU FOR YOUR PROMPT PAYMENT.

Prepared by Adel Lim (Ms)

Page 1 of 1



友立旅遊服務私人有限公司  
**UNIQUE TOURIST SERVICE (PTE) LTD**

1, Rochor Road #02-574,  
Rochor Centre Singapore 180001  
Tel: 6292 7656 Fax: (65) 6293 97  
E-mail: uniqtour@singnet.com.sg  
STB LIC TA/00076

Co. Reg. No.: 197401067R  
GST Reg. No.: M2-0019671-6

Mr Wong Yuan Shun  
Blk 128 Geylang East Avenue 1  
# 04-129  
Singapore 380128

20, Sin Ming Lane,  
#08-51, Midview City  
Singapore 573968  
Tel: 6292 7656

**TAX INVOICE**

NO. **223416**

**25.07.2020**

Singapore, \_\_\_\_\_ 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Audi Q3 2.0T Auto  
Registration no. SKL 1390 Z self driven  
as from 16.07.2020 to 24.07.2020.

8 days at \$220.00 per day

\$ 1760.00

Add GST at 7%

\$ 1760.00

Total Amount Due

\$ 123.20

\$ 1883.20

( SIN DOLLARS: ONE THOUSAND EIGHT HUNDRED EIGHTY THREE AND CENTS  
TWENTY ONLY )

Standard Rated Supplies:\$ 1760.00  
Total Amount of GST:\$ 123.20

  
AUTHORISED SIGNATURE





# UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: unigtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. **21768**

VEHICLE NO.

SKL 1390 Z

MAKE/MODEL

AUDI Q3

NAME OF HIRER <u>WONG YUAN SHUN</u>		
ADDRESS <u>128 GEYLANG EAST AVE 1</u> <u>#104-129</u> SINGAPORE <u>380128</u>		
OFFICE TEL	RES TEL	HP <u>9755 3589</u>
NAMED DRIVER <u>MR. WONG YUAN SHUN</u>		
OCCUPATION	NATIONALITY <u>S'POREAN</u>	
PASSPORT / NRIC <u>S8239714J</u>	DATE OF BIRTH <u>14-11-1982</u>	
DRIVING LIC NO. <u>S8239714J</u>		
PLACE OF ISSUE <u>S'PORE</u>	DATE PASS/EXPIRY <u>270404</u>	

DATE OUT <u>16/07/20</u>	TIME OUT <u>1430 PM</u>
PETROL OUT <u>E</u> 1/4 1/2 3/4 <u>F</u>	
DATE IN <u>24/07/2020</u>	TIME IN <u>500pm</u>
PETROL IN <u>E</u> 1/4 1/2 3/4 <u>F</u>	
RENTAL RATES:	\$
MONTHLY @ \$	
WEEKLY @ \$	
DAILY <u>8</u> @ \$ <u>220</u>	<u>1760 00</u>
C.D.W. FEE	
PETROL CONSUMPTION	
DELIVERY CHARGE	
COLLECTION CHARGE	
SUB-TOTAL	
GST @ <u>7</u> %	<u>123 20</u>
RENTAL DEPOSIT	
TOTAL:	<u>1883 20</u>
DEPOSIT REFUND	
PAYMENT BY: BILL CO / CREDIT CARD / CASH	
ATTENDED BY: <u>[Signature]</u>	
OF UNIQUE TOURIST SERVICE (PTE) LTD	

ADDITIONAL NAMED DRIVER		
ADDRESS		
SINGAPORE		
OFFICE TEL	RES TEL	HP
OCCUPATION		
NATIONALITY		
PASSPORT / NRIC	DATE OF BIRTH	
DRIVING LIC NO		
PLACE OF ISSUE		
DATE PASS/EXPIRY		

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

A. COLLISION DAMAGE WAIVER (CDW) AT \$ \_\_\_\_\_ PER DAY / WEEK / MONTH "X"

B. SURCHARGE OF \$ \_\_\_\_\_ FOR USE IN MALAYSIA FROM \_\_\_\_\_ TO \_\_\_\_\_ "X"

● THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR

\$ 1200 =

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

**FOR SINGAPORE DRIVE ONLY**

REPLACEMENT VEHICLE NO:

1. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
2. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
3. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF HIRER

DATE: \_\_\_\_\_

SIGNATURE OF HIRER



## TAX INVOICE

Our Ref No: GR-20-086053

Date of Request: 24/07/2020

Your Ref No:

PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)  
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Your Vehicle No: SMQ9741S

Date of Accident: 16/07/2020

Place of Accident: HARBOURFRONT AVE

Involving Vehicle No: SKM6116L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-20-086054

Date of Request: 24/07/2020

Your Ref No: PURCHASE BY EMAIL

TEAM AUTOPRO PTE LTD (SIN MING)  
160 SIN MING DRIVE, #01-14 SIN MING AUTOCITY  
SINGAPORE 575722

Dear Sir/Madam,

Date of Accident: 16/07/2020

Vehicle No: SMQ9741S

Place of Accident: SLIP ROAD OF HARBOURFRONT AVE TWDS TELOK BLANGAH R

Involving Vehicle No: SKM6116L

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKM6116L	SLIP ROAD OF HARBOURFRONT AVE TWDS TELOK BLANGAH R	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque





Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 16 Jul 2020 / 14:45:38

Receipt Date/Time : 16 Jul 2020 / 14:45:38

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200716-002139

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 - SKM6116L				
As at 16 Jul 2020/11:45:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKM6116L Enquiry Fee 20200716144439403793	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	426569XXXXXX8855	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.

## Jasper Chua (LKK Auto)

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**From:** Jasper Chua (LKK Auto)  
**Sent:** Thursday, 10 September 2020 9:18 AM  
**To:** LOKE\_LS@IDARCHITECTS.COM.SG  
**Subject:** ACCIDENT INVOLVING SKM 6116L & SMQ 9741S ALONG HARBOURFRONT AVE ON 16/07/2020

10 SEPTEMBER 2020

YEOW CHUI LIN

Dear Sir/ Madam,

**OUR REF : CC4/ASM20007381/Bba3**  
**YOUR REF : SKM 6116L**

### **ACCIDENT INVOLVING SKM 6116L & SMQ 9741S ALONG HARBOURFRONT AVE ON 16/07/2020**

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 TEAM AUTOPRO PTE LTD acting on behalf of the owner of **SMQ 9741S** 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 defence, 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 as 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.

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)



## Pls maintain offer as it was fair

Type

🔗 Question

Message

You have mandate up to \$5500 (all-in), subject to rental agreement.

Reply





Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 16.09.2020

### Survey Details:

Date of loss	16-Jul-2020
Date of appointment	16-Jul-2020
Date of survey	16-Jul-2020
Location of survey	TEAM AUTOPRO PTE LTD

### Vehicle Details:

Claim Type:	THIRD PARTY CLAIM
Vehicle number	SMQ9741S
Make and Model	B.M.W. 216I ACTIVE TOURER - 1499cc
Date of registration	13-Dec-2019
Parf Rebate	
Market Value	\$ 104,000.00
Parf Rebate	\$ 56,589.00
Nett Loss	\$ 47,411.00

### Repair details:

Initial Estimate	\$ 12,681.66
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### Proposed/Revised repair cost:

Parts	\$ 3,677.17
Check items (estimate)	\$ -
Labour	\$ 2,120.00
<b>Total</b>	<b>\$ 5,797.17</b>
<b>Lump Sum(if applicable)</b>	<b>\$ 4,700.00</b>

Number of days for repair	6.0
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Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

**Remarks:**

*Insured driver rear-ended third party.*

**Mandate:**

Liability(TP)	100%	
Proposed repair cost (w/gst)	\$ 5,029.00	\$ 5,029.00
Loss of use (6 days x \$60.00)	\$ 360.00	NIL
Loss of rental (6 days x \$100.00) (w/gst)	NIL	\$ 642.00
LTA search fees	\$ 7.45	\$ 7.45
<b>Proposed Total</b>	<b>\$ 5,396.45</b>	<b>\$ 5,678.45</b>