

Auburn Auto Pte Ltd  
176 Sin Ming Drive  
#04-18 Sin Ming AutoCare  
Singapore 575721  
UEN200805305G  
Email: [AuburnAuto.Insurance@gmail.com](mailto:AuburnAuto.Insurance@gmail.com)

18 February 2021

AXA Insurance  
8 Shenton Way, #24-01  
AXA Tower,  
Singapore 068811

Attn : Claims Department

Dear Sir/Madam,

LKK REF: CC4/ASM20009250/Ega3  
Accident Involving XE2740Z & SJY9352A\_along\_TBC on 25/08/2020

We refer to the above matter.

Append below our claims in respect of our client's car SJY9352A :

|  |   |            |
|--|---|------------|
| Cost of Repair (Lump Sum)                              | - | \$1,900.00 |
| Loss of use (6 Days x \$150-00)                        | - | \$900.00   |
| Loss of Rental (6 Days x \$300-00)                     | - | \$1,800.00 |
| Estimator's Cost                                       | - | \$300.00   |
| LTA Search Fee   | - | \$7.45     |
| Wheel Alignment  | - | \$40.00    |
| Transportation Fee                                     | - | \$50.00    |
| Admin Fee(Police/GIA and other supporting services)    | - | \$400.00   |
| Disbursement (photocopying, fax and other incidentals) | - | \$100-00   |

Total:

=====  
\$5,497.45  
=====

Kindly issue us your cheque payable to Auburn Auto Pte Ltd in Settlement.  
Thank You

Yours Faithfully

Jennie  
Claims Department  
Auburn Auto Pte Ltd  
HP: 9093 8998



## AUTHORIZATION FOR CAR REPAIR WORKSHOP

1. I/We, Paradigm Auto Pte Ltd (claimant), owner of vehicle no. SJY9352A hereby unconditionally appoint authorize my repairer, Auburn Auto Pte Ltd to act as my / our agent and proceed on behalf for me / us with respect to my / our claim for repair costs and / or rental and / or loss of use and / or admin fee ("claim") for my/our vehicle no. SJY9352A that was damage pursuant to the accident which occurred at/along Bukit Batok West Ave 5 towards Bukit Gombak MRT station.
2. I/We hereby authorize the workshop to proceed on with the repairs of my/our damage vehicle as mentioned in the above accident and in particular appointing a surveyor on my/our behalf to protect their interest. Since I/We would not be able to pay for the repairs, I/We further authorized my/our repairer to claim on all costs and expenses caused to my/our vehicle damages on the above mentioned accident. With that, my/our repairer will settle the claim in a manner that they deem fit from the 3<sup>rd</sup> party involved in the above mentioned accident. My/Our repairer is then further authorized on my/our behalf to payment with regards of my/our claim with payment cheque(s) being made in favour to my/our repairer Auburn Auto Pte Ltd from the 3<sup>rd</sup> party insurers. I/We further acknowledge that any settlement and liability my/our repairer may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned and I/We will accept any settlement on costs and liability my/our repairer reached on behalf for me/us with the 3<sup>rd</sup> party insurers which are final and agree to release all payment to my/our repairer without delay.
3. I/We authorize my/our repairer and/or solicitors to be appointed by me/us to communicate and quantify my/our claim against the negligent party and/or his insurers and unconditionally settle all claims and liability on my/our behalf. I/We also undertake that I/We will give attend at the office of my repairer to Authorize to Act, Discharge Voucher and all other necessary documents which is needed to be sign by me/us and in connection with my/our claim.
4. I/We understand that the law does not recognize false claims. With that, it is my/our duty to speak the truth to my/our repairer of the accident and will not communicate with the owner and/or driver and /or the insurers of the third party relating to the accident on my claim. As

thus, this will bring to jeopardize my/our claim thus resulting in repudiating my/our claim and/or affecting my/our settlement and liability.

5. Further, if there is a dispute with the third party settlement and/or liability and the case will be proceeded further for legal action and mediation may/will conducted to resolve the matter. I/We will agree on findings by third party insurances and/or the judge's final decisions on the claims and liability given by the court and/or the third party insurance. Should I/We disagree with the third party insurances and/or judge's final decision. I/We will agree to discharge my/our repairers/solicitor from this cause and agreed made payment to my/our repairer/solicitor on the repair costs and all other incidental charges including legal cost & disbursement.
6. If there is a dispute with the third party, I/We understand and authorize my/our repairer will/may appoint solicitors on my/our behalf and will file all legal documents and mediations will be conducted to resolve the matter. I/We will agree give my/our full co-operation with my/our repairer and/or solicitor on my/our claim and to obtain witness statements, scene of accident/place of accident /place of accident photos and all other documents/information inquired by them.
7. I/We hereby declare that I/We will always remain and be liable to my repairer for the cost of repair to my/our said vehicle and other incidental expenses.

.....  
Sign & Company stamp by owner of vehicle.....



NRIC No .....

Date 17.6.2021 .....





### AXA THIRD PARTY DIRECT SETTLEMENT

|                         |                     |                         |
|-------------------------|---------------------|-------------------------|
| Vehicle No:             | XE 2740Z (Insd veh) | Model: VOLKSWAGEN JETTA |
|                         | SJY 9352A (TP veh)  |                         |
| Date of Accident/ Time: | 25/08/2020 17:10    |                         |

|                      |      |           |                    |
|----------------------|------|-----------|--------------------|
| Repair Estimate      | : \$ | 20,532.00 |                    |
| 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 | : \$ | 2,300.00  | (global sum)       |

|  |   |
|--|---|
| Payee Name : AUBURN AUTO 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/ <del>No</del> BOLA Scenario No: 15 |
|  | 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: *Sheng*  
Date: 17/6/2021

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: *Doshua Chan*  
Date: 17/6/2021



Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 17/06/2021

*Our/my execution of this Discharge Voucher is only for our/my claim for property damage and not prejudicial to any other claims arising from the same accident.*

Auburn Auto Pte Ltd  
176 Sin Ming Drive  
#04-18 Sin Ming AutoCare  
Singapore 575721  
UEN200805305G  
Email: [AuburnAuto.Insurance@gmail.com](mailto:AuburnAuto.Insurance@gmail.com)

**INVOICE** (Final)

18/02/2021

To: AXA Insurance  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811

Attn: Claims Department

| S/N           | DESCRIPTION   | NO. OF DAYS | PER DAY | AMOUNT            |
|---------------|---|-------------|---------|-------------------|
|               | Vehicle registration number<br>SJY9352A                   |             |         |                   |
| 1             | Cost of Repair (Lump Sum)                                 |             |         | \$1,900.00        |
| 2             | Loss of use   |             |         | 0.00              |
| 3             | Loss of Rental  |             |         | \$0.00            |
| 4             | Estimator's Cost  |             |         | \$0.00            |
| 5             | LTA Search Fee  |             |         | \$0.0             |
| 6             | Wheel Alignment   |             |         | \$0.00            |
| 7             | Transportation Fee  |             |         | \$0.00            |
| 8             | Admin Fee (Police/GIA and other<br>supporting services)   |             |         | \$0.00            |
| 9             | Disbursement (photocopying, fax and other<br>incidentals) |             |         | \$0.00            |
| <b>Total:</b> |   |             |         | <b>\$1,900.00</b> |

Auburn Auto Pte Ltd



\*postpaid

PARADIGM AUTO PTE LTD  
UEN: 201943139H  
LINK@AMK  
3 ANG MO KIO STREET 62 #07-26 S569139

VEHICLE RENTAL AGREEMENT

THIS VEHICLE RENTAL AGREEMENT ("AGREEMENT") EFFECTIVE AS OF 26/08/2020 (DD/MM/YYYY), IS MADE AND ENTERED INTO BETWEEN PARADIGM AUTO PTE LTD (hereinafter "The Company") (SINGAPORE COMPANY REGISTRATION NO. 201943139H, A COMPANY ORGANISED AND EXISTING IN SINGAPORE, WITH OFFICES LOCATED AT LINK@AMK, 3 ANG MO KIO STREET 62 #07-26, SINGAPORE 569139

AND

Joshua Chan Ying Wei  
(Name of main hirer / hereinafter "Hirer")

S8503136H  
(Singapore NRIC No. / Driving Licence No.)

APT BLK 697A Junc West Central 3 #03-09 S(641697)  
(Residential/Mailing Address\*)

9819 2373 (Contact No.)

6675887 Ruby (Emergency contact No.) Mother. (Relationship)

AND

\_\_\_\_\_  
(Name of Co-hirer / hereinafter "Hirer")

\_\_\_\_\_  
(Singapore NRIC No. / Driving Licence No.)

\_\_\_\_\_  
(Residential/Mailing Address\*)

\_\_\_\_\_  
(Contact No.)

\_\_\_\_\_  
(Emergency contact No.) (Relationship)

Authorised Vehicle Details

Make&Model: N.Lafio  
Vehicle No: CT46403Z (with decal)  
Exchanged from / to UN JEP A  
Rental Period: 04/03/2020 to 04/09/2020  
(dd/mm/yyyy) (dd/mm/yyyy)



Whereas, The Company and Hirer desire to enter into a relationship in which the Company has agreed to provide car rental service to the Hirer on the terms and conditions set out in this Agreement from page 1-7 including the Damage Check Sheet, while Hirer is of the opinion that the Company has the proper and necessary qualification, experience and ability to provide car rental services to Hirer. The Hirer also received a copy of this Rental Agreement. The Company may change these terms and conditions at any time by revising them without prior notice. You agree to be bound by any such revisions.

# PARADIGM AUTO PTE LTD

UEN: 201943139H

LINK@AMK, 3 ANG MO KIO STREET 62 #07-26 S569139

## INVOICE

To: Auburn Auto Pte Ltd  
176 Sin Ming Drive  
#04-18 Sin Ming AutoCare  
Singapore 575721

### Description

Being rental of Nissan Latio SJQ6403Z (accident car SJY9352A DOA 25082020) ✓  
Period from 31/08/2020 to 05/09/2020 (6 days)

Amount: \$1,800.00



Paradigm Auto Pte Ltd





Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Aug 2020 / 10:42:46

Receipt Date/Time : 27 Aug 2020 / 10:41:54

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200827-001023

Previous Receipt No. :

| S/N  | Item Description/<br>Business Transaction Reference<br>No.         | Amount<br>Before<br>GST (\$\$) | GST<br>Amount<br>(\$\$) | Amount<br>After GST<br>(\$\$) |
|--|--|--------------------------------|-------------------------|-------------------------------|
| Result of Insurance Enquiry - XE2740Z<br>As at 25 Aug 2020/17:10:00<br>Insurance Co: AXA INSURANCE PTE LTD |  |                                |                         |                               |
| 1  | Insurance Enquiry - XE2740Z<br>Enquiry Fee<br>20200827103923691851 | 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  |  |                                |                         |                               |
|  | 423179XXXXXX2699   | 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.



## Cecilia Chong (LKK Auto)

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**From:** Cecilia Chong (LKK Auto)  
**Sent:** Wednesday, 9 September 2020 7:54 PM  
**To:** WAREHOUSE@GKEGROUP.COM.SG  
**Subject:** <STANDARD LETTER> OUR REF: CC4/ASM20009250/Ega3 \*\*\* ACCIDENT INVOLVING XE 2740Z & SJY 9352A ON 25/08/2020 \*\*\*

09 SEPTEMBER 2020

**GKE EXPRESS LOGISTICS PTE LTD  
DRIVER: TEH CHAR LAY**

Dear Sir/ Mdm

**OUR REF : CC4/ASM20009250/Ega3  
YOUR REF : XE 2740Z  
ACCIDENT INVOLVING XE 2740Z & SJY 9352A ALONG/AT BUKIT BATOK ST 34 ON 25/08/2020**

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 **AUBURN AUTO PTE LTD** acting on behalf of the owner of **SJY 9352A** 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](mailto: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](mailto: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](mailto:CeciliaChong@lkkauto.com) | fax: 6741-4108

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



*Save the Earth. Print only when necessary.*



<MANDATE IA> - SOM02SX1 {ACCIDENT  
INVOLVING XE 2740Z & SJY 9352A ON  
25/08/2020}

Type

🔗 Question

Message

Hi Cecilia, TP workshop not ARC, offer global sum \$2300 (all in)

Reply



### PAYNOW AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment will be credited directly into the policyholder/claimant's designated bank account stated below. The Policyholder/claimant has to complete **all fields** of this form and return to:

**AXA Insurance Pte Ltd**  
**8 Shenton Way, #24-01 AXA Tower**  
**Singapore 068811**

#### **Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)**

|  |                           |
|--|---------------------------|
| Name of Policyholder/Claimant :  | Paradigm Auto Pte Ltd     |
| Contact Person :   | Joshua Chan               |
| Contact Number :   | 87978998                  |
| Email Address :  | paradigmautoptl@gmail.com |
| (An auto-prompt email from the bank will be sent to this email address once the payment has been credited) |                           |

#### **Payee's Paynow Details (Please tick only 1 option & provide the Paynow Details)**

|  |           |
|--|-----------|
| Payee's name as per bank account :           |           |
| <input checked="" type="checkbox"/> Mobile : | 9368 8585 |
| <input type="checkbox"/> NRIC :              |           |
| <input type="checkbox"/> UEN :               |           |

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the bank account linked to above Paynow account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such Paynow account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such insurance payout once such amounts are credited into the bank account linked to above Paynow account.

This authorisation shall continue in force until I/we have expressly revoked it by notice in writing delivered to you. In the event of a change of PayNow details, I/we shall inform you in writing 30 days in advance before the change.

In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Authorised Signature & Company Stamp (as per bank records)



17.06.2021  
Date (DD/MM/YYYY)

STY9352A / XE2740Z CDOA: 25/8/2020