

# TEAM AUTO PRO

**WITHOUT PREJUDICE**

Our Ref: SGY 6376L

Your Ref: E 2020C

REVISED: 13<sup>th</sup> January 2021

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

Dear Hsiao Tong,

**Accident Involving:** SGY 6376L and E2020C

**Date of Accident:** 7 October 2020

**Location of Accident:** Yio Chu Kang Road

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

Cost of Repair as agreed	\$	7,169.00	\$6700 COR + \$469 GST 7%
Add Loss of Rental	\$	1,712.00	8 Days - Inv#TL202010-4510
Add Loss of Use	\$	480.00	4 Days
			** LOU/R timeline: Pls refer to LOD dated 13-11-2020
Total	\$	9,361.00	
Add 3rd Party GIA Report	\$	29.00	
<b>GRAND TOTAL</b>	<b>\$</b>	<b>9,390.00</b>	

Kindly pay the Grand Total Amount of **\$9,390.00** 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: teamautoffice@gmail.com

Thank you



Regards,  
Adel (Ms)

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.: SGY 6376 L  
and E 2020 C and .....  
and ..... and .....  
@ YIO CHU KANG ROAD  
dated 07/10/2020.

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: 07/10/2020



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	E 2020C (Insd veh)	Model: MERCEDES BENZ R350L (3498cc)
	SGY 6376L (TP veh)	
Date of Accident/ Time:	07/10/2020	

Repair Estimate	: \$	41,133.23	
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 (Global Sum)	: \$	8,500.00	

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 <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:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. 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.
3. 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: Beahtohusn  
Date: 01/03/2021



Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Beahtohusn  
Date: 01/03/2021



Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 02/03/2021

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



Page 1 of 1

**TAX INVOICE****Date of Invoice**

26 October 2020

**Invoice No.**

TL202010 - 4510

**Amount (SGD)**

\$ 1,600.00

Gross: \$ 1,600.00

GST 7%: \$ 112.00

**Grand Total: \$ 1,712.00****BILL TO:**

COMPANY NAME: CHANG HOONG YIP DAVID  
ADDRESS: 349 YISHUN AVE 11 #08-263 S760349  
NRIC: S8114195I  
Contact: 9889 6376

ATTENTION: CHANG HOONG YIP DAVID

No.	SERVICE DESCRIPTION
1	Date of Rental: <b>13 October to 21 October 2020</b> Vehicle: <b>Toyota Alphard Black</b> Car Plate: <b>SLL 6845 J</b> Rates: \$200 per day x 8 days

**Terms & Conditions:**

1. Payments to be made within **7 days** from date of invoice.
2. Cheque to be made payable to **TITANIUM LIMOUSINES PTE LTD**
3. For bank transfer:

**Bank: DBS Bank ( Current Account )****Account no: 033-903307-3****Bank Code: 7171****Branch Code: 033****Bank Swift Code: DBSSSGSG**

*This is a computer generated document. No signature is required.*

**TITANIUM LIMOUSINES PTE LTD**

GST Reg No: 201213055R

10 Anson Rd, #23-02A International Plaza, Singapore 079903

T: +65 9180 2235 | E: enquiry@titaniumlimousines.com.sg



## TITANIUM LIMOUSINES PTE LTD CAR RENTAL AGREEMENT

### HIRER PARTICULARS

Name	CHANG HOONG YIP DAVID
Contact	9889 6376
NRIC	S8114195I
Date of Birth	23/05/1981
Address	349 YISHUN AVE 11 #08-263
Postal Code	760349

### VEHICLE PARTICULARS

Car Make / Model	TOYOTA ALPHARD
Vehicle Registration	SLL 6845 J
Petrol / Diesel / Hybrid	PETROL

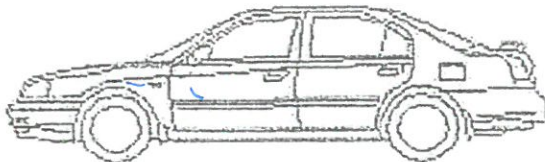
### COLLECTION / RETURN DETAILS

Collection Date	13/10/2020
Collection Time	12:30pm
Mileage Check Out	66841
Fuel Level Check Out	1/4
Return Date	21/10/2020
Return Time	9am
Mileage Check In	67077
Fuel Level Check In	1/4
Rental Period	8 DAYS

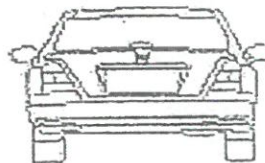
### PAYMENT DETAILS

Daily / Weekly / Monthly Rates	\$200/DAY
Deposit	NA
Payment Account Number	
Excess Section 1	\$2500
Excess Section 2	\$2500
Malaysia Excess Section 1	
Malaysia Excess Section 2	

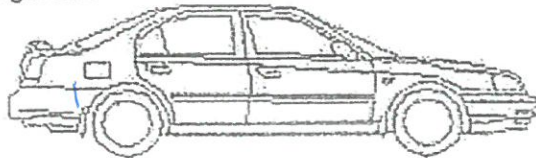
Left Side



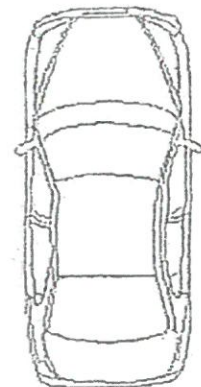
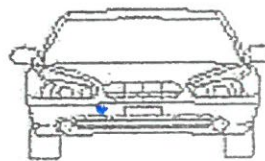
Back



Right Side



Front



Top

Vehicle stated has been checked in the presence of the Company's authorised personnel. In acknowledgment and agreement to the above terms & conditions of the rental agreement contract. All terms & conditions shall be governed by construed in accordance to the laws of Republic of Singapore

### HIRER SIGNATURE

HIRER NAME: CHANG HOONG YIP DAVID  
 DATE / TIME: 13/10/2020  
 AMT DEPOSIT REFUNDED: NA  
 HIRER TO SIGN HERE WHEN VEHICLE RETURNED

### AUTHORISED PERSONNEL

NAME: Titanium  
 DATE / TIME: LIMOUSINES PTE LTD

CO. REG. NO. 201213055R





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-122637

Date of Request: 09/10/2020

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: SGY6376L  
Date of Accident: 07/10/2020  
Place of Accident: YIO CHU KANG RD  
Involving Vehicle No: E2020C

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



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-122638

Date of Request: 09/10/2020

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: 07/10/2020

Vehicle No: SGY6376L

Place of Accident: YIO CHU KANG ROAD

Involving Vehicle No: E2020C

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\$)
E2020C	YIO CHU KANG ROAD	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





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

16 OCT 2020

**MR HO CHIN SENG**  
14 NAMLY VIEW  
SINGAPORE 267088

Dear Sir/ Mdm

**OUR REF : CC4/ASM20011081/Bps3 // S0M02V6Y**

**YOUR REF : E2020C**

**ACCIDENT INVOLVING E 2020C(AXA) AND SGY 6376L ALONG/AT YIO CHU KANG ROAD ON 07/10/2020**

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 SGY 6376L against your motor insurance policy.

We have reviewed the matter and based on all the available information on hand, we are of the view that we do not have a good defense towards the claim submitted by the owner of SGY6376L. Third party video shows that third party was driving straight on the right most lane, your vehicle had encroached into third party lane and collided with third party who was driving straight within his own lane. As such, we are of the view that liability is not in your favour. We shall proceed to negotiate for an amicable settlement of the third-party claim at best to avoid further litigation, which would escalate to even more cost.

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 [chewht@lkkauto.com](mailto:chewht@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 6742 3197 or [chewht@lkkauto.com](mailto:chewht@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: [chewht@lkkauto.com](mailto:chewht@lkkauto.com)

Cc      *AXA Insurance Pte Ltd*  
          *(Motor Claims Dept)*