



**WITHOUT PREJUDICE**

Our Ref: SJG 5600E

Your Ref: SDB 9955C

7<sup>th</sup> December 2020

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

Dear Hsiao Tong,

**Accident Involving:** SJG 5600E and SDB 9955C  
**Date of Accident:** 12 November 2020  
**Location of Accident:** Yio Chu Kang Road before Begonia Road Junction

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

Cost of Repair as agreed	\$	6,900.00
Add Loss of Rental	\$	2,503.80 13 Days - Inv#223682
**2 Days PRS (12/13 Nov) + 1 Day PH (14 Nov) + 8 Repair Days Agreed (16/17/18/19/20/21/23/24 Nov) + 2 Sunday (15/22 Nov)		
Total	\$	9,403.80
Add LTA Search Fee	\$	7.45
<b>GRAND TOTAL</b>	<b>\$</b>	<b>9,411.25</b>

Kindly pay the Grand Total Amount of **\$9,411.25** 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.

  
TEAM AUTO PRO  
Reg no: 201811621K  
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.: SJG5600E  
and SDB 9955C and YP 3526 A  
and ..... and .....  
@ YIO CHU KANG RD BEFORE BEGONIA RD JUNCTION  
dated 12/11/2020

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: 12/11/2020



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SDB 9955C (Insd veh)	Model: Mazda 5 5-Door Wagon Sunroof (1998cc)
	SJG 5600E (TP veh)	
Date of Accident/ Time:	12/11/2020	

Repair Estimate	: \$		
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 : <b>Team Autopro Pte Ltd</b>			
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:

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: *[Signature]*  
Date: 22/12/2020



Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: *[Signature]*  
Date: 22/12/2020 Reg no: 201811624



Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 23/12/2020

\*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  
teamautooffice@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:** 18-Dec-20

**INVOICE NOS:** TAP5600E-20/1291

**Your Reference:** SJG 5600E

**Date Of Accident:** 12/11/2020

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

**On Behalf Of:** Tan Suan Lian

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

**INVOICE TOTAL IN SGD**

**\$ 6,900.00**

DESCRIPTION	AMOUNT (\$\$)
Lump Sum Amount Payable for Supply of Spare Parts & Labour Pertaining to Accident Repair of: <u>SJG 5600E</u>	\$ 6,900.00
Discount	\$ -
Amount Due	\$ 6,900.00

### 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





# UNIQUE TOURIST SERVICE (PTE) LTD.

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

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

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 21824

VEHICLE NO.

SLH 1162 G

MAKE/MODEL

TOYOTA WISH

NAME OF HIRER		MR. TAN SUAN LIAN	
ADDRESS		BLK 319 ANG MO KIO AVE 1 # 11-1505	
SINGAPORE		560319	
OFFICE TEL	RES TEL	HP	83689389
NAMED DRIVER		MR. TAN SUAN LIAN	
OCCUPATION	NATIONALITY	S'POREAN	
PASSPORT / NRIC	DATE OF BIRTH	S 1415214H 300960	
DRIVING LIC NO.	DATE PASS/EXPIRY	S 1415214H 1 080185	
PLACE OF ISSUE	S'PORE		
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.			

DATE OUT	12/11/20	TIME OUT	1130am		
PETROL OUT	E	1/4	1/2	3/4	F
DATE IN	25/11/20	TIME IN	330pm		
PETROL IN	E	1/4	1/2	3/4	F
RENTAL RATES:		\$		¢	
MONTHLY	@ \$				
WEEKLY	@ \$				
DAILY	13 @ \$ 180				2340
C.D.W. FEE					
PETROL CONSUMPTION					
DELIVERY CHARGE					
COLLECTION CHARGE					
SUB-TOTAL					
GST	@ 7 %				163 80
RENTAL DEPOSIT					
TOTAL:					2503 80
DEPOSIT REFUND					
PAYMENT BY: BILL CO / CREDIT CARD / CASH					
ATTENDED BY: [Signature]					
OF UNIQUE TOURIST SERVICE (PTE) LTD					

COMPULSORY EXCESS, DOLLAR

\$ 1200/-

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

## DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE \* OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

FOR SINGAPORE DRIVE ONLY

REPLACEMENT VEHICLE NO:

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

DATE:

SIGNATURE OF HIRER

DATE:

SIGNATURE OF HIRER





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

1, Rochor Road, #02-874,  
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

**TAX INVOICE**

NO. 223682

Mr Tan Suan Lian  
Blk 319 Ang Mo Kio Avenue 1  
# 11-1505  
Singapore 560319

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

Singapore, 26.11.2020 20

DATE	PARTICULARS	@	\$	cts
	Rental of one unit Toyota Wish 1.8 Auto Registration no. SLU 1162 G self driven as from 12.11.2020 to 25.11.2020.			
	13 days at \$180.00 per day		\$	2340.00
	Add GST at 7%		\$	2340.00
	Amount Due		\$	163.80
			\$	2503.80
	( SIN DOLLARS: TWO THOUSAND FIVE HUNDRED THREE AND EIGHTY CENTS ONLY )			
	Standard Rated Supplies:\$		2340.00	
	Total Amount of GST:\$		163.80	

AUTHORISED SIGNATURE

> Back to OneMotoring



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

Print Date/Time : 12 Nov 2020 / 12:10:26

Receipt Date/Time : 12 Nov 2020 / 12:10:26

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-201112-001399

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SDB9955C As at 12 Nov 2020/09:10:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SDB9955C Enquiry Fee 20201112120927854137	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				
	426569XXXXX8855	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.

## Hsiao Tong (LKKAUTO)

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**From:** Hsiao Tong (LKKAUTO)  
**Sent:** Wednesday, 18 November 2020 10:42 AM  
**To:** KEHBIN@TONGLOONG.COM  
**Subject:** ACCIDENT INVOLVING SDB9955C(AXA) / SJG 5600E/ OTHERS ALONG/AT YIO CHU KANG ON 12/11/2020

18 Nov 2020

Mr Lee Keh Bin

*[By Email only]*

Dear Sirs/ Mdm

**OUR REF : CC4/ASM20012427/Bps3// SOM02X0J**

**YOUR REF : SDB9955C**

**ACCIDENT INVOLVING SDB9955C(AXA) / SJG 5600E/ OTHERS ALONG/AT YIO CHU KANG ON 12/11/2020**

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 SJG5600E against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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 to confirm that the driver is allow to drive the vehicle.
- 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 us at 6742 3197 or email us at [chewht@lkkauto.com](mailto:chewht@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | Email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | Fax: 6741 4108

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)