

RICO 60 AUTO SERVICES PTE. LTD.

Co. & GST Reg. No.: 201807623M 8 Kaki Bukit Avenue 4 Premier @ Kaki Bukit #02-24, Singapore 415875

Tel: +65 6286 6060 | Fax: +65 6286 7060

Email: enquiry@rico60.com

Our Ref.: SLC 4668 P

Your Ref.: FBQ 1112 R

Date: 13/12/2020

ATTN: Motor Claims Department INS: AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SLC 4668 P & FBQ 1112 R

Date of Accident: 13/12/2020

Location: 529A JELAPANG RD, SINGAPORE 671529

We refer to the above-mentioned accident:

We are claiming as follows:

Cost of Repair: \$ 5,564.00

Loss of Use:

\$ 400.00

(5 Days x \$80/Day): LTA Search:

\$ 7.49

Grand Total: \$ 5,971.49

BASED ON NIMA PROTOCOL, YOU HAVE 8 WEEKS TO RESPOND. FAILURE IN COMPLIANCE AND OUR LEGAL SOLICITOR/S WILL TAKE OVER THE CASE IN FULL

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

Kindly take note that our office is located at 8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit, #02-24, Singapore 415875.

For any further queries, please kindly contact Jesski Low @ 6286 6060, or email to claims@rico60.com.

Thank You,

Jesski Low



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LETTER OF AUTHORISATION

Accident on 13/12/20@14:30 Hrs along 529A involving vehicles nos. SC4068P K FBQ III 2 R	Jelapang Rd, Singapore 671529
In consideration of Rico 60 Auto Services Pte. Ltd., 8 Kaki Buki #02-24, Singapore 415875, repairing my/our motor vehicle no. request, I/We, Lim Lay Tin of	
(address) bearing NRIC no. SXXXX 98 45 the owner of rehereby authorise them to demand claim, settle and receive whinsurance company or third party or commence legal proceeding etc, to any of their appointed advocates to act of me/us in respective amount claimed or settled shall belong and make payable to company of the third party. I/We further authorised them to gibehalf and to sign discharge voucher(s) and any other document conduct and disposal of my/our above claims.	natever amount settle payable by the ng for cost of repairs, loss of use and pect of the said accident/claim and all to them absolutely by the insurance ive an absolute discharge on my/our
I/We further agree to fully co-operate and attend all court head the claims maintained by Rico 60 Auto Services Pte. Ltd. I/We indemnify them against my/our claim for costs which arise ther is unsuccessful, I/we undertake to pay to Rico 60 Auto Services my/our vehicle. In the event that settlement cheque were to be hereby give my/our instruction to clear the said cheque on my/for payment directly into Rico 60 Auto Services Pte. Ltd. account/we further authorise Rico 60 Auto Services Pte. Ltd. and/or the monies to pay their charges without further reference to me. I Auto Services Pte. Ltd. shall amount to a good discharge of Rico their appointed law firm's obligation to me in respect of the services.	further agree and undertake to rewith. In the event that my/our claim is Pte. Ltd. the cost of repairs of e drawn in my/our favour, I/we lour behalf by presenting the same int. Upon clearance of the said cheque, their appointed law firm to utilise the confirm that the payment to Rico 60 to 60 Auto Services Pte. Ltd. and/or
Dated thisday of12	(month) (year).
"The Claimant's" Signature	Rico 60 Auto Services Pte Ltd
Name: UM LAY TIM	Name: Tesski
NRIC No.: SXXXX984J	



"My execution of this Discharge Voucher is only for my claim for property damage and not Prejudicial to any other claims"

AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	FBQ 1112R	(Insd veh)	
	SLC 4668P	(TP veh)	Model: HONDA VEZEL 1496CC
Date of Accident/ Time:	13/12/2020 14:30		

Repair Esti	mate	:\$	22,974.01				
Final Repai	r Cost	: \$					
Loss of Use		:\$				days at \$	per day
Rental (if a	ny)	1.\$				days at \$	per day
LTA / GIA S	earch Fee	:\$					
Others:		:\$					
		:\$					
Final Settle	ement Sum	:\$	2,980.00			(GLOBAL	SUM)
Payee Nan	ne: RICO 60 AU		FRVICES	PTFITC):	1,	
	rty Workshop GIA Registe		YES [V] NO (Kin	dly indicate b	elow)	
A)	For Non GIA Register	red Works	ihop:	Agreed Liabi	ility50	(%)	
В)	For GIA Registered V	Vorkshop:		BOLA Applic	able: Yes/ No	BOLA Scenario No:	
	BOLA Liability:	(%)		Assessed Lia	bility (*):	(%)	
	* Assessed Liability to	o be filled	only for chain col	lisions and for ca	ses where BO	LA does not apply.	
Remarks:						10	

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:

Date: 19/07/1011

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: YVO WALTCOLD

Date: (9/107/2021

LWP

Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative:

Date: 19/07/2021



RICO 60 AUTO SERVICES PTE. LTD.

Co. & GST Reg. No.: 201807623M 8 Kaki Bukit Avenue 4 Premier @ Kaki Bukit

#02-24, Singapore 415875

Tel: +65 6286 6060 | Fax: +65 6286 7060

Email: enquiry@rico60.com

UOB Bank -Current: 371-310-641-9

TAX INVOICE

Invoice No.

: 12020110289

: 12/3/2021

AXA INSURANCE PTE LTD

Invoice Date Vehicle No.

: SLC 4668 P Make & Model: HONDA VEZEL

6880 4888

Chassis No.

: RU11114118

Mileage

. -

Terms

Due within 90 days

NO.	DESCRIPTION	QUANTITY	PER UNIT (SGD)	AMOUNT (SGD)
1	To Carry Out Repair & Respray on Accident	1	5,200.00	5,200.00
	Corresponding to Supply on Spare Parts & Labour			
	Charges			

7% GST	\$ 364.00
GRAND TOTAL (INCLUSIVE OF 7% GST)	\$5,564.00
Amount Paid	\$0.00
Balance Due	\$5,564.00

Signature/Company Stamp

I agree to the price as listed above and affirm that the goods are received in good condition.

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

19 Dec 2020 / 12:39:11

Receipt Date/Time : 19 Dec 2020 / 12:39:11

Tax Invoice/Receipt

Receipt No.: ITNET-00000-201219-001111

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 - SKR7179Y				
As at 15 Dec 2020/18:30:00 Insurance Co: MSIG INSURANCE (SINGAR	PORE) PTE LTD			
1 Insurance Enquiry - SKR7179Y	,			
Enquiry Fee 20201219123831129730		7.00	0.49	7.49
20201213123331123133	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - FBQ1112R				
As at 13 Dec 2020/14:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
2 Insurance Enquiry - FBQ1112R Enquiry Fee		7.00	0.49	7.49
20201219123831208041		1100	5.76	
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SDU45M				
As at 18 Dec 2020/18:55:00				
Insurance Co: AIG ASIA PACIFIC INSURAI	NCE PTE. LTD.			
3 Insurance Enquiry - SDU45M Enquiry Fee		7.00	0.49	7.49
20201219123831291838				
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SJG5552K				
As at 18 Dec 2020/17:45:00				
Insurance Co: AXA INSURANCE PTE LTD 4 Insurance Enquiry - SJG5552K				
4 Insurance Enquiry - SJG5552K Enquiry Fee		7.00	0.49	7.49
20201219123831368140				
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	28.00	1.96	29.96
	Rounding Difference			0.01
	Total Amount Payable			29.95
	Paid By			
	559221XXXXXX4989	eNETS Credit Ca	ard	29.95
	Total			29.95
	Cash Change			0.00
	Tendered Amount			29.95
	Excess Refundable Amount			0.00
	Except (Gloridable / Hilball			

Jasper Chua (LKK Auto)

From: Jasper Chua (LKK Auto)

Sent: Thursday, 15 April 2021 10:10 AM

To: ajulperhaps@gmail.com

Subject: ACCIDENT INVOLVING FBQ 1112R & SLC 4668P ALONG BLK 529 JELAPANG RD

MULTI STOREY CARPARK DECK 3A ON 13/12/2020

15 APRIL 2021

MOHAMMAD AZRUL BIN SENIN

Dear Sir/ Madam,

OUR REF: CC4/ASM20014318/Aba3

YOUR REF: FBQ 1112R

ACCIDENT INVOLVING FBQ 1112R & SLC 4668P ALONG BLK 529 JELAPANG RD MULTI STOREY CARPARK DECK 3A ON 13/12/2020

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 RICO 60 AUTO SERVICES PTE LTD acting on behalf of the owner of SLC 4668P 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. You 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 <u>jasperchua@lkkauto.com</u> within 7 days from the date of this letter <u>if not provided at our reporting centre</u>. 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 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. 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 | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933) 7/22/2021 VendorEngage





RE: Re:RE: Re:TP-LOD SHARED-VO

Туре

Question

Message

Revised TP Mandate IA uploaded. We seek your mandate at \$2,989.49(ALL IN). Kindly let us have your approval. Jasper Chua – 19/04/2021

Reply





GIRO CREDIT 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 <u>all fields</u> 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 o Name of Policyholder/Claimant:	LIM WIL LING
Contact Person:	Damian Lim
Contact Number:	8182 0381
Email Address:	Claim (D) silako lam
	e sent to this email address once the payment has been credited)
Particulars of Policyholder/Claimant's B	ank Account
Particulars of Policyholder/Claimant's B Name of Bank:	
Particulars of Policyholder/Claimant's B Name of Bank:	Bank Account UDB
Particulars of Policyholder/Claimant's B Name of Bank: Bank Code: Bank Branch Code:	Bank Account UDB 73.75
Particulars of Policyholder/Claimant's B Name of Bank: Bank Code:	Bank Account

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such bank 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 above bank 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 bank account, 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(les) 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 in bank records)

2710712021

Date