

WITHOUT PREJUDICE

Our Ref: SLC 2633C Your Ref: SHB 7917D

REVISED: 19th April 2021

ATTN:

LKK Auto Consultants Pte Ltd

INSURER:

AXA Insurance Pte Ltd

Dear Cecilia,

Accident Involving: SLC 2633C and SHB 7917D

Date of Accident:

8 July 2019

Location of Accident: Lorong 2 Toa Payoh towards Lorong 6 Toa Payoh

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

GRAND TOTAL	\$ 6,371.45	
Add LTA Search Fee	\$ 7.45	
Add 3rd Party Report Fee	\$ 29.00	
Total	\$ 6,335.00	
Add Loss of Use	\$ 720.00	6 Days
Add Loss of Rental	\$ 800.00	4 Days - Inv#TAP2633C-122/0318
Cost of Repair Inc. GST	\$ 4,815.00	\$4500 COR + \$315 GST 7%

Kindly pay the Grand Total Amount of \$6,371.45 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

Regards
Adel (Ms)

To

:

Team AutoPro Pte Ltd

CRN

201811621K

located at

385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718

Letter of Authorization & Undertaking

ln	Respect	of	Accident	Involving	my/our	Vehicle	No.:	SLC 2633 C
and	•	SH	B 7917 D			and		
and						and		
@ _	lorong 2	toa	payoh two	ls lorong 6	toa pay	oh		
dat	ed 08/07	7/201	19					

- 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,
* Starts
Claimant Signature & Co's Stamp (if applicable)
8/9/19 Date:



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 7917D (Insd veh)						
		SLC 26330	(TP veh)	Model: HONDA	ACCORD		
Date of Accident/ Time:	7	08/07/2019					
Repair Estimate	:\$	10,992.	97				
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	:\$	5,150.00			(global sum)		
Payee Name : TEAM AUT	OPRO PTE L	TD					
Is Third Party Workshop GIA Reg	gistered?	[] YES	[X] NO	(Kindly indicate below	v)		
		•			(0.1)		
A) For Non GIA Reg	istered Work	shop:	Agreed L	lability 100	(%)		
B) For GIA Register	ed Workshop	:	BOLA Ap	plicable: Yes/ No BC	DLA Scenario No:		
BOLA Liability: _			Δετρετρ	d Liability (*):	(%)		
70 ES							
* Assessed Liabil	ity to be filled	only for chain	collisions and fo	r cases where BOLA d	oes not apply.		
Remarks:							
PLEASE EXPRESSLY RESEL THIS SETTLEMENT IS OF LIABILITY ON AXA AND THE SETTLEMENT	N A WITHOU HEIR CLIENT/ SHTS UNDER T	T PREJUDICE I TORTFEASOR I THE POLICY TEI are to be sub	BASIS AND SHO N ANY MANNE RMS & CONDITI mitted with thi	OULD NOT CONSTRU R WHATSOEVER. IONS AS WELL AS THE s settlement confirm	IR RIGHTS IN LAW.	t, rental	
agreement / invoices are <i>not recei</i> n per the NIMA rates.	vea within 7 a	iays of this sign	ed confirmation	n, we will automatical	ly revert to loss or u	se ciaim	
We/I confirmed that this is a full	and final set	tlement that v	we and or our	client have/had/has	against you (AXA a	nd their	
policyholder/authorised driver/top	(easps) for an	y and all losses	(past/present/	future) arising from t	his accident.		
We confirmed that we have the au							
AGA	M age			T = K	MATEL	<i>.</i>	
Signature of workshop represent	tima Worksh	nop stamp	Signature of W	vitness / Workshop stess: Pluch	tamp (if amplicable)		
Name of Representative:	(apr		Name of Witne	ess: Prina sono	: 2018110		
Date: 7- OUL 1					7		
(LKK) LTG				20/04/2021			
Signature of AXA's surveyor/repre	esentative:						
Name of AXA's surveyor /Represe	ntative:						

"My execution of this Discharge Voucher is solely

for my claim for Property Damage & nonprejudicial to any other claims arising from the same accident."

Date: 20/04/2021

Telephone: +65 6880 4888 - axa.com.sg



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

Tel: 6258 1955 Fax: 6 258 1956

teamautoffice@gmail.com / teamautopl@gmail.com

UEN: 201811621K / GST Number: 201811621K

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

On Behalf Of: Pam Chong Kiong 3rd Party PD Claim Invoice Type:

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:

08-Mar-21

INVOICE NOS:

TAP2633C-19/2031

Your Reference:

SLC 2633C

Date Of Accident:

08-07-19

INVOICE TOTAL IN SGD

\$

4,333.50

DESCRIPTION AMOUNT (S\$)

Lump Sum Amount Payable for Supply of Spare Parts & Labour

Pertaining to Accident Repair of:

SLC 2633C

Add 7% GST \$

315.00

4,500.00

GRAND TOTAL DUE \$

4,815.00

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.

9 10: 201811 Signature & Stamp

PAYMENT DETAILS



160 Sin Ming Drive #01-14 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:

12-Jul-19

INVOICE NOS:

TAP2633C-122/0318

Your Reference:

SLC 2633C

Our Reference:

SME 5658P

Billed To:

Pam Chong Kiong

Address:

122 Teck Whye Lane #10-834 S'680122

Invoice Type: Rental

INVOICE TOTAL IN SGD

\$

800.00

DESCRIPTION

SME 5658P

AMOUNT (S\$)

800.00

Leasing of Vehicle Number:

Rental Rate Per Day:

\$200.00

Rental Duration:

4

Commencement Date:

8/7/2019

Ceasement Date:

12/7/2019

* DRIVER: Pam Zhen Hao of S9045476E

Discount \$

Amount Due \$

800.00

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.
- Free Upgrade



PAYMENT DETAILS



RENTAL AGREEMENT

RA/201907/122

Authorized Signatory On B Halkow TeamAutoPro Pte Ltd

					Law and the same a			
HIRER'S PARTICULAR		Vehic	le No / N	/lodel		Rental Vehic	cle No / Model	
Name: Pam chong Kiony			SL C 2633C			SME 5658PBMW		
NRIC/Passport No: S17 243836		Date ,	Date / Time Out:			Date / Time In:		
Driving Licence No:	Exp:	81:	7/19	121	noon	12/7/19	8-30pm	
Address: 122 Teck whye Lane \$	10-834				Fuel Ta	nk Level		
5680122				OUT			IN	
Tel:	1	1		1/2	1	(:	1/2	
ADDITONAL DRIVER'S PARTICULAR (AUTHORIZE	D DRIVER)	Ē			F	E	F	
Name: Pam zhen Hao		RENT	AL CHA	RGE	S		TOTAL S\$	
NRIC/Passport No: S9045476E			Hour	@		per hour		
Driving Licence No:	Exp:	4	Days	@	\$200	per days	\$ 800	
Address: 122 Teek whye ane #10	-834		Weeks	@		per week		
5(680122)	9		Months	@		per month		
Tel: 8 20 1 6 2 3 3					Additi	onal Payable:		
(A) - ACCIDENTS (D) - DENTS (S) - SCR	ATCHES				SUBTO	TAL Payable:	\$800	
		DEPOS	SIT AMOU	INT P	AID	DEPOSIT AMOUNT	F REFUNDED / Date	
				241				
		Mode of Payment						
		ADDITIONAL REMARKS						
							XXXX 2011	
Physical Damage Excess	Acknowledgement	HIRER'	S DECLARA	ATION:	I/WE agree to	the terms and	conditions above	
Singapore - Own Damage \$2,000	1						ven on this form	
Singapore - 3rd Party Damage \$2,000 Malaysia (If applicable) \$8,000	1X					licence(s) is/ard charge all amo		
For Driver aged < 23 or above 65	(Allin		ntal to my/					
or less than 2 years driving	SAPA					1		
experience regardless of age (Additional)	7				11			
IMPORTANT NOTE:		1			KA	5		
 The person(s) signing this rental Agreement assumes full perso severally with the firm, person or organization, the driver or all a 		-			The state of the s	b		
name he/they might sign.			/	-/	TA J	-t / 8-t-		
2. Only persons above 23 years of age with more than 2years driv licensed and signing this agreement may drive the vehicle.	ing experience, authorised,			C	MIKEK Sign	ature pate		
3. Vehicle is strictly for use in Singapore only and may not be driv	en or taken out of Singapore	5			72	1/1		
without the pior written consent of TeamAutoPro Pte Ltd. 4. Use of vehicle for illegal purposes (e.g. in connection with thef	t, drug pedalling or				TE	AM		
trafficking smuggling) commercial nurnoses (e.g. taxi, wher grah				AU	100			

5. In case of accident, the hirer shall report to TeamAutoPro Pte Ltd immediately. If there are

bodily injuries, a police report must be made within 24 hours



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-19-112374

Date of Request:

12/07/2019

Your Ref No:

WALK IN LEE

TEAM AUTOPRO PTE LTD

385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE

SINGAPORE 575718

Dear Sir/Madam.

Your Vehicle No:

SLC2633C

Date of Accident:

08/07/2019

Place of Accident:

LOR 2 TOA PAYOH

i lace of Accordants

Involving Vehicle No: SHB7917D

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.

For GIARMC Official use:

Date:

[] GIRO [X] 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-19-112375

Date of Request:

12/07/2019

Your Ref No:

WALK IN LEE

TEAM AUTOPRO PTE LTD

385 SIN MING DRIVE, #01-02 VICOM INSPECTION CENTRE

SINGAPORE 575718

Dear Sir/Madam,

Date of Accident:

08/07/2019

Vehicle No:

SLC2633C

Place of Accident:

LORONG 2 TOA PAYOH TOWARDS LORONG 6 TOA PAYOH

Involving Vehicle No:

SHB7917D

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\$)
SHB7917D	LORONG 2 TOA PAYOH TOWARDS LORONG 6 TOA PAYOH	14.00	1	13.08
GST Amount				0.92
Total Amount D	ue (GST Inclusive)	wy Spike Row - Area Commission was a ferroman survey of the		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.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

SLL 2633C (P)

Print Date/Time:

08 Jul 2019 / 14:42:07

Receipt Date/Time: 08 Jul 2019 / 14:42:07

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190708-001923

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at	It of Insurance Enquiry - SHB7917D 08 Jul 2019/10:15:00 ance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB7917D Enquiry Fee 20190708143950519965		7.00	0.49	7.49
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	7.00	0.49	7.49
		Rounding Difference			0.04
		Total Amount Payable			7.45
		Paid By			
		xxxxxxxxxxx6527	Credit Card: Visa/MasterCard		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)

From: Cecilia Chong (LKK Auto)

Sent: Tuesday, 9 February 2021 12:17 PM

To: 'claims'

Cc: 'Ng Wai Yin'; 'jasminetan@transcab.com.sg'; 'alicelim@ava-ins.com'; 'diskyao@ava-

ins.com'

Subject: YOUR REF: SHB 7917D (OUR REF: CC4/ASM19012128/Bga3s2-1) *** ACCIDENT

INVOLVING SHB 7917D & SLC 2633C ON 08/07/2019 ***

Attachments: TP PIR.pdf

Dear Sir/Madam,

OUR REF : CC4/ASM19012128/Bga3s2-1

YOUR REF : SHB 7917D

ACCIDENT INVOLVING SHB 7917D & SLC 2633C ALONG/AT TOA PAYOH LORONG 6 ON 08/07/2019

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 M/S TEAM AUTOPRO PTE LTD acting on behalf of the owner of SLC 2633C 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. We also wish to inform you that Section II of the Motor Insurance Policy is attached, and capped, with an excess of \$5.000.00 for third party claim settlements.

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 ceciliachong@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 ceciliachong@lkkauto.com 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 Ms. Cecilia Chong (LKK Handler) 6749 4274 or ceciliachong@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

"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."

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: <u>CeciliaChong@lkkauto.com</u>| fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth Print only when necessary

LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Menu



Re:RE: Re:<MANDATE IA> - S9M01TAS {ACCIDENT INVOLVING SHB 7917D & SLC 2633C ON 08/07/2019}

Type

Question

Message

Hi CCL, quantum to proceed. Kindly note on liability as per previous message. Thanks

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 <u>all fields</u> of this form and return to:

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

	nt's Details (To be completed by t	he Policyholder/Claimant)
Name of Policyholder/Claimant :	TEAM AUTOPRO PTZ LT	0
Contact Person :	Lee whi k.k	
Contact Number :	9269 9999	
Email Address :	THAM AUTOFILE @ AND	hr.com
(An auto-prompt email from the bank v	will be sent to this email address once	the payment has been credited)
Payee's Paynow Deta	ils (Please tick <u>only 1 option</u> & pr	ovide the Paynow Details)
Payee's name as per bank account :		
Mobile :		
☐ NRIC :		
UEN:	2018 11621 K	
In the event of a change of PayNow of In connection with my/our and/or the	details, I/we shall inform you in writing claimant's claims, I/We give conse	ted it by notice in writing delivered to you ing 30 days in advance before the change int for AXA Insurance Pte Ltd ("AXA") and and/or disclose the information (including
that provided by sources other than (including any member of the AXA of Singapore and the Policyholder when respective representatives or agents to fan insurance provider, including the	myself) concerning me/us and/or group or any third party service proposed in claiming under a Group Policy) for to provide me/us and/or the claimant ne evaluating, processing, administer Group Policy(ies) with AXA (as the	the claimant, to or with all such persons rovider, and whether within or outside or the purpose of enabling AXA and their (where applicable) with services required ering and/or managing my/our and/or the ering and be), and for the purposes se
2	18	
) \T.₹AM		08 (03/2021
Authorised Signature & Company St	(as per bank records)	08 (03/2021 Date (DD/MM/YYYY)

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #B1-01 Telephone: +65 6880 4888 – axa.com.sg