

KUM CHEW MOTOR WORKSHOP

160, Sin Ming Drive
Sin Ming Autocity #05-08, Singapore 575722.
TEL: 6453 6256, 6456 3715 FAX: 6455 7754
Email:kumchew1@singnet.com.sg

Date : 12/05/2021

AXA INSURANCE PTE LTD
8, SHENTON WAY #27-01
AXA TOWER, SINGAPORE 068811.

Dear Sir/Madam

ACCIDENT INVOLVING SLX 21 X & SDY 6151 D ON 30/03/2021.

We act for Miss Lee Jia Ying the owner of motor vehicle No. SLX 21 X
in the abovementioned matter.

We are instructed that you are the insurer of motor vehicle SDY 6151 D at the material time. We are further instructed that the accident caused by your insured driver's negligence in the driving, control and/or management of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our clients have been put to loss and expense, particulars of which are as follow:-

We quantify our client's claim as follows:-

Cost of Repair	: \$6955.00
Loss of use (7 Days x \$100.00)	: <u>\$ 700.00</u>
	<u>\$7655.00</u>

The following supporting documents are enclosed herewith:-

1. Invoice from Kum Chew Motor Workshop;

Thank you.

Yours faithfully,

.....
Mdm Lim

LETTER OF AUTHORITY & INDEMNITY

To : Kum Chew Motor Workshop
160, Sin Ming Drive #05-08
Sin Ming Autocity
Singapore 575722.

ACCIDENT INVOLVING VEHICLE NO. SLX 21 X AND SDY 6151 D
AT MARKET ST. ON 30-3-2021.

I/We, the owner of vehicle no SLX 21 X hereby instruct and authorize you to commence repairs to the said vehicle.

You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.

You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.

Upon resolving my/our claim, you are authorized to agree with my/our solicitors on amount of their professional costs and disbursements for action for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal suit is not successful or is dismissed for whatever reason, I/We understand and agree that I/We shall be personally liable to bear the legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on my/our behalf.

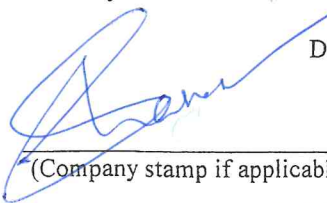
In the event that I/We am/are required to attend at my/our solicitor's office or to attend Court in connection with my/our claim, I/We shall render full co-operation.

In the event that my/our claim against the third party and/or his insurers is not successful or can not be proceeded with and/or if any Judgment or settlement is not honored or satisfied by the third party, I/We agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.

I/We undertake to inform you in the event the third party's insurance company communicates with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communication with you.

I/We irrevocably authorize Mrs Kum CHEW MOTOR WORKSHOP of the Repairers to sign all discharge voucher/ Indemnity forms and all necessary documents in connection with and arising out of the claim.

Dated this 31 day of MARCH 20 21


(Company stamp if applicable)

Name LEE JIA YING

I/C No 38028408 Z

Address 101, CAIM HILL CIRCLE
#02-06, S (229809)



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SDY 6151D	(Insd veh)	Model: PORSCHE 911 - 3800cc
	SLX 21X	(TP veh)	
Date of Accident/ Time:	30/03/2021 / 19:20		

Repair Estimate	: \$	11,156.70	
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	: \$	3,820.00	Global Sum (all in)
Payee Name : KUM CHEW MOTOR WORKSHOP			
Is Third Party Workshop GIA Registered? [] YES [x] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability	50 (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No	BOLA Scenario No: <u>NIL</u>
	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:
Date: SEETOM CHIN CHUAN

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: MOON LIM
Date: 17-12-21

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 20.12.21

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08

SIN MING AUTOCITY, SINGAPORE 575722.

Tel No. : 64536256/64563715 Fax No. : 64557754

E-Mail : kumchew1@singnet.com.sg

GST Reg.No. : M90367665T Buss. Reg. No. : 52865130KUEN

M/S AXA INSURANCE PTE LTD

8, SHENTON WAY #27-01

AXA TOWER, SINGAPORE 068811.

MOTOR CLAIM FAX NO. 68804838

Attention : Motor Claim Department

Contact : 63387288/18008804741 68804070 Fax No. : 63382522

Invoice : ES005214

Date : 08/05/2021

Vehicle Num. : SLX 21 X

Make/Model : PORSCHE 911

Chassis/Eng# : WP0ZZZ99ZCS710858

Accident Date : 30/03/2021

Claim No. :

Reference : KC/TP21/2103-08

Policy No. :

LUMP SUM REPAIR

Amount S\$

6,500.00

SingDollars : Six Thousand Nine Hundred Fifty-Five Only

Total S\$:	6,500.00
GST@7% S\$:	455.00
Amount Due S\$:	6,955.00
	=====

KUM CHEW MOTOR WORKSHOP

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Friday, 22 October 2021 11:14 AM
To: michaelien@wah-hin.com.sg
Subject: ACCIDENT INVOLVING SDY 6151D AND SLX 21X ALONG MALACCA STREET TOWARDS ONE RAFFLES PLACE CARPARK ON 30/03/2021

22 OCT 2021

LIEN JOWN LEAM

Dear Sir/ Mdm

OUR REF : CC4/ASM21004240/Kea3
YOUR REF : SDY 6151D
ACCIDENT INVOLVING SDY 6151D AND SLX 21X ALONG MALACCA STREET TOWARDS ONE RAFFLES PLACE CARPARK ON 30/03/2021

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 M/s KUM CHEW MOTOR WORKSHOP acting on behalf of the owner of SLX 21X against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability may be equally shared between both parties due to conflicting versions without any concrete evidences to support each version.

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 7 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 ashersng@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)
- 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 6256 3561 or email us at ashersng@lkkauto.com.

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

Yours sincerely

Asher

Case Handler

Email: ashersng@lkkauto.com

*c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)*



redefining / insurance

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 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:	KUM CHEW MOTOR WORKSHOP
Contact Person:	SEETON CHIN CHENG
Contact Number:	97901212
Email Address:	kumchew8@singnet.com.sg
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	
Particulars of Policyholder/Claimant's Bank Account	
Name of Bank:	UOB
Bank Code:	7375
Bank Branch Code:	007
Bank Account Number:	107-308-731-2
Name of Account Holder:	KUM CHEW MOTOR WORKSHOP

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(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 in bank records)

17/12/21

Date

Asher Sng (LKKAUTO)

From: Mei Kwan (LKKAUTO)
Sent: Monday, 25 October 2021 3:09 PM
To: Asher Sng (LKKAUTO)
Subject: FW: New message for service request 205276, vehicle number SLX21X

Follow Up Flag: Follow up
Flag Status: Flagged

25/10/21 2:59 PM *** Please proceed - ANG Yvonne

-----Original Message-----

From: yvonne.ang@axa.com.sg <yvonne.ang@axa.com.sg>
Sent: Monday, 25 October, 2021 3:00 PM
To: admin-d@lkkauto.com
Subject: New message for service request 205276, vehicle number SLX21X

AXA Insurance has sent you a message for claim number S1M036WG.
Please click here <https://vendor.smartclaims.axa.com.sg/ClaimApplication/dist/html/index-vendor.html> to view the message in Vendor Portal.

This message is confidential; its contents do not constitute a commitment by AXA except where provided for in a written agreement between you and AXA. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.