JWG INTERNATIONAL PTE. LTD.

Co. & GST Reg. No.: 201837488H

Blk 10, Ang Mo Kio Ind Park 2A, #03-08 AMK AutoPoint, Singapore 568047

H/P: <u>9698 8882</u> | Fax: <u>6909 9592</u> E-Mail: jwg.claims@yahoo.com

Our Ref

: SKG5922P

Your Ref

: SHC7212J

Date

: 18 June 2021

BY MAIL WITHOUT PREJUDICE

AXA INSURANCE SINGAPORE PTE LTD 8 Shenton Way #27-01 AXA Tower Singapore 068811

Dear Sir/Madam,

ACCIDENT INVOLVING: SKG5922P & SHC7012J

DATE OF ACCIDENT: 27/04/2021

LOCATION: ALEXANDRA ROAD TOWARDS LOWER DELTA ROAD

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repairs:

\$ 4,494.00

Rental

\$ 1,540.80

LTA & GIA

\$ 36.45

Towing

\$ -

Grand Total :

\$ 6,071.25/-

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

For any further inquiries, please kindly contact Mr. Ong Jun Wu @ 9698 8882, or email to jwg.claims@yahoo.com.

Yours faithfully,
JWG International Pte Ltd

NOTE: # Please note that the Loss of Use will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

This is a computer-generated letter and does not need a signature.

LETTER OF AUTHORISATION

Accidention 37 04 2021 (a) 0915hrs along Alexandra Road towards Lower Velta Road
involving vehicles nos. SKG5922P & SITC 7012 J
In consideration of JWG International Pte Ltd , BIKID , Ang Mo kio Ind Park JA , #03-08 AMK AutoPart , Singapore 568047 , repairing my/our motor vehicle no. SKG5922P at my/our request, I/We, Liang ("the claimant") of APT BIK 211 Pacir Ris Street 21 # 06-240 Singapore 510211
(address) bearing NRIC no
hereby authorise them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc, to any of their appointed advocates to act of me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorised them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.
I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by JWG International Pte Ltd I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith. In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instruction to clear the said cheque on my/our behalf by presenting the same for payment directly into JWG International Pte Ltd account. Upon clearance of the said cheque, I/we further authorise JWG International Pte Ltd and/or their appointed law firm to utilise the monies to pay their charges without further reference to me. I confirm that the payment to JWG International Pte Ltd shall amount to a good discharge of JWG International Pte Ltd and/or their appointed law firm's obligation to me in respect of the settlement monies.
Dated this
"The Claimant's" Signature JWG Differnational Pto Ltd
Name: Lim Wee Liang Name: Anthia Lim
NRIC NO: 58238503B



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 7012J (Insd veh)	
	SKG 5922P (TP veh)	Model: RENAULT GRAND SCENIC
Date of Accident/ Time:	27/04/2021 09:30	

Repair Estimate	:\$	56,296.49		
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	:\$	4,900.00	(global sum)	
1- Third Darty Workshop GIA Pagi	ctorod?	1 VES IXI NO (Kindly indicate below	/)	
Is Third Party Workshop GIA Regi			%)	
A) For Non GIA Regis	stered Works	hop: Agreed Liability 100 (%)	
A) For Non GIA Regis	stered Works d Workshop:	hop: Agreed Liability 100 (%) OLA Scenario No: 27	
A) For Non GIA Regis B) For GIA Registered BOLA Liability:	stered Works d Workshop: (%)	hop: Agreed Liability 100 (BOLA Applicable: Yes/ Ho BC	%) DLA Scenario No: <u>27</u>	

NOTE:

- 1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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: LOW XIN YU

Date: 13/07/2024

I

ABT

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

Date: 14/07/2021

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Cynthio Lim

Date: 13/7/2021

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

JWG INTERNATIONAL PTE. LTD.

Co. & GST Reg. No.: 201837488H

10, Ang Mo Kio Ind. Park 2A, #03-08 AMK AutoPoint, Singapore (568047)

Tel: 6909 8882 | Fax: 6909 9592 E-Mail: jwg.claims@yahoo.com

Bill To:

AXA INSURANCE SINGAPORE PTE LTD

DATE: 18-06-2021

Motor Claims Department

TAX INVOICE: 1106

VEHICLE NO: SKG5922P

Attention: Officer-In-Charge

Item	Description		Amount (SGD)
1	Accident Claim Involving Vehicle No. SKG5	922P [Our Client] &	\$4,200.00
	Vehicle No. SHC7012J [Your Insured] On 27	7-04-2021.	
	Lump-Sum Repair Costs Recommended By Y	Your Appointed	
	Surveyor.	5 V-	
	7		
	Thank You.		
		_	
Details O	f Payment:	Sub Total :	\$4,200.00
Cheque si	hould be crossed and made payable to:	7% GST:	\$294.00
JWG Inte	rnational Pte. Ltd.	Total	<u>\$4,494.00</u>
		Less Deposit:	\$0.00
For Inter	net Banking:	Remaining Balance	\$4,494.00

For Internet Banking:

Maybank Account No: 0410-1076-634

JWG International Pte Ltd's Signature



C. S. ONG AUTO PTE. LTD.

UEN: 201408916W

10, Ang Mo Kio Industrial Park 2A,

AMK Autopoint #02-16 Singapore (568047)

Tel: 6484 1933 | Fax: 6484 1922 E-mail: csongauto@yahoo.com.sg Tax Invoice IN-202111805 07/05/2021

Billing To

JWG International Pte Ltd C/O Lim Wee Liang

Blk 211 Pasir Ris Street 21

#06-240 Singapore (510211)

Reg No:

SMR2258L

Car Model: Mileage:

Sales Type:

Honda Grace

Car Rental

Phone: 9489 1588

No.	Product	Quantity		Price	Total
1	Car Rental Charges For The Above Mentioned Vehicle From 28/04/2021 @ 1555hrs To 06/05/2021 @ 1510hrs. Total 08 Days @ \$180.00 Per Day.	8	\$	180.00	\$ 1,440.00
2	For Accident Vehicle No. SKG5922P	0	\$		\$ =
				SubTotal	\$ 1,440.00
				GST7%	\$ 100.80
				Total	\$ 1,540.80
			A	mount Due	\$ 1,540.80

All Cheques should be crossed and made payable to "C. S. ONG AUTO PTE LTD"

Payments Made Via Bank Transfer OCBC: 6866-3784-4001 / PayNow UEN: 201408916W

For C. S. ONG AUTO PTE LTD



^{*} This is a computer generated invoice no signature is required

C. S. ONG AUTO PTE LTD

10, Ang Mo Kio Ind Park 2A #02-16 AMK Auto Point Singapore 568047 Tel: 6484 1933 Fax: 6484 1922 Email: csongauto@yahoo.com.sg Business Reg No.: 201408916W

No: R 1896

Hirer's Signature

CAR RENTAL AGREEMENT

Date :	\ ^N		
Owner: C. S. ONG AUTO	PTE LTD ("the owner")		
Hirer: Lim Wee	Liang		
NRIC / Co. Reg. No	:		
Tel:	- Fax:		H/P:94891588
Address: APT BIK	211 Pasir Ris Street 21 #01	appril of co	pore 510211
Owner and Hirer have agreed to e	enter into this Car Rental Agreemen both sides of this document. Hirer a	t for the motor	vehicle described below and upon the aving read and understood all the terms
Vehicle Reg. No:	SMR 2258L	Model:	- Honda Grace
Driver's I	Particulars		
Name: AS Hive	r.	Odometer: _	26 04 por @ 1555hrs
Address: As Hiv	લ		Out:
7 (44) 0001	i i	Date & Time	In: 06 05 2021 e 1510 hrs
I/C No:	Dr/Licence No:		
S8228503B	S8>>8503B		. Hour @\$
Date of Issue:	Occupation:	08	Days @\$ 180/- \$1440/-
07 Aug 2013		<u> </u>	.Wks @\$
Date of Birth: 03 Sep 1982	Tools: Spare Tyre:		. Mths @\$
hird Party Claim	aim arising from the date of hire to date o	f return of the	Deposit (Refundable) :
ehicle (both dates inclusive). Hirer uncon-	ditionally agrees to pay Owner S\$ 3/1 isation to Owner for impact of claim on	10	Sub-Total :
	excess for collision/damage to fir ndscreen) plus loss of earnings while dar	st party, (i.e.) naged vehicle	Balance To Pay :
authorised <u>Driver</u> Hirer shall pay additional excess of S\$15 s above 65 years old or has less than 2 years	500 if the Authorised Driver is below the ears driving experience.	age of 22 or	PETROL/DIESEL AT YOUR OWN EXPENSE FOR LOCAL USE ONLY
Oriver Not Cover By Insurance Seneral exception: Insurance policy does not o	cover against any driver aged below 22 and/or a	above 65 years	1/2
ld and/or with driving experience of 2 years ar his Vehicle is used within Singapore only. Our	nd below.	ecolor de la deserga esta especiale	1/4 3/4
C. S. ONG AUTO PTE LTE)		
J. J. UNG AUTO FIL LIL			E F
GAUTO		P.	/

Authorised Signature

> Back to OneMotoring

Authority Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

28 Apr 2021 / 10:44:02

Receipt Date/Time: 28 Apr 2021 / 10:44:02

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210428-001112

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 - SHC7012J As at 27 Apr 2021/09:15:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SHC7012J Enquiry Fee 20210428104156984478		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			
	20210428104206217	Direct Debit: e (Interr	NETS Debit net Banking)	7.45
	Total			7.45
1.42	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.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard #42-01b, Singapore 038989 Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

JWG INTERNATIONAL PTE LTD - LIM **WEE LIANG**

Invoice Number GR-2021-001540

Invoice Issue Date 03 May 2021

Invoice Due Date 10 May 2021

Total Amount (S\$) Total GST 7.00% (S\$) 27.10 1.90

29.00 Total Amount Incl. of GST (S\$)

Bill Type	Reference	Amount G (S\$) (S	S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	03/05/2021,27/04/2021,SKG5922P,SHC7012J	27.10 Total Amo	1.90 ount (S\$)	
		Total GST 7.0)0% (S\$)	1.90
		Total Amount Incl. of 0	GST (S\$)	29.00

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



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

RECORD MANAGEMENT CENTRE

TAX INVOICE

Date of Request: 03/05/2021 Your Ref No: SKG5922P

JWG INTERNATIONAL PTE LTD

Dear Sir/Madam,

Date of Accident: 27/04/2021 00:00 (SGT)

Vehicle No: SKG5922P

Place of Accident: Alexandra, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHC7012J	Alexandra, Singapore	(29.00)	1	(27.10)
GST Amount	1			(1.90)
Total Amount Due	(GST Inclusive)			(29.00)

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.

FAQ English (default) ▼ Cecilia Chong ▼

Service Requests

Messages

Claims



Re:RE: Re:<MANDATE IA> - ACCIDENT INVOLVING SHC 7012J & SKG 5922P ON 27/04/2021

Type **②**Question

Message REVISED \$4,900.00 ALL IN

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

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

Name of Policyholder/Claimant:	JWG INTERNATIONAL PTE LTD.
Contact Person:	ONG JUN VV4
Contact Number:	9698 8832
Email Address:	jwg . claims @ yahoo . com
(An auto-prompt email from the bank will be	e sent to this email address once the payment has been credited)
	ank Account
Name of Bank:	
Name of Bank: Bank Code:	ank Account May bank Singapore Limited
Particulars of Policyholder/Claimant's B Name of Bank: Bank Code: Bank Branch Code: Bank Account Number:	ank Account May bank Singapore Limited 7302

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").

4

12/09/19

Authorised Signature & Company Stamp (as in bank records)

Date