

LIANG MIN XUN

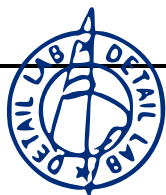
Attention: LIANG MIN XUN  
Contact No.: 98350236

LETTER OF DEMAND

DATE: 28/11/2021  
VEHICLE NO.: SJR3225K  
MAKE/MODEL: TOYOTA NOAH  
CHASSIS/ENGINE NO.:  
DATE OF ACCIDENT: 17/05/2021  
CLAIM NO.:  
YOUR REFERENCE:  
POLICY NO:

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	AMOUNT S\$
LUMP SUM REPAIR	\$5,800.00
LOSS OF USE - FROM 19/05/2021 TILL 26/05/2021 7 WORKING DAYS @ \$160 PER DAY	\$1,120.00
LTA Search Fee	\$7.45



E. & O.E.

TOTAL S\$:

\$6,927.45

## LETTER OF AUTHORITY & INDEMNITY

In the matter of an accident involving motor vehicles SJR 3225K  
and SHB 6270S

I/We, Liang Min Xun (NRIC) S833 4218 H  
of 493E Tampines St 43 #05-240 (B) 524 493  
am/are the registered owner of vehicle no. SJR 3225K at the material  
time of accident.

I/We hereby authorize Detail Lab to proceed with the repairs to the  
damages caused to my/our vehicle in the above accident in accordance with the  
recommendations and advice of the licensed motor adjuster appointed by the  
insurers or by us on my/our behalf.

I/We further authorize you to appoint solicitors to demand, claim and if necessary,  
to use my/our name to commence legal proceedings for the above purpose.

I/We further agreed to fully co-operate and to undertake without hesitation and  
reservation all assistance that you or my/our solicitors may require from me/us  
for the purpose of making the claim, including attending all meetings and court  
hearings in connection with my/our claim.

I/We hereby declare that I/we will always remain and be liable to you for the cost  
or repairs to my/our said vehicle and other incidental expenses. In the event that  
my/our claims are unsuccessful or partially successful or are dismissed due to  
any wilful misrepresentation or withholding of material facts as well as failure to  
execute the discharge vouchers on request, I/we hereby undertake to reimburse  
you the full repair costs or any portion of the same that cannot be recovered  
including loss of use, surveyor fees, legal fees and disbursements if necessary.

I/We irrevocably authorize Mr Yap Soon Huat of the  
repairers to sign all discharge voucher/indemnity forms and all necessary  
documents in connection with and arising out of the above claim.

Dated the 18<sup>th</sup> day of May 2021

LIANG MINXUN



Name/Signature



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 6270S (Insd veh)	Model: TOYOTA NOAH HYBRID 1.8X CVT
	SJR 3225K (TP veh)	
Date of Accident / Time:	17/05/2021	

Repair Estimate	: \$	23,518.00	
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)	: \$	6,100.00	
Payee Name : DETAIL LAB			
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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:

- 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.
- 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: Yap Poon Huat  
Date: 27/12/2021

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Yap Poon Cheong  
Date: 27/12/2021

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 28/12/2021

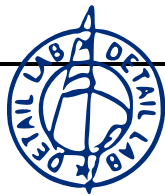
LIANG MIN XUN

Attention: LIANG MIN XUN  
Contact No.: 98350236

INVOICE: DL/1504171  
DATE: 28/11/2021  
VEHICLE NO.: SJR3225K  
MAKE/MODEL: TOYOTA NOAH  
CHASSIS/ENGINE NO.:  
DATE OF ACCIDENT: 17/05/2021  
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E. & O.E.

TOTAL S\$:

\$6,927.45

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 May 2021 / 08:24:04

Receipt Date/Time : 18 May 2021 / 08:23:26

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210518-000218

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHB6270S As at 17 May 2021/13:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB6270S Enquiry Fee 20210518082247549276	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				
kkmcfxxe-- 9PA6870442459105X			Credit Card	7.45
<b>Total</b>				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.



Menu



## Service Request Details

Claim

[S1M03A99](#)

Reference

CC4/ASM21005986/Gpa3

Loss Date

17 May 2021

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Report Date

18 May 2021 2:17:28 PM

Request Date

9 November 2021

Due Date

19 May 2022

Services

Pending verification - Direct Settlement

### Actions

Next Step

Finish the work

[Complete Work](#)

Vehicle Information

Incident Vehicle Registration #  
SJR3225K

Make  
TPVD UNKNOWN

Model  
UNKNOWN

Service Address

, , ,

Primary Contact/Insured

COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE, 575717, Singapore  
65551188

Claim Handler

CHAN Kian Chuan  
68805444  
kianchuan.chan@axa.com.sg

Additional Instructions

WS :

Messages1

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE 



Menu

SUBJECT **Re:RE: Re:<TP - Mandate IA> - S1M03A99 [ACCIDENT INVOLVING SHB6270S(OI) & SJR3225K(TP) ON 17/05/2021]**

BODY **PLS PROCEED**



TYPE

SENT 23/12/21 11:40 AM

FROM LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT **RE: Re:<TP - Mandate IA> - S1M03A99 [ACCIDENT INVOLVING SHB6270S(OI) & SJR3225K(TP) ON 17/05/2021]**

BODY **Hi, third party counter proposed to settle the mat...**



TYPE

SENT 6/12/21 9:11 AM

FROM CHAN Kian Chuan

SUBJECT **Re:<TP - Mandate IA> - S1M03A99 [ACCIDENT INVOLVING SHB6270S(OI) & SJR3225K(TP) ON 17/05/2021]**

BODY **PLS PROCEED AS FOLLOWS COR \$5.500.00 LOU \$560 (7...**



TYPE

SENT 6/12/21 9:05 AM

FROM LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT **<TP - Mandate IA> - S1M03A99 [ACCIDENT INVOLVING SHB6270S(OI) & SJR3225K(TP) ON 17/05/2021]**

BODY **Liability: 100%. Insured driver rear-ended third p...**



TYPE

SENT 18/10/21 2:02 PM

FROM LKK AUTO CONSULTANTS PTE LTD (TP)



TYPE?

SENT16/10/21 7:30 PM

FROMCHAN Kian Chuan

SUBJECTRe:Pls proceed to DS. TY.

BODYUPDATES???



TYPE?

SENT20/5/21 4:19 PM

FROMANG Richard

SUBJECTPls proceed to DS. TY.

BODY.





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:

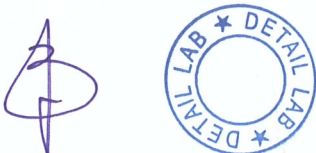
**AXA Insurance Pte Ltd**  
8 Shenton Way, #24-01 AXA Tower  
Singapore 068811

Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)	
Name of Policyholder/Claimant:	DETAIL LAB .
Contact Person:	YAP SOON HUAT .
Contact Number:	9844 8533
Email Address:	detail.lab@gmail.com
(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:	DBS Bank Ltd
Bank Code:	7171
Bank Branch Code:	106
Bank Account Number:	106-900886-7 .
Name of Account Holder:	DETAIL LAB .

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)

07/12/2021  
Date