

AXA Insurance Singapore Pte Ltd

Attn: Motor Claims Department

Dear Sir / Madam,

ACCIDENT INVOLVING VEHICLE NO SME 4287 H & SKT 6822 U at Yio Chua Kang Road, Singapore on 04/06/2021

We understand that you are the insurer of SKT 6822 U vehicle.

I/We wish to inform you that my/our vehicle SME 4287 H have been completed repairs to my/our satisfaction by M/s GUAN MOTOR WORKS. I/We therefore propose to claim from your as follow:

1.	Cost of Repairs	S\$	2,546.24
2.	Cost of Rental (S\$ <u>140.00</u> x <u>05</u> days)	S\$	700.00
3.	LTA Search Fee	S\$	7.49
	TOTAL	S\$	3,253.73

Please let us have your reply soonest possible.

Thank you.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'Pai G', written over a horizontal line.

In the matter of an accident involving motor vehicles

SME 4287 H & SKT 6822 U at Yio Chu Kang Road, Singapore

04 04-06-2021.

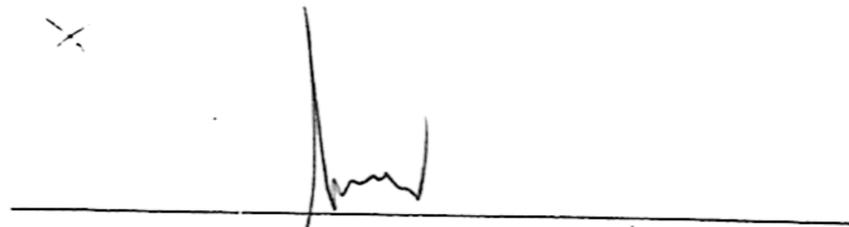
1. WARRANT TO ACT

I/We, LIM CHIEW KOK, (NRIC No.) SXXXX004F
of 471B Fernvale Street #20-109 Singapore 792471

hereby authorise M/s GUAN MOTOR WORKS to act on my/our
behalf in respect of the above matter.

2. AUTHORITY

- a) I/We hereby authorise you to commence legal proceedings in my/our name(s) and to take instructions from my car-repairers who I/we have appointed as my/our agent(s) in respect of my/our claim.
- b) I/We hereby authorise you to pay to yourselves all Party and Party costs you may at any time receive in connection with the above matter and confirm that there will be no need to pay the same into the Client(s)'s Account with your Bankers
- c) I/We hereby further authorise you to release all proceeds of settlement monies received by you (after deducting of your legal costs) to my repairers
M/s GUAN MOTOR WORKS in settlement of my outstanding bill/account with them.
- d) I/We only wish to be informed of my/our case when it is necessary on your part. I/We hereby direct you to keep my car-repairers informed of all matters relating to my claim, as and when it is necessary to do so.
- e) I/We hereby authorise you to deposit in your Firms' client's account any cheques received by you and made in my/our firm's name.
- f) I/We have read and understood the above.



(Signature)



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKT 6822U (Insd veh)	Model: HYUNDAI ELANTRA
	SME 4287H (TP veh)	
Date of Accident/ Time:	04/06/2021	

Repair Estimate	: \$	6,618.72	
Final Repair Cost	: \$	2,546.24	
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	500.00	5 days at \$ 100 per day
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	3,053.73	

Payee Name : Guan Motor Works

Is Third Party Workshop GIA Registered? [] YES NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
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:
 Date: 23/12/2021



Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: Pang Chiann Kouri
 Date: 23-12-2021

Chiann Kouri

Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative: KONG SENG CHEONG
 Date: 27/12/2021

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No: 081026-00E

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 H/P: 9742 6003

Messrs: LIM CHIEW KOK

Invoice No: **5198**

Date: 24-06-2021

HYUNDAI ELANTRA – SME 4287 H
=====

Part by part repair cost inclusive spare parts and labour charges.

\$ 2,546.24

Dollars Two thousand Five hundred Forty-six
And Cents Twenty-four only.



E.&O.E.

1. Above the line shall indemnify the Owner or arising in respect of the sport, traffic or other law of the ERS system.
2. Card with sufficient value for
3. Card with sufficient value for
4. Card with sufficient value for

Rent & Drive

Pte Ltd

OFFICIAL RECEIPT

~~Blk 15 Sin Ming Industrial Estate Sector A #01-109~~
~~Singapore 575673 Tel: 6451 4450 Fax: 6451 4402~~

(Co. Reg. No. 201535359D)

No. 10584

Received from Kim Chiew Kok

Date: 12/06/2021

the sum of Dollars Seven hundred only

Being payment for NO W034 SMLT1665 7/06/2021 to 12/06/2021

\$ 700 ~~XX~~ ~~XX~~

Cash Nets

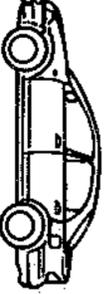
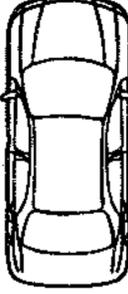
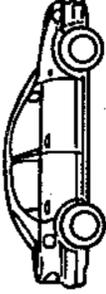
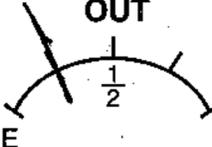
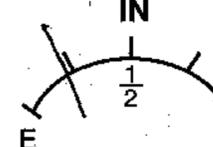
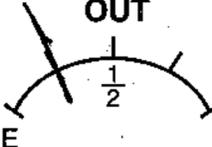
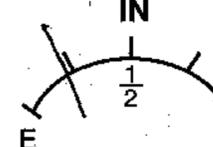
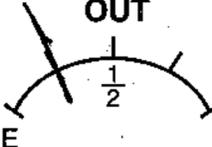
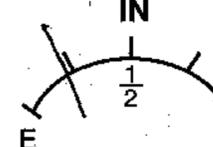
Cheque / Visa / Master

RENT & DRIVE PTE LTD
150, Sin Ming Drive
Sin Ming Autocity #05-10
Singapore 575722
for RENT & DRIVE PTE LTD



VEHICLE RENTAL AGREEMENT

NO. 11034

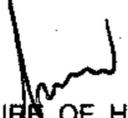
HIRER'S PARTICULAR Name : (as in I/C) <u>LIM CHIEW KOK</u> NRIC / PASSPORT No : <u>S7538004-F</u> Address (Res) : <u>Blk 471 B Fernvale Street</u> <u>#20-109 Singapore 792471</u> Name & Address of Employer : _____ Occupation : _____ Driving Exp : _____ D/L No : <u>S7538004-F</u> D/L Type : Local/International Pass Date : <u>30-12-2002</u> Date of Birth : <u>22-12-1975</u> Tel : (O) _____ (R) _____ HP : <u>98473401</u> Email : _____	Veh No : <u>SMLT166S</u> Replace Veh No : _____ Mileage Out : _____ Mileage Out : _____ Make & Model <u>Hyundai</u> Make & Model _____ <input checked="" type="radio"/> Auto / Manual <u>Avante</u> Auto / Manual _____ OUT : Date <u>7/6/2021</u> OUT : Date _____ OUT : Time <u>10.54 AM</u> OUT : Time _____																														
ADDITIONAL DRIVER'S PARTICULARS Name : (as in I/C) _____ NRIC / PASSPORT No : _____ D/L No : _____ D/L Type : Local/International Pass Date : _____ Date of Birth : _____ Occupation : _____ Driving Exp : _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">CHARGES</th> </tr> <tr> <td>Daily</td> <td><u>5</u> @ \$ <u>140</u></td> <td style="text-align: right;">700 00</td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUB-TOTAL \$</td> <td style="text-align: right;">700 00</td> </tr> </table>	CHARGES			Daily	<u>5</u> @ \$ <u>140</u>	700 00	Weekly	@ \$		Monthly	@ \$		Hours	@ \$		Others	@ \$		CDW	@ \$		PAI	@ \$	✓	Delivery Service			SUB-TOTAL \$		700 00
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Refundable Deposit : _____ Cash/Nets/Cheque/VISA/MC Cards No : _____ (A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES <div style="text-align: center;"> FRONT  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LEFT  </div> <div style="text-align: center;">  </div> <div style="text-align: center;"> RIGHT  </div> </div> <div style="text-align: center; margin-top: 10px;"> REAR  </div> </div> ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S / Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD/Cartridges <input type="checkbox"/> S / RIM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> OUT  </td> <td style="text-align: center;"> IN  </td> <td></td> </tr> <tr> <td colspan="3">EXTENSION</td> </tr> <tr> <td colspan="3">Collection Service</td> </tr> <tr> <td colspan="3">Misc.</td> </tr> <tr> <td colspan="2" style="text-align: right;">ESTIMATED TOTAL RENTAL \$</td> <td style="text-align: right;">700 00</td> </tr> </table>	OUT 	IN 		EXTENSION			Collection Service			Misc.			ESTIMATED TOTAL RENTAL \$		700 00															
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Rented out by : _____ Hirer is responsible for the first \$ <u>2000</u> excess for collision / damage to first party. (i.e.) RENT & DRIVE PTE. LTD. Vehicle (including windscreen) and also first \$ <u>1500</u> excess for collision / damage to third party's vehicle for each and every accident / damage. NO SMOKING, NO ILLEGAL ACTIVITIES Hirer's Signature _____ Addition Driver's Signature _____																															

I/We agreed to the terms and conditions above, overleaf and that all information given in true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

*** IMPORTANT**

1. ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY RENT & DRIVE PTE LTD.
3. IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :
 - (i) shall report all accidents involving the said vehicle to the Owner immediately.
 - (ii) shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner);
 - (iii) shall report to the police within 24 hours from the occurrence, the following types of accidents : -
 - (a) injury case;
 - (b) non-injury case involving a Government vehicle or damage to Government property;
 - (c) non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax information);
 - (d) non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO RENT & DRIVE PTE. LTD. AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND
<u>12-6</u>	<u>3.35</u>				
<u>2021</u>	<u>pm</u>				 SIGNATURE OF HIRER/DRIVER

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 04 Jun 2021 / 19:40:00)

Vehicle Insurance Details ^

Vehicle No.:

SKT6822U

Make Description/Model:

TOYOTA / CAMRY 2.4 AUTO ABS AIRBAG

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20210607110521920922

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print



OUR REF : CC4/ASM21006564/Krs3// S1M03BF8
YOUR REF : SME 4287H

30 NOVEMBER 2021

GOH ZHONGHAN
100 GERALD DRIVE
#04-88
SINGAPORE 798592

Dear Sir/ Mdm

ACCIDENT INVOLVING SKT 6822U (AXA) AND SME 4287H ALONG/AT YIO CHU KANG ON 04/06/2021

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 third-party claim(s) from GUAN MOTOR WORKS acting on behalf of the owner of SME 4287H against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver's favors your driver was changing lane and collided with Third Party who was moving in own lane. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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. Your 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 jaslinkok@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)
- Colored photographs of accident scene (if any)
- Colored photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization to confirm that the driver is allowed to drive the vehicle.

- 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 authorized 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 us at 6841 2157 or jaslinkok@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely

*Cc AXA Insurance Pte Ltd
(Motor Claims Dept)*

JASLIN KOK
Case Handler
DID: 6841 2157
FAX: 6741 4108
Email: Jaslinkok@lkkauto.com



Re:<TP - Mandate IA> - S1M03BF8 [ACCIDENT INVOLVING (SKT 6822U) & (SME 4287H) ON 04/06/2021]

Type

 Question

Message

Hi Jaslin, proceed. Thanks

Reply