

Zero Gravity

2 Kaki Bukit Ave 2

#01-25 Kaki Bukit Autohub Singapore 417921

Tel: 67412845 Fax: 67412170

21/08/2021

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

Sirs / Madams

RE: ACCIDENT INVOLVING VEHICLE(S) GBB7351G & SHB9531U ALONG UPPER
SERANGOON ROAD ON 24/07/2021.

We understand that you are the insurer of vehicle SHB9531U.

I/We wish to inform you that my/our vehicle GBB7351G have been completed repairs to my/our satisfaction by ZERO GRAVITY. I/We therefore propose to claim from you as follows:

1. Cost of Repair	S\$5250.00
2. LTA Search Fee	S\$7.45
3. Loss of Use (S\$100.00 x 7 Days)	S\$700.00
4. Total	S\$5957.45

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

Tiffany

LETTER OF AUTHORITY

ACCIDENT ON: 24/07/2021

INVOLVING VEHICLE(S) NO.: GBB7351G & SHB9531U

AT/ALONG: Upper Serangoon Road

I, MAN WITH THE VAN NRIC No/Co Reg. No.: 53330344C of
2 YISHUN INDUSTRIAL STREET 1 #05-21 Singapore 768091



Owner/Driver of motor vehicle registration no: GBB7351G insured by

MS NTUC INCOME under policy no: 5115063249-01 do hereby authorize **m/s Zero Gravity** ("my Repairer") of 2 Kaki Bukit Ave 2, # 01-25 Kaki Bukit Autohub, Singapore 417921, to act as my representative in my claim against my insurance and/or against the owner(s) / driver(s) of motor vehicle(s) registration no(s): SHB9531U in respect of the above-mentioned accident.

I also hereby authorize my repairer to proceed repair to my vehicle, give all further instructions on my behalf concerning the said claim and as such, all future correspondences should be addressed to my repairer.

My repairer is further authorized to receive on my behalf monies claims, correspondence and to give a valid discharge and I also hereby appoint my repairer as my attorney and to sign any discharge voucher or any other documents in connection with this matter on and for my behalf.

I confirm that in the event of unsuccessful claim against the negligent party and/or my own insurer (if only under comprehensive cover) for the damages caused to my vehicle, I agree to pay for all the costs and incidentals incurred by my repairer.

I the above-mentioned vehicle owner/driver hereby affirm the above-mentioned statement to be true and correct.

Date this 24 day of 07 Year 2021

Signature : 
(Company Stamp if applicable)



Full Name : CHAN SING KONG

NRIC No : SB124727G

Contact No : (HP) 81139598 (O) 96925432 (H) _____



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 9531U	(Insd veh)	Model: NISSAN URVAN PANEL LWB 3.0
	GBB 7351G	(TP veh)	
Date of Accident/ Time:	24/07/2021 13:35		

Repair Estimate	: \$	12,743.42	
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	: \$	5,900.00	(GLOBAL SUM)
Payee Name : ZERO GRAVITY			
Is Third Party Workshop GIA Registered? [] YES [✓] 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: <u>YEO YEE</u> Date: <u>14/9/21</u> 	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Wang Ru</u> Date: <u>14/09/2021</u>
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>21/09/2021</u>	



ZERO GRAVITY

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67412845 Fax No: +65 67412170

Email: zero_gravity@singnet.com.sg

Reg.No.: 52888887X

FINAL REPAIR BILL

No. : SO-000021

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

Attention: Motor Claim Department

TEL : 63387288

FAX : 63382522

Your Ref. : SHB9531U

Vehicle No. : GBB7351G

Make & Model : NISSAN URVAN

Chasis No. : JN1MG4E25Z0792848

Engine No. : ZD30231411K

Accident Date : 24/07/2021

Policy No. : 5115063249-01

Date : 21/08/2021

Page : 1 of 1

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price S\$	Amount S\$
1	Lumpsum	1.0 X	5,250.00	5,250.00

SINGAPORE DOLLAR FIVE THOUSAND TWO HUNDRED FIFTY ONLY

E. & O.E

Total	S\$	5,250.00
Discount	S\$	0.00
Net Total	S\$	5,250.00

Terms: C.O.D.

Customer's Signature/Co. Stamp

ZERO GRAVITY

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise it is assumed that this bill is accepted as correct.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Jul 2021 / 13:07:21

Receipt Date/Time : 26 Jul 2021 / 13:07:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210726-001868

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 - SHB9531U				
As at 24 Jul 2021/13:35:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB9531U Enquiry Fee 20210726130600983133	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				
426588XXXXXX5595		eNETS Credit Card		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.

Jasper Chua (LKK Auto)

From: Jasper Chua (LKK Auto)
Sent: August 29, 2021 8:37 PM
To: Claims
Cc: transcab_avaclaims@ava-ins.com
Subject: ACCIDENT INVOLVING SHB 9531U (AXA) AND GBB 7351G ALONG/AT CTE TOWARDS CITY BEFORE BENDEMEER ROAD ON 24/07/2021

30 AUGUST 2021

Transcab Taxi
Singapore

Dear Sir/Madam,

OUR REF : CC4/ASM21007982/Uba3/ S1M03EBM
YOUR REF : P2413997 (SHB 9531U)

ACCIDENT INVOLVING SHB 9531U (AXA) AND GBB 7351G ALONG/AT CTE TOWARDS CITY BEFORE BENDEMEER ROAD ON 24/07/2021

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 ZERO GRAVITY acting on behalf of the owner of GBB 7351G against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your favour as it is a head to rear collision. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of S\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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 10 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 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 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 AXA immediately. You may email it to cst@axa.com.sg / jasperchua@lkkauto.com or deliver it by hand to our 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), 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 6841 2928 or email us at jasperchua@lkkauto.com.

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

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,

Jasper Chua | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2928 | email: jasperchua@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.



MANDATE APPROVED

Type

 Question

Message

/

Reply



RE: PROCEED DS

Type

Question

Message

Liability: 100%. Insured driver rear-ended third party. Inform OI about third party claim. Agreed to settle at best and aware NCD issue. We seek your mandate at \$5,957.45(ALL IN). TP-Mandate IA had been uploaded in Smartclaims. Kindly let us have your approval/instruction. Jasper Chua – 09/09/2021

[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 **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 :	ZERO GRAVITY
Contact Person :	Stanley Yeo
Contact Number :	67412845/67477100
Email Address :	zero_gravity@singnet.com.sg
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	

Payee's Paynow Details (Please tick <u>only 1 option</u> & provide the Paynow Details)	
Payee's name as per bank account :	ZERO GRAVITY
<input type="checkbox"/> Mobile :	
<input type="checkbox"/> NRIC :	
<input checked="" type="checkbox"/> UEN :	52888887X

I/We hereby authorise AXA Insurance Pte Ltd to credit the payment due to me/us to the bank account linked to above Paynow account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand any sum which shall not be so credited into such Paynow 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 bank account linked to above Paynow 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 PayNow details, 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").

楊宜

Authorised Signature & Company Stamp (as per bank records)

22/10/2020
Date (DD/MM/YYYY)



redefining / standards

GIRO CREDIT AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment Service fees will be credited directly into the Service Provider's designated bank account stated below. The Service Provider has to complete all fields of Section A and the completed form must be returned by post/hand to:

AXA Insurance Pte Ltd
8 Shenton Way #27-01 AXA Tower, Singapore 068811
Attn:

Section A: Service Provider Details (To be completed by the Service Provider of AXA Insurance Pte Ltd)	
Name of Service Provider (Company):	ZERO GRAVITY
Contact Person:	Stanley Yeo
Telephone:	67412845/67477100
Email Address:	zero_gravity@singnet.com.sg
(An auto-prompt email from the bank will be sent to this email address once this form has been processed by AXA Insurance Singapore Pte Ltd and the payment has been credited)	
Particulars of Service Provider Bank Account (Bank code and Branch code can be found at the bottom of cheque)	
Name of Bank:	OCBC BANK
Bank Code:	7339
Bank Branch Code:	512
Bank Account Number:	512074923001
Name of Account Holder:	ZERO GRAVITY

I/We hereby authorize AXA Insurance Pte Ltd to credit service payments due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand, any sum which should not have been 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 service payments once such amounts are credited into above bank account.

This authorization shall continue in force until I/we have expressly revoked it by notice in writing to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before such change.

楊宜

Authorised Signature & Company Stamp (as in bank records)

22/10/2020

Date