

NG LU DE,RUTH
C/O 10 ANG MO KIO IND. PARK 2A
#02-03 AMK AUTOPOINT
SINGAPORE 568047

18/10/2021

YOUR REF: SKJ5888P

M/S AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

Attn: MOTOR CLAIMS DEPARTMENT

VEHICLE REPAIR CHARGES DUE TO ACCIDENT

I would like to inform you that my vehicle SMU5893S
was involved in an accident with SKJ5888P
on 27/07/2021 has been repaired.

The charges for the repair caused are as following :

1	Final Repair Bill	\$	730.00
2	LTA Search Fee	\$	7.45
3	Loss of RENTAL	<u>3daysx130</u>	\$	390.00
			\$	<u>1,127.45</u>

Yours faithfully



NG LU DE, RUTH
BLK 10 ANG MO KIO IND, PARK 2A
#02-03
SINGAPORE 568047

14/08/2021

YOUR REF: SKJ5888P

M/S AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 SINGAPORE 068811

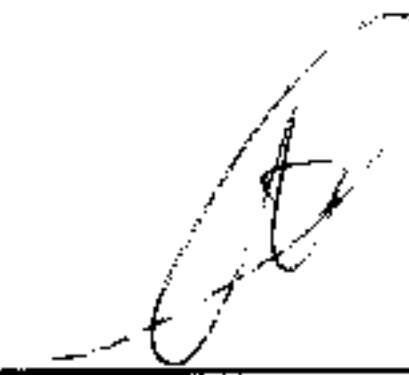
ATTN: MOTOR CLAIM DEPARTMENT

Dear Sir/Mdm,

Re: Traffic accident on 27/07/2021 involving vehicle SMU5893S AND SKJ5888P

I hereby authorise my claims payment direct issue to my repairer name:

**GUAN HIN MOTOR WORKSHOP
10 ANG MO KIO IND PARK 2A
#02-03 AMK AUTOPOINT
SINGAPORE 568047**



signature of vehicle owner



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKJ 5888P (Insd veh)	Model: MERCEDES GLA 180
	SMU 5893S (TP veh)	
Date of Accident/ Time:	27/07/2021	

Repair Estimate	: \$	1,400.00	
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	: \$	1,000.00	GLOBAL SUM
Payee Name : GUAN HIN MOTOR WORKSHOP			
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: 23
	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/TORTEASOR 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: L. C. Ng

Date: 6/11/2021

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date: 06/11/2021



KCC

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: 05/11/2021

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A

#02-03 AMK AUTOPOINT 568047

Tel No. : 64837111 Fax No. : 64837221

E-Mail : guanhinmotor@yahoo.com

Buss. Reg. No. : 06035200X PAYNOW

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER SINGAPORE 068811

Attention : Motor Claim Department

Contact : 63387288

Final Repair Bill : TI043288

Date : 16/08/2021

Vehicle Num. : SMU 5893 S

Make/Model : MERCEDES BENZ GLA 180 AUTO

Chassis/Eng# : WDC1569422J678294/27091031934687

Accident Date : 27/07/2021

Claim No. :

Reference :

Policy No. : (20/08/2020)

Amount S\$

LUMPSUM REPAIR

730.00

E. & O.E.

Total S\$:

730.00

=====

for GUAN HIN MOTOR WORKSHOP

B & O VEHICLE RENTAL

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)

Singapore 569536 Tel: 6462 5577 (3 Lines) Fax: 6462 5000

Reg. No: 53060835M

TOWING SERVICE: 6858 4067 (After 10.30 pm)

车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 12/8/2011

14:1126138838

Owner: B & O VEHICLE RENTAL ("the owner")

Hirer: Ng Lu De Ruth

NRIC / Co. Reg. No: S8708151F

Tel: Fax:

H/P: 96735307

Address: 2 Sin Ming Road #104-01 (575583)

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: SMX8010 M		Agreement No.: 20856	
Driver's Particulars		Odometer:	
Name:		Date & Time Out: 12/8/2011 9:00 AM	
Address:		Date & Time In: 14/8/2011 4:30 PM	
I/C No:	Dr/Licence No:	Hour @\$	
Date of Issue:	Occupation:	3 Days @\$ 1301	
Date of Birth:	Tools: Oil set	Wks @\$	
	Spare Tyre: 2	Mths @\$	

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive), Hirer unconditionally agrees to pay Owner S\$ 3500 comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Hirer is responsible for the first \$ 3500 excess for collision/damage to first party, (i.e.) B & O VEHICLE RENTAL (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable):

Sub-Total:

Balance To Pay: 8330

B & O VEHICLE RENTAL

Authorised Signature

Hirer's Signature

B & O Vehicle Rental

Block 5033, Ang Mo Kio Industrial Park 2, #01-279
(off Ang Mo Kio Avenue 3) Singapore 569536
TEL: 64825577 (3 Lines) FAX: 64825000
UEN: 53060835M

Date: 15th August 2021

Invoice No: RA20856

Attn: Ng Lu De, Ruth

Invoice for Rental

Invoice No.	Duration	Amount
20856 – SMX8010M	12/08/2021 to 14/08/2021 (3 days)	\$130/day x 3 = \$390/- <u>Total: \$390/-</u>

Dollars: Three Hundred Ninety Only

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Wednesday, 29 September 2021 4:18 PM
To: Enzozheng2017@gmail.com
Subject: <STANDARD NOTIFICATION LETTER> OUR REF: CC4/ASM21008170/Kgs3
ACCIDENT INVOLVING SKJ 5888P & SMU 5893S ON 27/07/2021 ***

Importance: High

29 SEPTEMBER 2021

CHAO YU
DRIVER: ZHENG ZHE

Dear Sir/ Mdm

OUR REF : CC4/ASM21008170/Kgs3
YOUR REF : SKJ 5888P
ACCIDENT INVOLVING SKJ 5888P & SMU 5893S ALONG/AT 70 baker rd ON 27/07/2021

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 **GUAN HIN MOTOR WORKSHOP** acting on behalf of the owner of **SMU 5893S** against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. 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.

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 us and acknowledged by us.

Your full co-operation in the handling of the claim is *required* and kindly submit the following to ceciliachong@lkkauto.com within 10 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)
- Driver's Work Permit
- Employment Letter from your company
- **Authorisation letter & Relationship with driver**
- ADDEMDUM FORM TO BE SIGN & RETURN
- Rental Agreement/ Leasing Agreement
- Coloured photographs of accident scene (if any)
- COUNTER CLAIM STATUS AGAINST THIRD PARTY
- 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 **6749 4274** or email us at ceciliachong@lkkauto.com.

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

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

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

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,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com fax: 6741-4108

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



Save the Earth. Print only when necessary.



<MANDATE IA>

Type

 Information

Message

Hi Please proceed to offer up to \$1,000.00 (all-in). Thank you. Derick

Reply



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:	Guan Hin Motor Workshop
Contact Person:	L.C.
Contact Number:	648 37111
Email Address:	guanhinmotor@yahoo.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:	UOB
Bank Code:	7370
Bank Branch Code:	001
Bank Account Number:	301 349 4086
Name of Account Holder:	Guan Hin 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)

Date

6/11/2021