

BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

WITHOUT PREJUDICE

Our Ref : **SHC 8703 S**
Your Ref : **SMF 8934 S**

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way,
#24-01 AXA Tower,
Singapore 068811

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 07.08.2021 @ 1450hrs along Geylang Road Twds Haig Road involving vehicles SHC 8703 S and SMF 8934 S

We refer to the above-mentioned accident.

We are claiming as per below:-

1. Repair Cost – Lump Sum (With GST)	\$	3,959.00
2. Loss of Income for 08 Days x \$80/- per day	\$	640.00
3. Loss of Rental for 08 Days x \$114.95 per day (With GST)	\$	919.60
4. LTA/GIA Search fee (With GST)	\$	7.45
5. Towing Fee	\$	80.00
TOTAL	\$	5,606.05

Enclosed herewith a copy each of relevant GIA report, LTA, Proforma Tax invoice, Rental Agreement/Tax invoice, Mileage Record, Towing Fee and Letter of Authorization for your attention. Kindly let us have your reply with the next 14 days upon receipt of this letter.

If you have any enquiries, please contact us @ 9648-8228 or you may email to us at claims@bifrostable.com

Yours faithfully,
BIFROST AUTO 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.

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

GST at 7% is charged where applicable

BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

LETTER OF AUTHORISATION

Accident on 07.08.2021 @ 1450hrs along Geylang Road Twds Haig Road involving vehicles SHC 8703 S and SMF 8934 S

In consideration of **Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no **SHC 8703 S** at my request, I/We, **Jasni Bin Salleh** ("the claimant") of **Blk 97 Bedok North Ave 4 #06-1515 (S) 460097** (address) bearing NRIC No **SXXXX242H** the owner / hirer of motor vehicle no **SHC 8703 S**, hereby authorize 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 / income and etc to any of their appointed solicitors to act for 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 authorized 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 **Bifrost Auto Pte Ltd**.

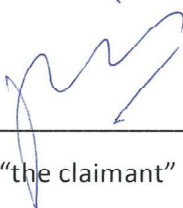
I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Bifrost Auto Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Bifrost Auto Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Bifrost Auto Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Bifrost Auto Pte Ltd** shall amount to a good discharge of **Bifrost Auto Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 14 day of 08 (month) 20 21 (year)

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R



Signed by "the claimant"

Name: **Jasni Bin Salleh**

NRIC No: **SXXXX242H**



Signed by **Bifrost Auto Pte Ltd**

Name: Regina





AXA THIRD PARTY DIRECT SETTLEMENT

my execution of this Discharge Voucher is only my claim for property damage and not prejudicial to any other claims arising from the same accident

Vehicle No:	SMF 8934S (Insd veh)	Model: HYUNDAI I40
	SHC 8703S (TP veh)	
Date of Accident/ Time:	07/08/2021	

Repair Estimate	: \$				
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	: \$	5,200.00	GLOBAL SUM		
Payee Name : BIFROST AUTO PTE LTD					
Is Third Party Workshop GIA Registered? [] YES [X] 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: 15			
	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: JOSEPH KOH
Date: 05.07.2022



ABT

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 06/07/2022

[Signature]

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: YEE LEONG HO
Date: 5/7/2022



BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

Tax Invoice

AXA INSURANCE PTE LTD

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

Inv. No. : BA.LT.2207004
Inv. Date : 05-07-2022
Ref : 07.08.2021
Terms : 30 Days
Veh. No. : SHC 8703 S
Make & Model : I40

#	Description	Qty	Rate	Total	Tax
1	LUMP SUM REPAIR AS RECOMMEDED BY SURVEYOR	1.0	\$3,700.00	\$3,700.00	\$259.00

Subtotal for invoice : S\$3,700.00
GST (7.0%) : S\$259.00
Total : S\$3,959.00

*I agree to the price as listed above and
affirm that the goods are received in good
condition.*

On behalf of **BIFROST AUTO PTE. LTD.**



(Customer's Signature and Company Stamp)

(Authorised Signature)

Please make cheque payable to "BIFROST AUTO PTE LTD" and mail to **6001 BEACH ROAD #22-01, GOLDEN MILE TOWER Singapore 199589** or direct bank transfer to **DBS Bank Current Account 070-902-886-1**.

Our Ref: CT21080113

Date: 18 August 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	07/08/2021 @ 14:50 hrs
ALONG	GEYLANG RD TWDS HAIG RD
INVOLVING	SMF8934S

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC8703S** (the "Taxi"). The Taxi was hired to **JASNI BIN SALLEH IC NO SXXXX242H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia
Manager, Fleet Safety

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

SHC 8703

3054 82215

ED (TIME)

TO

1000

700

100

200

100

100

200

300

100

100

100

100

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED	
				FROM	T
02 AUGUST 2021	@ 1230 to 1500 SGT 130	6 7 6 2 5 2	229.3	1000	1800
03 AUGUST 2021	@ 0820 to SGT 190	6 7 6 5 7 2	320	1000	2150
04 AUGUST 2021	@ 1000 to 1200 SGT 201	6 7 6 9 0 0	328	1000	2120
05 AUGUST 2021	186	6 7 7 1 4 4	244.5	1000	2300
06 AUGUST 2021	GT NEX 194. ① KEN 1000	6 7 7 4 3 3	289.1		
07 AUGUST 2021	Accident Log	6 7 7 5 3 2	98.2		
07-08-2021	JASNI BIN	ACCIDENT			
14-08-2021	SALLEH	REPAIR		1450	0950
11 AUGUST 2021	SERVICING @ 1430				

305482215

SHC 8703

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 10 Aug 2021 / 16:16:50

Receipt Date/Time : 10 Aug 2021 / 16:16:50

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210810-002686

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 - SMF8934S As at 07 Aug 2021/14:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMF8934S Enquiry Fee 20210810161550576967	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				
542550XXXXXX9955		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.

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 30 November 2021 2:36 pm
To: SHELLYLKB@GMAIL.COM
Subject: <STANDARD NOTIFICATION LETTER> OUR REF: CC4/ASM21008398/g3 *** ACCIDENT INVOLVING SMF 8934S & SHC 8703S ON 07/08/2021 ***

Importance: High

30 NOVEMBER 2021

LI XIUYUE

Dear Sir/ Mdm

OUR REF : CC4/ASM21008398/g3

YOUR REF : SMF 8934S

ACCIDENT INVOLVING SMF 8934S & SHC 8703S ALONG/AT GEYLANG RD ON 07/08/2021

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 **BIFROST AUTO PTE LTD** acting on behalf of the owner of **SHC 8703S** 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](tel:67494274) 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)

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.



Re:<MANDATE IA>

Type

 Question

Message

Please proceed with your proposed mandate.

Reply