



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #04-01 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 10/11/2021  
Your Ref : SHF615A  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMV860P & SHF615A ON 20/09/2021 AT  
SLIP ROAD FROM PUNGGOL WAY TOWARDS TPE (KPE/PIE).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218176 @ S\$6,955.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,000.00 (10 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



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Sharon Chia

HP: 8121 1373

E-mail: mg3solution@gmail.com

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

## AUTHORIZATION TO ACT

I, PRIME CAR LIMO PTE LTD ("the third party claimant")

of 61 UBI AVE 2 #01-03 AUTOMOBILE MEGAMART S(408898) (address),

owner of SMV 860P (vehicle no.) hereby authorize

MG SOLUTION PTE LTD

("The workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my

Vehicle No. SMV 860P that was damaged pursuant to the

accident which occurred on 20/09/2021 (date) along SUP ROAD FROM

PUNGGOL WAY TOWARDS TPE (KPE/PIE) (location)

involving Vehicle No/s SHE 615A

("The accident").

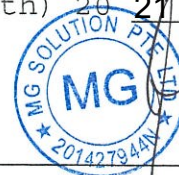
I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 20 day of Sept (month) 20 21 (year)



Signed by "the third party claimant"



Signed by "the workshop"



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHF 615A (Insd veh)	Model: TOYOTA SIENTA HYBRID 7-SEATER 1.5G CVT
	SMV 860P (TP veh)	
Date of Accident/ Time:	20/09/2021	

Repair Estimate	: \$	12,471.77	
Final Repair Cost w/GST	: \$	6,955.00	
Loss of Use	: \$	500.00	10 days at \$ 50 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	7,462.45	

Payee Name : MG SOLUTION 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: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

#### NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. 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.
3. 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.

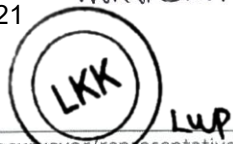
We confirmed that we have the authority of our client to act for and on their behalf in this accident.



Signature of workshop representative / Workshop stamp  
Name of Representative: WONG SU HUI  
Date: 16/11/2021



Signature of witness / Workshop stamp (if applicable)  
Name of Witness: SHARON CHUA  
Date: 16/11/2021



Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 16/11/2021

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.





## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #04-01 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

# TAX INVOICE

Bill To:

**AXA INSURANCE PTE LTD**

8 SHENTON WAY  
#27-01 AXA TOWER  
SINGAPORE 068811

INVOICE No : TI 219207

PB No : 218176

Date : 16-November-2021

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SMV 860P

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,500.00
BEFORE GST		6,500.00
7% GST		455.00
<b>TOTAL</b>		<b>\$ 6,955.00</b>

Cheque should be made payable to **MG Solution Pte Ltd**



Co's stamp & Authorised Signature

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Sep 2021 / 10:28:13

Receipt Date/Time : 20 Sep 2021 / 10:28:13

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210920-000952

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 - SHF615A				
As at 20 Sep 2021/09:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHF615A			
	Enquiry Fee	7.00	0.49	7.49
	20210920102729814989			
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				
	20210920102737156	Direct Debit: eNETS Debit (Internet Banking)		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.

**Claim Notification - ACCIDENT INVOLVING SHF 615A(AXA) AND SMV 860P  
ALONG/AT PUNGGOL WAY FILTERING TPE ON 20/09/2021**

Hsiao Tong (LKKAuto) <chewht@lkkauto.com>

Mon 4/10/2021 9:35 AM

To: claims@transcab.com.sg <claims@transcab.com.sg>

04 Oct 2021

Transcab Taxi  
Singapore

Dear Sir,

**OUR REF : CC4/ASM21009861/Aps3// S1M03IC4**

**YOUR REF : VFX/P2413997 (SHF615A)**

**ACCIDENT INVOLVING SHF 615A(AXA) AND SMV 860P ALONG/AT PUNGGOL WAY FILTERING TPE ON  
20/09/2021**

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 MG SOLUTION PTE LTD acting on behalf of the owner of SMV860P against your motor insurance policy.

Based on all the available information on hand, we are of the view that liability is not in your driver's favour as it is a head-to-rear collision. We shall proceed to negotiate for an amicable settlement of the third-party claim at best to avoid further litigation, which would escalate to even more cost.

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](mailto:cst@axa.com.sg) / [chewht@lkkauto.com](mailto:chewht@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 6742 3197 or email us at [chewht@lkkauto.com](mailto:chewht@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,

**Hsiao Tong, Chew** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742 3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741 4108

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