



方本摩哆私人有限公司  
Poon Poong Motors Pte Ltd

AXA INSURANCE SINGAPORE PTE LTD  
8 SHENTON WAY,  
#27-01 AXA TOWER  
SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPT

Our ref: TP 20563

Your ref: CC4/ASM19007614/KPA3

15/05/2019

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

RE: Accident Involved On 30/03/2019 Between Vehicle No: SJP4734L & SJP3098X

Dear Sir/Madam,

With reference to the above mentioned, We hereby wish to submit the claim the  
losses on the owner's behalf and they are as follow:

1. Accident Vehicle Repair Cost (TP 20563) S\$ 5,938.50(W/GST)
2. LOU 16days x \$100.00(Include Weekend) S\$ 1,600.00
3. Towing Fee S\$ 50.00

**TOTAL: S\$ 7,588.50**

We look forward to receiving payment soon.

Thanks You

Best Regards,

Josephine

Poon Poong Motors Pte Ltd  
176, Sin Ming Drive, #05-15 Sin Ming Autocare, Singapore 575721  
Tel: (65)645 78186 Fax: (65)6452 0022

## AUTHORISATION TO ACT

I, CDM RENTAL & LEASING ("the third party claimant") of 10 UBI CRESCENT  
406-18 UBI TROPARK S408564 (address), owner of SJP473KL (vehicle no.) hereby  
authorize POON POONG MOTOR CAR 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. SJP473KL that was damaged pursuant to the accident which occurred on 30 MARCH 2019  
(date) along X-JUNCTION BETWEEN BT TIMAH RD & LAKE (location) involving vehicle  
no/s SJP309AX ("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 15 (day) of AUG (month) 20 19 (year)



Signed by "the third party claimant"  
(with chop if applicable)



Signed by "the workshop"  
(with chop)

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to any other claims arising from the same accident.



### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJP 3098X (Insd veh)	Model: HYUNDAI AVANTE
	SJP 4734L (TP veh)	
Date of Accident/ Time:	30/03/2019	

Repair Estimate	: \$	13,377.14	
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	: \$	6,700.00	GLOBAL SUM
Payee Name : POON POONG MOTORS 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: <del>Yes</del> 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>JOYCE TAN</u> Date: <u>11 APR 2022</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>ANNA</u> Date: <u>11 APR 2022</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>11/02/2022</u>	

Type text here

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



方本摩哆私人有限公司

**Poon Poong Motors Pte Ltd**

BLK 176, SIN MING DRIVE, #05-15, SIN MING AUTOCARE, SINGAPORE 575721

Tel:(65) 6453 2235 (24 hrs), (65) 6457 8186 Fax:(65) 6452 0022

~~Branch (UBI): NO. 24, UBI ROAD 4, SINGAPORE 408612~~

Tel:(65) 6453 4480 (24 hrs) ~~Fax:(65) 6748 2941~~

GST Reg No :M2-0128975-X

**TAX INVOICE**

**M/S: AXA INSURANCE SINGAPORE PTE LTD**

8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

**Invoice:** TP 20563

**Date:** 15/05/2019

**Attn:** MOTORS CLAIM DEPT

<b>Insured Vehicle</b>	SJP4734L	HYUNDAI AVANTE
<b>Insured</b>	CDM RENTAL & LEASING	
<b>Accident Date</b>	30/03/2019	
<b>Policy Number</b>	5101096543-01	
<b>Your Insured Vehicle</b>	SJP3098X	<b>Your Reference</b> CC4/ASM19007614/Kpa3

**Parts Replacement**

No	Product	Qty	Price	Discount %	ExtPr
1	ACCIDENT VEHICLE LUMP SUM REPAIR COST	1	\$6,945.60	20.09335	\$5,550.00

Subtotal (Parts): \$5,550.00

Discount (%):0 **Total (Parts):** \$5,550.00

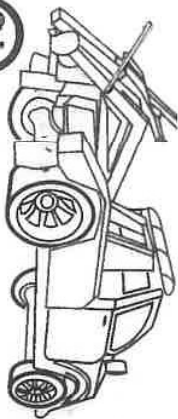
**Labour Charges**

**Total (Labour):** \$0.00

Total Before GST: \$5,550.00

Add GST 7%: \$388.50

**Grand Total:** **\$5,938.50**



24  
HOURS

HOTLINE: 9182 8211

Co. Reg. 53269210A

# ISLAND TOWING SERVICES

Cash Sales / Work Order

NO. 51057

Date: 30-3-19

Blk 3026, Ubi Road 1 #04-146 Singapore 408719  
Telephone: 6747 7400 Email: islandrecovery@gmail.com  
Facsimile: 6844 7233 Web: www.islandrecovery.com.sg

M/S: Pong Pong

Vehicle No: STP 4734 L

Model :

From: 783 B/Timah rd Time Start: 1:50

To: 176 Sin mins #05-15 Time End: 2:20

Remarks:

- ☐ Change Tyres / Jump Start  
☐ Basement / Multi Carpark  
☐ Using King Dolly

- ☒ Accident  
☐ Crane Up / Winch Out  
☐ Dismantle Shaft / Brake

- ☐ Use Car Carrier  
☐ Open Door  
☐ Loaded

AMOUNT S\$ 50

Received By

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.

Island Recovery Services



Auto  
Consultants  
Pte Ltd

51 CUBAVE L #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

27 June, 2019

**CHIANG MING CHEE IRENE**  
501 SIXTH AVENUE  
SINGAPORE 276585

Dear Sir/Mdm,

**OUR REF : CC4/ASM19007614/Kwa3**  
**YOUR REF : SJP 3098X**  
**ACCIDENT INVOLVING SJP3098X AND SJP4734L AT JUNCTION OF BUKIT TIMAH RD**  
**AND ENG NEO AVE ON 30/03/2019**

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 **Poon Poong Motors Pte Ltd** acting on behalf of the owner of **SJP4734L** against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected because 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 [jimmychen@lkkauto.com](mailto:jimmychen@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)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- 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](mailto: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 authorised driver may have committed.



Auto  
Consultants  
Pte Ltd

51 CUBA VE L, #01-25 PAYA LEBU INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

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 as at 6841 2928 or [jimmychen@lkkauto.com](mailto:jimmychen@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Jimmy  
Case Handler  
DID: 6841 2928  
FAX: 6741 4108  
Email: [jimmychen@lkkauto.com](mailto:jimmychen@lkkauto.com)

c.c. AXA Insurance Pte Ltd (AXA)  
(Motor Claims Dept)



Re:<RE-SEEK MANDATE>

Type

 Question

Message

hi, please proceed to nego up to \$6700.00 (all in) thank you

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

方本摩哆私人有限公司  
**POON POONG MOTORS PTE LTD**

Blk 176 Sin Ming Drive

<b>Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)</b>	
Name of Policyholder/Claimant:	05-15 Sin Ming Autocare Singapore 575721
Contact Person:	Josephine TEL: 6453 2235 (24hrs) FAX: 6452 0022
Contact Number:	ppmsgp@gmail.com
Email Address:	
(An auto-prompt email from the bank will be sent to this email address once the payment has been credited)	
<b>Particulars of Policyholder/Claimant's Bank Account</b>	
Name of Bank:	OCBC
Bank Code:	7339
Bank Branch Code:	551
Bank Account Number:	551-856-856-001
Name of Account Holder:	POON POONG MOTORS PTE LTD

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").

*(Handwritten Signature)*



Authorised Signature & Company Stamp (as in bank records)

11 FEB 2022

Date