

KS AUTOMOBILE
(Co Reg. No. 53433258K)
90 BEDOK NORTH STREET 4
#13-1537 SINGAPORE 460090
HP:96311021/93911482

20th MAY 2022

Our reference : SLK8868K

Your reference: SKS3806S

BY HAND

AXA Insurance Pte Ltd

8 Shenton Way #21-01 AXA Tower

Singapore 068811

Attn: Motor Calaims Department



Dear Sir/Madam,

Claimant : CHOW CHEE FOONG,PAUL (ZHOU ZHIFENG,PAUL)

Address : BLK271D PUNGGOL WALK #03-549 (824271)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with the road accident on 08/04/2022 along involving our client's vehicle registration number SLK8868K and the vehicle registrations number SKS3806S driven by you/your insured's driver at the material time.

As a result of the accident,our client's vehicle was damaged and our client has been put to loss and expanse,particulars of which are as follows:

Cost of Repair	:	\$3,000.00
Loss of Usage (\$150 x 4 days)	:	\$600.00
TOTAL		\$3,600.00



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LETTER OF AUTHORIZATION

In consideration of Repairer Workshop I **KS AUTOMOBILE, 90 BEDOK NORTH STREET 4 #13-1537 SINGAPORE 460090**

I/We, Chow Chee Foong, Paul (Zhou Zhifeng) of NRIC/Passport number/ROC number: S 7837055G Owner of vehicle no. SLK 086BK hereby authorize you to commence claim, settle and receive whatever amount payable by the insurance company and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensate direct to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a successful conclusion.

I/We hereby instruct and authorize you to claim direct from my/our insurance company on my/our behalf for all monies due to you, I undertake to pay you for the excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf in the event that my/our claim is unsuccessful.

I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

I/We irrevocably authorize you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer/s claim.

I/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

In the event the third party's insurers forward me/us the settlement monies, I undertake to pay you the sum claimed in relation to my property damage claim.

Dated this 12 (day) of April (month) 20 22 (year)


Owner's signature (Company stamp if applicable)

Name: **CHOW CHEE FOONG, PAUL (ZHOU ZHIFENG, PAUL)**

NRIC No: **SXXXX855G**



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKS 3806S (Insd veh)	Model: MERCEDES BENZ E200
	SLK 8868K (TP veh)	
Date of Accident/ Time:	08/04/2022 15:00	

Repair Estimate	: \$		
Final Repair Cost	: \$	3,000.00	
Loss of Use	: \$	240.00	3 days at \$80.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	3,240.00	

Payee Name : **KS AUTOMOBILE**

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>23</u>
	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: Koh Kai Thia
Date: 18/07/2022

Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date: 18/07/2022

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 18/07/2022

TAX INVOICE

KS AUTOMOBILE

AXA Insurance PTE Ltd

INVOICE NUMBER

60 JALAN LAM HUAT

8 Shenton Way #21-01 AXA Tower

KS:012

Singapore 068811

REFERENCE

CARROS CENTRE #05-68

SLK8868K

SINGAPORE (737869)

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT SGD
COST OF REPAIR	01	3000	3000

INVOICE DATE:20TH MAY 2022

Reg:53433258k



TOTAL SGD 3000

PAYMENT ADVICE

Customer: AXA Insurance Pte Ltd

TO: KS AUTOMOBILE

INVOICE NUMBER:ks012

90 BEDOK NORTH STREET 4

AMOUNT DUE: \$3000

#13-1537 SINGAPORE 460090

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 24 May 2022 10:23 am
To: LUHOCK@GMAIL.COM
Subject: <STANDARD LETTER> ACCIDENT INVOLVING SKS 3806S & SLK 8868K ON 08/04/2022

Importance: High

24 MAY 2022

LIM LU HOCK
3B BRANKSOME ROAD
SINGAPORE 439543

Dear Sir/ Mdm

OUR REF : CC4/ASM22003378/Uga3
YOUR REF : SKS 3806S
ACCIDENT INVOLVING SKS 3806S & SLK 8868K ALONG/AT MSCP OF HONG LIM FOOD MARKET CENTRE ON 08/04/2022

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 **KS AUTOMOBILE** acting on behalf of the owner of **SLK 8868K** 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
- ADDENDUM 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)

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

DID: 6749-4274 | MAIN: 6256 3561 | 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

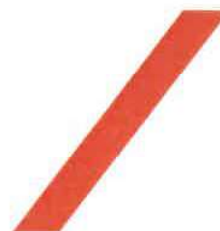
Message

MANDATE APPROVED. PLEASE START FROM \$80/DAY FOR LOU, THANKS

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:	KS AUTOMOBILE
Contact Person:	KOH KAI THIA
Contact Number:	9631 1021
Email Address:	KSautomobile61@gmail.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:	Maybank Singapore Limited
Bank Code:	7302
Bank Branch Code:	013
Bank Account Number:	04131084072
Name of Account Holder:	KS AUTOMOBILE

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)

13/7/22

Date