

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLE7740H and SMZ4273L on 22/04/2022

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 11735.50
b)	Loss of Use/ Rental of vehicles for <u>15</u> day(s) @ S\$ <u>60.00</u> per day	S\$ 900.00
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$
e)	Others _____	S\$
10 WORKING DAYS +2 SAT+2SUN+1 PUB HOLIDAY		
TOTAL		S\$ 12642.95

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to TC AUTOCLINIC PTE LTD (TCAC) and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Sayedinah Ali
HP: 92992693 DID: 67038515
FAX: 64793965
Email: sayedinah@tanchong.com

LETTER OF AUTHORITY AND INDEMNITY

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☒ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. **SLE7740H** AND **SMZ4273L**
 ON **22/04/2022** AT **MCE TUNNEL**

1. I, the owner of vehicle no. **SLE7740H** hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name EVERGREEN MARINE(S) PTE LTD		Company Name TC AUTOCLINIC PTE LTD	
Address NA		Claim Officer's Name SAYEDINAH ALI	
Telephone No 90292355 jamesng@evergreen-marine.com.sg		Telephone No 92992693	
Date 20/05/2022	Email	Date 20/05/2022	
Company Stamp (For Co Regn Vehicle)	Authorized Signature	Claim Officer Signature	
			



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMZ 4273L (Insd veh)	Model: NISSAN SYLPHY 1.6 CVT
	SLE 7740H (TP veh)	
Date of Accident/ Time:	22/04/2022	

Repair Estimate	: \$	16,747.21	
Final Repair Cost with GST	: \$	11,735.50	
Loss of Use	: \$	780.00	13 days at \$60 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	12,522.95	

Payee Name : TC AUTOCLINIC PTE LTD

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>28</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>0</u> (%)
* 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: SAYEDINAH ALI
 Date: 12/10/2022

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: MR KELVIN HENG
 Date: 12/10/2022

Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: 12/10/2022



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IL AutoClinic Pte. Ltd.

Service Centres
1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3
19 Ubi Road 4, Singapore 408623 Tel: 67038666
Regn No.: 199105199R GST Regn No.: 19-9105199-R



NAME :
ADDRESS : AXA INSURANCE PTE LTD
TELEPHONE :
MODEL : ROBINSON ROAD P.O. BOX 1094
ENGINE NO : S(902144)
CHASSIS NO : 68804741
VEHICLE NO : BDTARCZB17EWA----A
HR16991014B

INVOICE NO : TAX INVOICE
CO REG: 19-9105199-R
INVOICE DATE :
TERMS :
DATE REC'D : WE2104627
SA/SE : 28-JUN-2022
JOB NO : CREDIT
MILEAGE : 03-MAY-2022
YOUR REFERENCE : SAY
EG184838
049730
046/IC/TCAS/SAY/20

ITEMS	JOB DESCRIPTION	AMOUNT
Page 1	Credit terms 30 days	
	LABOUR	
1	SUPPLY & INSTALL NUMBER PLATE & HOLDER INCLUDING PARTS	60.00
2	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL, FLOOR PAN & FENDERS	240.00
3	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00
4	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00
5	CONDUCT 3RD PARTY CLAIM AXA DATE:22/04/2022 TIME:1830 LOCATION:MCE TUNNEL	NC
6	REPAIR/REPLACE RR BUMPER,END PANEL, FLOOR PAN, RH RR FENDER,LH RR FENDER & RR BOOT	1500.00
7	RESPRAY RR BUMPER,END PANEL,BOOT,FLOOR PAN, RH RR FENDER & LH RR FENDER	1200.00
8	REMOVE/REFIX REAR WINDSCREEN	240.00
9	REMOVE/REFIX REAR RH & LH QUARTER GLASS	120.00
10	SUPPLY AND INSTALL REAR WINDSCREEN TINTED FILM	144.00
11	SUPPLY/INSTALL REAR QUARTERGLASS LH & RH TINTED FILM	80.00
12	QC & CONSULT CHECK	NC
13	CARWASH & VACUUM	NC

DOLLARS:

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER



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TC AutoClinic Pte. Ltd.

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Page 2	Credit terms 30 days	
14	RESPRAY REAR LEFTHAND CHASSIS FRAME AREA (SUPP)	200.00
15	REPAIR REAR LEFTHAND CHASSIS FRAME (SUPP)	245.00
	SUBTOTAL :	4184.00
	PARTS	
1	LAMP COMB RR,RH Qty:1 @ \$442.60 each (Disc:20.00% After Disc:\$354.08each)	354.08
2	LAMP COMB RR,RH Qty:1 @ \$168.50 each (Disc:20.00% After Disc:\$134.80each)	134.80
3	LAMP COMB RR,LH Qty:1 @ \$442.60 each (Disc:20.00% After Disc:\$354.08each)	354.08
4	LAMP COMB RR,LH Qty:1 @ \$168.50 each (Disc:20.00% After Disc:\$134.80each)	134.80
5	GLASS-BACK WIND Qty:1 @ \$1803.00 each (Disc:20.00% After Disc:\$1442.40each)	1442.40
6	GLASS-QUARTER LH Qty:1 @ \$569.20 each (Special Nett Item)	569.20
7	LOCK ASSY-TRUNK (SUPP) Qty:1 @ \$76.50 each (Disc:20.00% After Disc:\$61.20each)	61.20
8	FINISHER ASSY CHROME GARNISH Qty:1 @ \$204.90 each (Disc:20.00% After Disc:\$163.92each)	163.92

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ITEMS	JOB DESCRIPTION	AMOUNT
Page 3	Credit terms 30 days	
9	EMBLEM Qty:1 @ \$56.10 each (Disc:20.00% After Disc:\$44.88each)	44.88
10	EMBLEM LETTERING Qty:1 @ \$105.80 each (Disc:20.00% After Disc:\$84.64each)	84.64
11	PLATE LUGGAGE REAR END PANEL Qty:1 @ \$63.90 each (Disc:20.00% After Disc:\$51.12each)	51.12
12	FINISHER LUGGAGE LH Qty:1 @ \$460.90 each (Disc:20.00% After Disc:\$368.72each)	368.72
13	BUMPER Qty:1 @ \$701.80 each (Disc:20.00% After Disc:\$561.44each)	561.44
14	ENERGY ABSORBER Qty:1 @ \$41.60 each (Disc:20.00% After Disc:\$33.28each)	33.28
15	BRACKET LH Qty:1 @ \$41.10 each (Disc:20.00% After Disc:\$32.88each)	32.88
16	EMBLEM PURE DRIVE Qty:1 @ \$70.00 each (Disc:20.00% After Disc:\$56.00each)	56.00
17	RUBBER-DUM Qty:1 @ \$68.90 each (Disc:20.00% After Disc:\$55.12each)	55.12
18	INSULATOR FLOORPAN (SUPP) Qty:1 @ \$142.60 each (Disc:20.00% After Disc:\$114.08each)	114.08
19	FENDERE RR LH Qty:1 @ \$1583.60 each (Disc:20.00% After Disc:\$1266.88each)	1266.88

DOLLARS:

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Page 4	Credit terms 30 days	
20	PANEL-REAR UPPER Qty:1 @ \$489.10 each (Disc:20.00% After Disc:\$391.28each)	391.28
21	TRUNK GARNISH Qty:1 @ \$121.80 each (Special Nett Item)	121.80
22	TRUNK LID Qty:1 @ \$742.70 each (Disc:20.00% After Disc:\$594.16each)	594.16
23	HINGE TRUNK LID LH & RH Qty:2 @ \$44.20 each (Disc:20.00% After Disc:\$70.72each)	70.72
24	SENSOR-REVERSE Qty:1 @ \$250.00 each (Special Nett Item)	250.00
	SUBTOTAL :	7311.48
Insurance Co : AXA INSURANCE PTE LTD Policy No.....: 21-MU007810-R04 Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 22-APR-2022 Our Ref.....: 046/IC/TCAC/SAY/2022 Surveyor.....: SURVEYOR FROM INSURANCE CO		
	LABOUR :	4184.00
	PARTS :	7311.48
	SUBTOTAL :	11495.48
	ADD. DISCOUNT :	527.72
	TOTAL :	10967.76
	GST(7%) :	767.74
	AMOUNT DUE :	11735.50

DOLLARS:

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
ELEVEN THOUSAND SEVEN HUNDRED THIRTY
FIVE AND CENTS FIFTY ONLY

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CUSTOMER



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Apr 2022 / 11:53:21

Receipt Date/Time : 25 Apr 2022 / 11:53:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220425-001517

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 - SGV2998J				
As at 21 Apr 2022/00:13:50				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SGV2998J Enquiry Fee 20220425115042855398	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLW1585J				
As at 25 Apr 2022/00:09:55				
Insurance Co: AXA INSURANCE PTE LTD				
2	Insurance Enquiry - SLW1585J Enquiry Fee 20220425115042950041	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMZ4273L				
As at 22 Apr 2022/00:18:30				
Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SMZ4273L Enquiry Fee 20220425115043051080	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		21.00	1.47	22.47
Rounding Difference				0.02
Total Amount Payable				22.45
Paid By				
418238XXXXXX1156		eNETS Credit Card		22.45
Total				22.45
Cash Change				0.00
Tendered Amount				22.45
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.

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Monday, 2 May 2022 3:41 PM
To: CHRISTIAN.LUEBBERS@ME.COM
Subject: ACCIDENT INVOLVING SLE 7740H AND SMZ 4273L ALONG NEAR MCE, SINGAPORE ON 22/04/2022

2 May 2022

CHRISTIAN LUEBBERS

Dear Sir/ Mdm

OUR REF : CC4/ASM22003856/Eea3

YOUR REF : SLE 7740H

ACCIDENT INVOLVING SLE 7740H AND SMZ 4273L ALONG NEAR MCE, SINGAPORE ON 22/04/2022

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 M/s TC AUTOCLINIC PTE LTD acting on behalf of the owner of SMZ 4273L against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, where your vehicle was involved in a three (3) vehicle chain collision and your vehicle was the 2nd vehicle in this chain collision. We are of the opinion that we cannot be absolved from liability.

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 7 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 ashersng@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)
- 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 6256 3561 or email us at ashersng@lkkauto.com.

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

Yours sincerely

Asher Sng
Case Handler
DID: 6841 6051
Email: ashersng@lkkauto.com

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