



www.tanchong.com



TC AutoClinic Pte. Ltd.
25 Leng Kee Road
Singapore 159097
Tel: 6703 8511
Fax: 6479 3965
BRN 199105199R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SDX8188R and SLW1585J on 25/04/2022

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\$ 1440.24
b)	Loss of Use/ Rental of vehicles for <u>3</u> day(s) @ S\$ <u>90</u> per day	S\$ 288.90
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$ NA
e)	Others _____	S\$ NA
TOTAL		S\$ 1736.59

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 checked="" 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. SDX8188R AND SLW1585J
ON 25/04/2022 AT SLIP ROAD TOWARDS NAPIER ROAD

1. I, the owner of vehicle no. SDX8188R 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 <u>TAN ZHIXIANG BRIAN</u>		Company Name <u>TC AUTOCLINIC PTE LTD</u>	
Address <u>NA</u>		Claim Officer's Name <u>SAYEDINAH ALI</u>	
Telephone No <u>96429388</u>		Telephone No <u>92992693</u>	
Date <u>12/05/2022</u>	Email <u>briantan@hotmail.com</u>	Date <u>12/05/2022</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLW 1585J (Insd veh)	Model: NISSAN KICKS
	SDX 8188R (TP veh)	
Date of Accident/ Time:	25/04/2022	

Repair Estimate	: \$	3,098.38	
Final Repair Cost	: \$	1,440.24	W/GST
Loss of Use	: \$		days at \$ per day
Rental (if any) W/GST	: \$	288.90	3 days at \$96.30 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,736.59	
Payee Name : TC AUTOCLINIC PTE LTD			
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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>27</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/TORTEASOR 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: 27/05/2022

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: MR KELVIN HENG
Date: 27/05/2022

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 27.05.2022



www.tanchong.com

TC 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



TAX INVOICE

CO. REG: 19-9105199-R

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FDWARV9P15HDA-D---
CHASSIS NO : HR12360331C
VEHICLE NO : MNTFEAP15Z0000404
SDX8188R

INVOICE NO :
INVOICE DATE : WE2104549
TERMS : 13-MAY-2022
DATE REC'D : CREDIT
SA/SE : 05-MAY-2022
JOB NO : SAY
MILEAGE : EG184908
YOUR REFERENCE : 021077
045/IC/TCAC/SAY/20

ITEMS	JOB DESCRIPTION	Credit terms 30 days
1	LABOUR PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	NC
2	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	110.00
3	CONDUCT 3RD PARTY CLAIM AXA DATE:25/04/2022 TIME:0955 LOCATION: JUNCTION NEAR GLENEAGLES HOSP	NC
4	REPAIR/REPLACE REAR BUMPER & END PANEL	250.00
5	RESPRAY REAR BUMPER & END PANEL	200.00
6	QC & CONSULT CHECK	NC
7	CARWASH & VACUUM	NC
	SUBTOTAL :	560.00
1	PARTS COVER SENSOR BRACKET LH Qty:1 @ \$103.90 each (Special Nett Item)	103.90
2	COVER SENSOR BRACKET RH Qty:1 @ \$103.90 each (Special Nett Item)	103.90
3	COVER SENSOR BRACKET CENTER 2 PCS Qty:2 @ \$78.30 each (Special Nett Item)	156.60
4	RR BUMPER Qty:1 @ \$591.60 each (Disc:20.00% After Disc:\$473.28each)	473.28
	SUBTOTAL :	837.68

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



TC 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



TAX INVOICE

NAME :
ADDRESS : AXA INSURANCE PTE LTD
8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FDWARV9P15HDA-D---
CHASSIS NO : HR12360331C
VEHICLE NO : MNTFEAP15Z0000404
SDX8188R

CO. REG: 19-9105199-R
INVOICE NO :
INVOICE DATE : WE2104549
TERMS : 13-MAY-2022
DATE REC'D : CREDIT
SA/SE : 05-MAY-2022
JOB NO : SAY
MILEAGE : EG184908
YOUR REFERENCE : 021077
045/IC/TCAC/SAY/20

ITEMS	JOB DESCRIPTION	Credit terms 30 days
	Insurance Co : AXA INSURANCE PTE LTD Policy No..... 7210040143-01 Claim Type ... DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA..... 25-APR-2022 Our Ref..... 045/IC/TCAC/SAY/2022 Surveyor..... SURVEYOR FROM INSURANCE CO	
	LABOUR :	560.00
	PARTS :	837.68
	SUBTOTAL :	1397.68
	ADD. DISCOUNT :	51.66
	TOTAL :	1346.02
	GST(7%) :	94.22
	AMOUNT DUE :	1440.24

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
ONE THOUSAND FOUR HUNDRED FORTY
AND CENTS TWENTY FOUR ONLY.

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



Hiring Agreement

Co.Reg.No.: 198403671HGST
GST Reg.No.: M2-0067432-1

TP2022343

CUSTOMER'S COPY
SALESMAN CODE: RIDA

Vehicle Number: SLE9769M Make & Model: SUBARU FORESTER 2.0i-L AWD CVT Date: 07/05/2022
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: TC AUTO CLINIC PTE LTD
Address: 25 LENG KEE ROAD
Singapore: 159097
Contact Person: KELVIN HENG Tel: 67038517

1st Driver

Name: TAN ZHIXIANG BRIAN
Address: _____
Singapore: _____
Contact No: 9642 9388
Occupation: _____ Date of Birth: 03/11/1982
Passport / NRIC No: SXXXX965E Nationality: SINGAPOREAN
Driver's Licence No: SXXXX965E Driving Exp: _____
Country of Issue: SINGAPORE Driving Date: _____

Additional Driver

Name: _____
Address: _____
Singapore: _____
Contact No: _____
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp: _____
Country of Issue: _____ Driving Date: _____

Remarks / Delivery Location

SDX8188R - TP CLAIM - TCAC LK SAYED (FREE UPGRADE)

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.
I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.
The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of S\$250 will be applicable to ionize the vehicle.
The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable.

More than 1 hrs	20% of the daily rental charges
More than 2 hrs	40% of the daily rental charges
More than 3 hrs	60% of the daily rental charges
More than 4 hrs	80% of the daily rental charges
More than 5 hours	100% (1 day rental chargeable)

PENALTY FOR EARLY TERMINATION

The hirer acknowledged and understands that early termination under any circumstances within the hiring period will be subject to penalty.

Early termination can only be requested by the Hirer subject to the following Terms & Conditions -

- The Hirer gives Downtown Travel Services Pte Ltd advance notice of no less than one (01) month prior of the Hirer's intention to terminate early. The Earlier Termination Date shall be one month from when notice was given by the Hirer.
- The Hirer shall be liable to pay Downtown Travel Services Pte Ltd full rental amount for the unutilized period. For the avoidance of doubt, the unutilized period shall be the Agreed Date of Return minus Earlier Termination Date.

Check In / Out

Date Out: 09/05/2022 Time Out: 09:00:00 Km Out: 63948.00
Petrol Level: F
Agreed Date of Return: 17/05/2022 09:00:00
Date In: 12/5/2022 12:50 Time In: 00:00:00 Km In: 51201
Petrol Level: F

Collision Damage Waiver

ACCEPTS
To Pay Extra Fee
Daily: S\$0.00
Non-Waiverable Excess
SS: 0.00
Windscreen Excess \$100.00
Signature: _____
DECLINES
Hirer Declines CDW
Excess S\$: 2,000.00
per accident
Windscreen Excess \$100.00
Signature: BZ

*The above is subjected to 7% GST.

EYID Excess

Additional \$3,000 + Existing Excess applies to:

- Drivers age 23 years & below
- Drivers age 70 years & above
- Less than 2 years driving experience

Signature: _____

*The above is subjected to 7% GST.

Per Day	90	00
Per Month		
Rental Charges <u>3 DAYS x \$90</u>	<u>720</u>	<u>270</u>
CDW	0	00
Malaysia Charge	0	00
Other Charge		
7% GST	<u>58</u>	<u>18</u>
Sub Total	770	40

OVERALL CHARGES

\$ 288.90

Deposit Tax Invoice

Deposit Inv: _____ Amount _____
O/R No: _____ Date _____

For Official Use

INV _____ O/R _____ Date _____
INV _____ O/R _____ Date _____
INV _____ O/R _____ Date _____

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD





www.tanchong.com



DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6334 1700 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

TC AUTO CLINIC PTE LTD
(LENG KEE)
25 LENG KEE ROAD

S(159097)
ATTN:KELVIN HENG

GST Reg No. : M2-0067432-4
Tax Invoice : S1020084
Inv. date...: 12-MAY-2022
Print date...: 12-MAY-2022
Print time...: 15:51:32
Page no.....: 1
Agreement no: TP2022343
Payment Due : 11-JUN-2022
Amount.....: \$288.90
Salesman.....: RIDA

Description	Amount
RENTAL CHARGE FROM 09-MAY-2022 TO 12-MAY-2022	270.00
SUBARU FORESTER 2.0I-L AWD CVT - SLE9769M	
(TAN ZHIXIANG BRIAN)	

TOTAL SGD(BEFORE GST)	270.00
GST(7%)	18.90
TOTAL SGD(AFTER GST)	288.90

Interest at 1.25% per month
on overdue account.

N.B. Cheques should be crossed and made payable to

DOWNTOWN TRAVEL SERVICES PTE LTD

Interest at 1.25% per month on overdue account.
of payment XXXXXXXXXXXXXXXXXXXXXXXXXX

DOWNTOWN TRAVEL SERVICES PTE LTD



Authorised Signature

> Back to OneMotoring



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.

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 24 May 2022 2:36 pm
To: gohhweechin@gmail.com
Subject: <STANDARD LETTER> ACCIDENT INVOLVING SLW 1585J & SDX 8188R ON 25/04/2022

Importance: High

24 MAY 2022

GOH HWEE CHIN
DRIVER: LIEW WOEI KANG

Dear Sir/ Mdm

OUR REF : CC4/ASM22003869/Ega3

YOUR REF : SLW 1585J

ACCIDENT INVOLVING SLW 1585J & SDX 8188R ALONG/AT EXITING GLENEAGLES HOSPITAL ON 25/04/2022

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 **TC AUTOCLINIC PTE LTD** acting on behalf of the owner of **SDX 8188R** 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

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
APPROVED

Reply