



**JL PERFECT AUTOWORK PTE LTD**

Co. & GST Reg. No.: 202136905K

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: jlperfectautowork@gmail.com

Our Ref.: SME4410T

Your Ref.: SNB1189G

Date: 25.08.2022

ATTN: Motor Claims Department

INS : AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: SME4410T & SNB1189G  
Date of Accident: 30.04.2022 @ 12:55HRS  
Location: CTE(City) Before Bukit Timah Road Exit

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 5,000.00</u>
Loss of Use:	
(8 Days x \$180/Day):	<u>\$ 1,440.00</u>
LTA Search:	<u>\$ 7.45</u>
Grand Total:	<u>\$ 6,447.45</u>

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Shanelle @ 8297 9787, or email to [jlperfectautowork@gmail.com](mailto:jlperfectautowork@gmail.com)

Thank You,

Shanelle Lim



## Authorisation To Act

I, Chan Kuan Boon ("the third party claimant") of  
Blk 742 Tampines St 72 #03-84 (S) 520742  
(address), owner of SME4410T (vehicle no.)  
hereby authorise JL Perfect Autowork 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. SME4410T that was  
damaged pursuant to the accident which occurred on 30/4/22 (date)  
at/along CTE (city) Before Bukit Timah Rd Exit  
(location) involving vehicle no/s SNB1189G ("the accident").

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

I further authorise the workshop to execute and/or sign any documents/discharge  
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without  
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by  
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident  
concerned.

Dated this 30 day of 04 (month) 20 22 (year)

  
Signed by "the third party claimant"



  
Signed by "the workshop"



"My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims"

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SNB 1189G (Insd veh)	Model: HYUNDAI ELANTRA 1.6 AT ABS D/AB 2WD 4DR
	SME 4410T (TP veh)	
Date of Accident/ Time:	30/04/2022	

Repair Estimate	: \$	12,785.44	
Final Repair Cost	: \$	5,000.00	
Loss of Use	: \$	350.00	7 days at \$ 50 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	5,357.45	

Payee Name : JL PERFECT AUTOWORK PTE LTD

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: _____
	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: Shannelk Lim  
Date: 14/10/2022

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: Yaw Waz Hong  
Date: \_\_\_\_\_

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 14/10/2022

# TAX INVOICE

## JL PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136905K

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: jlperfectautowork@gmail.com



Date	Invoice Number	Vehicle Number
25.08.2022	JLP202208-00115	SME4410T

## AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 5,000.00
Total	\$ 5,000.00

Cross cheques and pay: JL PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

JL PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Apr 2022 / 14:26:01

Receipt Date/Time : 30 Apr 2022 / 14:26:01

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220430-001375

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 - SNB1189G As at 30 Apr 2022/12:55:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SNB1189G Enquiry Fee 20220430142505954662	7.00	0.49	7.49
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				
	421808XXXXXX9928	eNETS Credit Card		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.



## 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**  
Robinson Road P.O. Box 1094  
Singapore 902144

Policyholder/Claimant's Details (To be completed by the Policyholder/Claimant)	
Name of Policyholder/Claimant:	JL PERFECT AUTOWORK PTE LTD
Contact Person:	YAW WAZ HONG
Contact Number:	8186 1076
Email Address:	JLPERFECTAUTOWORK@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:	DBS BANK
Bank Code:	7171
Bank Branch Code:	072
Bank Account Number:	072-490501-7
Name of Account Holder:	JL PERFECT AUTOWORK 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").

  
Authorised Signature & Company Stamp (as per UEN records)



14/10/2022  
Date (DD/MM/YYYY)

## Asher Sng (LKKAuto)

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**From:** Asher Sng (LKKAuto)  
**Sent:** Friday, 23 September 2022 15:46  
**To:** jenniferx4325@gmail.com  
**Subject:** ACCIDENT INVOLVING SNB 1189G AND SME 4410T ALONG CTE ON 30/04/2022

23 September 2022

**TEO ZHI QING BENJAMIN**

Dear Sir/ Mdm

**OUR REF : CC4/ASM22004228/Aea3**  
**YOUR REF : SNB 1189G**  
**ACCIDENT INVOLVING SNB 1189G AND SME 4410T ALONG CTE ON 30/04/2022**

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 JL PERFECT AUTOWORK PTE LTD acting on behalf of the owner of SME 4410T 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 was the 2<sup>ND</sup> vehicle and rear-ended the Third Party Vehicle SME 4410T 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](mailto: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](mailto: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](mailto:ashersng@lkkauto.com)

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