GOH LEE HWA AUTOMOBILE PTE LTD

Block 5033 Ang Mo Kio Industrial Park 2

#01-255 Singapore 569536

Tel No: (65) 6482 5168 Fax No. (65) 6482 4452

Email: glhauto66@gmail.com Co.reg no. 200808259H

LETTER OF DEMAND

[WITHOUT PREJUDICE, SAVE AS TO COST]

Date: 21.12.2022

Your Ref: SLC9325X

AXA Insurance Pte Ltd

8 Shenton Way #24-01 AXA Tower

Singapore 068811. Tel: 6880-4888

(Motor Claim Department)

Re: Property Damage Direct Settlement Claim

Accident involving SJD5867T & SLC9325X on 1st December 2022, 17.30 SGT.

 Lump Sum Repair (SJD5867T)
 2,600.00

 Rental (8 days @ 80.00/day)
 640.00

 LTA Search Fee
 7.45

 Cost & Disbursement & Report
 @ 321.00
 Waived

Grand Total:

3,247.45 (SGD)

Please also note that you or your insurer should send us an acknowledgement of receipt of this letter within **7 days** of your receipt of this letter, failing which our client will have no alternative but to commence proceedings without further notice to you or your insurer. We shall be glad if you can forward the payment at your early convenience.

For payment.

- 1. PAYNOW: UEN 200808259H
- 2. BANK TRANSFER: Maybank Singapore Acct. No. 04141090974

ACKNOWLEDGED BY	DATE	GOH LEE HWA' AUTOMOBILE PTE LTD
		Alfred Quah

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

Date: 2 12 2022	
To The Motor Claims Manager	ţ.
M/s AXA Insurance Pte I+2.	3 .
8 Sherton Way #24-01	
8 Sherton Way #24-01 AX A Tower Tel 68804888	
Singapore _ 068811	
Dear Sirs,	
ACCIDENTON 1/12/2022 17.308GT INVOLVING VEHICLES IN	NOS:
INVercheony Limousine of NRICNO: 53334026A	
Am/are registered owner of motorcar no: \$505677. I/We, hereby authoris to release all compensation monies pertaining to the above-mentioned accident, directly to repairer, M/s GOH LEE HWA AUTOMOBILE PTE LTD.	se you o my
I/We, hereby authorise the said repairer, M/s GOH LEE HWA AUTOMOBILE PTE LTD to all compensation monies due to me from you or any other party, regarding the said accide	collect ent.
Thank you.	

Signature

Signature

Witness By: <u>Qual Hack Wah</u>
NRIC NO: <u>81748849</u> | Z
Date: <u>212 | 2022</u>



HSBC Life (Singapore) Pte. Ltd.

10 Marina Boulevard, Marina Bay Financial Centre Tower 2 #48-01,

Singapore 018983 +65 6880 4888

www.hsbclife.com.sg cc.gi@mail.life.hsbc.com.sg

HSBC Life Third Party Direct Settlement

Vehicle No:	SLC 9325	X (Insd veh)	Model:	
	SJD 5867	T (TP veh)	TOYOTA VIO	S (1497cc)
Date of Accident	/ Time: 01/12/20)22	101017410	0 (140,00)
Repair Estimate		: \$	12,933.60	
Final Repair Cost		:\$	12,000.00	
Loss of Use		:\$		days at \$ per day
Rental (if any)		:\$		days at \$ per day
LTA / GIA Search Fee		:\$		
Others:		:\$		
Final Settlemen	t Sum (GLOBAL SUM)	:\$	3,160.00	
Payee Name: C	OH LEE HWA AUTOM	OBILE PTE	LTD	
Is Third Party W	orkshop GIA Registered? []	YES [X]	NO (Kindly indicate bel	ow)
A) Workshop:	or Non GIA Registered	,	Agreed Liability 100	(%)
			BOLA Applicable: Yes/ No	BOLA Scenario No:
1	BOLA Liability:(%)		Assessed Liability (*):(%)	
8	* Assessed Liability to be filled onl	ly for chain collisi	ons and for cases where B	OLA does not apply.
Remarks:			•	
L				

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 HSBC Life and their client/tortfeasor in any manner whatsoever.
- 3. HSBC Life 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 (HSBC Life 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

UEN

Signature of workshop representative workshop stamp
Name of Representative:

Date: 03/02/2023

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date:

3/2/2023

Signature of HSBC Life's surveyor & stemp /representative Name of HSBC Life's surveyor /Representative:

Date: 15/02/2023

Internal

GOH LEE HWA AUTOMOBILE PTE LTD

Block 5033 Ang Mo Kio Industrial Park 2

#01-255 Singapore 569536

Tel No: (65) 6482 5168 Fax No. (65) 6482 4452

Co.reg no.

200808259H

Tax Invoice: 21222

[WITHOUT PREJUDICE SAVE AS TO COSTS]

Date: 21.12.2022

AXA Insurance Pte Ltd

8 Shenton Way #24-01 AXA Tower

Singapore 068811. Tel: 6880-4888

Cc:

Cheong Limousine 231 Serangoon Ave 3 #02-44 Singapore 550237.

Toyota Vios 1.5

Final Repair Cost for Vehicle Reg. No: SJD 5867 T

Lump Sum Repair

2,600.00

Grand Total:

2,600.00 (SGD)

For payment.

1. PAYNOW: UEN 200808259H

2. BANK TRANSFER: Maybank Singapore Acct. No. 04141090974

ACKNOWLEDGED BY	DATE	GOH LEE HWA AUTOMOBILE PTE LTI
	,	Alfred Quah

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

CHEONG Limousine

INVOICE

Reg No.: 53334086A

231 Serangoon Avenue 3 #02-44 Singapore 550231

Phone: +65 8498 3980

DATE:

10-Dec-2022

INVOICE # CL/INV/2022/4558

BIII To: GOH LEE HWA

DESCRIPTION		AMOUNT	
CAR PLATE NUMBER: SJJ2697E	\$	640.00	
CAR MODEL: HONDA FIT			
RENTAL PERIOD: 01 DEC - 09 DEC 2022 (8 DAYS)			
RENTAL FEE PER DAY: \$80.00			
TOTAL	\$	640.00	

For Payment by Bank Transfer/PayNow

Payee Name: Ang Say Cheong

Bank Name: POSB BANK

Mobile Number for Paynow: +65 8498 3980

If you have any questions concerning this invoice, email us at cheonglimo367@gmail.com

(COMPUTER GENERATED INVOICE AND REQUIRES NO SIGNATURE)



GIRO Credit Authorisation Form

This form must be completed and returned to HSBC Life (Singapore) Pte. Ltd. Payment will be credited directly into the policyholder/claimant's designated bank account stated below. The policyholder/claimant's has to complete all fields of this form and return to:

HSBC Life (Singapore) Pte. Ltd. Robinson Road Post Office P.O. Box 1094 Singapore 902144

Policyholder/Claimant's Details (To be con	mpleted by the Policyholder/Claimant)
Name of Policyholder/Claimant:	GOH LEE HWA BYTOMORILE PIL CIO
Contact Person:	KRICTAN -
Contact Number:	83488888
Email Address:	starauto28@gnail. an
(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 Bar	
Particulars of Policyholder/Claimant's Bar Name of Bank:	MACCOURTE MAYBANIC SINGAPORE
Name of Bank: Bank Code:	
Name of Bank:	

I/We hereby authorise HSBC Life (Singapore) Pte. Ltd. to credit the payment due to me/us to the above bank account, and undertake to return to HSBC Life immediately upon demand any sum which shall not be so credited into such bank account. I/We agree that HSBC Life shall be fully absolved of any liability to pay me/us such insurance payout once such amounts are credited into above bank account.

This authorisation shall continue in force until I/we have expressly revoked it by notice in writing to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before such change.

In connection with my/our and/or the claimant's claims, I/We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its 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 HSBC 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 HSBC Life and its 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 HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").

Authorised Signature & Company Stamp (as in bank records)

3701-C

Date



Paynow Authorisation Form

This form must be completed and returned to HSBC Life (Singapore) 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:

HSBC Life (Singapore) 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 :	GOH LEE HWA AUTOMOBILE PIELTO
Contact Person :	ERIC TAN
Contact Number :	834888 58
Email Address :	starayto28@ gmail. com
(An auto-prompt email from the bank wi	Il be sent to this email address once the payment has been credited)
	(
	s (Please tick only 1 option & provide the Paynow Details)
Payee's name as per bank account :	GOH LEE HONA AUTUMOBILE MELTO.
Mobile:	
☐ NRIC:	4
UEN:	200808259 H
linked to above Paynow account, and shall not be so credited into such Payr	ngapore) Pte. Ltd. to credit the payment due to me/us to the bank account undertake to return to HSBC Life immediately upon demand any sum which now account. I/We agree that HSBC Life shall be fully absolved of any liability nce such amounts are credited into the bank account linked to above Paynow
This authorisation shall continue in fo	rce until I/we have expressly revoked it by notice in writing delivered to you.

In connection with my/our and/or the claimant's claims, I/We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its 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 HSBC 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 HSBC Life and its 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 HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg. ("Purposes").

In the event of a change of PayNow details, I/we shall inform you in writing 30 days in advance before the change.

Authorised Signature & Company Stamp (as perbank records)

3-02-2023 Date (DD/MM/YYYY)

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)

Sent: Tuesday, 27 December 2022 4:21 PM

To: ANDREW.TANJJ@HOTMAIL.COM; TAN.XING.LIANG94@GMAIL.COM

Subject: ACCIDENT INVOLVING SLC9325XAXA) AND SJD5867T ALONG/AT OUTSIDE 17

BEGONIA WALK ON 01/12/2022

TAN JEE JIAR ANDREW JAIR [By Email only]

DRIVER: TAN XING LIANG

Dear Sirs/ Mdm

OUR REF : CC4/ASM22012132/Dpa3 // S2M04FW2

YOUR REF : SLC9325X

ACCIDENT INVOLVING SLC9325XAXA) AND SJD5867T ALONG/AT OUTSIDE 17 BEGONIA WALK ON 01/12/2022

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 third-party claim(s) from SJD5867T against your motor insurance policy.

Based on all the available information on hand, we are of the view that liability is not in your driver's favour. We shall proceed to negotiate for an amicable settlement of the third-party claim at best to avoid further litigation, which would escalate to even more cost.

Please be informed that your No Claim Discount (NCD) may be affected as a result 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.

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 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.

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 us at 6742 3197 or email us at chewht@lkkauto.com.

Thank you.

Best Regards,

Hsiao Tong, Chew (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | Email: chewht@lkkauto.com |

 $\rm HQ$: Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)