

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

14 April 2016

RHENUGA D/O K R RAJENDRAN 888 UPPER BUKIT TIMAH ROAD #04-17 SINGAPORE 678185

Dear Sir/Madam,

**OUR REF** 

: CC3/AXA16002978/Khg3

YOUR REF

: SJR 2629K

ACCIDENT INVOLVING SJR 2629K AND SHC 5246P ALONG ANCHORVALE ROAD ON 14/02/2016

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from TRANS-CAB AUTO SERVICES PTE LTD, acting on behalf of the owner of SHC 5246P against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SHC 5246P. As such, liability is down against us.

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 <a href="mailto:vicalpeh@lkkauto.com">vicalpeh@lkkauto.com</a> within 10 days from the date of this letter <a href="mailto:if not provided at our reporting centre">if not provided at our reporting centre</a>. 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)



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 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 <a href="mailto:vicalpeh@lkkauto.com">vicalpeh@lkkauto.com</a>.

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

Yours sincerely,

A

Asher Case Handler DID: 6841 6051 FAX: 6741 4108

Email: vicalpeh@lkkauto.com

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

## **Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

## **Authorization To Act**

We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHC5246P and SJR2629K along ANCHORVALE RD on 14-02-16 08:30 PM.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 6 (day) of January 2018

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager

# TRANS-CAB AUTO SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel: 6287 6666 Fax: 6281 1400

Co. Reg No.

GST Reg No. : 201019626G :201019626G

## **Authorization to Act**

CHIANG CHIAN WEE	_(Hirer), _	S7244080C	_(NRIC	no.)
hereby authorize Trans-cab Services Pte L	_td to act c	on behalf to claim for my lo	ss of ea	rning
for the accident involving SHC 5246P and _	SJR 2629	K		-
along ANCHORVALE RD				_
on <u>14/02/2016</u> at <u>20:30</u>	hrs.			
In addition, we also hereby authorize the al	bove paym	ent to be made in favour o	f Trans-c	ab
Auto Services Pte Ltd upon settlement.				
Dated this15day ofFE <b>B</b>	20_16_			
(Hirer's signature)				
Name: CHIANG CHIAN WEE  NRIC Number: S7244080C	_ _	v.		
Address: BLK 253 YISHUN RING ROAD	<u> </u>		y g	
#12-1045 S(760253)				

No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel: 6287 6666 Fax: 6281 1400



#### **AXA THIRD PARTY DIRECT SETTLEMENT**

Vehicle No:	SJR 2629K	(Insd veh)	
	SHC 5246P	(TP veh)	Model: RENAULT LATITUDE 2.0L
Date of Accident/ Time:	14/02/2016	- Direction of the Control of the Co	

Repair Estimate	:\$	45,196.23	
Final Repair Cost	:\$		T. C.
Loss of Use	:\$		days at \$ per day
Rental (if any)	:\$	A CONTROL OF THE PROPERTY OF T	1º days at \$1326 per day
LTA / GIA Search Fee	:\$		
Others:	;\$		
	1;\$		
Final Settlement Sum (Global Sum)	:\$	17,500.00	
Payee Name : TRANS-CAB AUTO SER	VICES	PTE LTD	to a market and committee the committee of the anti-section of the committee of the committ
Is Third Party Workshop GIA Registered	1?	X] YES [ ] NO (Kindly indicate below	)
A) For Non GIA Registered	Work	shop: Agreed Liability(9	·61
B) For GIA Registered Workshop:  BOLA Liability: 100 (%)		: BOLA Applicable: Yes/ <del>No</del> BOI	LA Scenario No: 27
		Assessed Liability (*):	(%)
* Assessed Liability to b	e filled	only for chain collisions and for cases where BOLA do	pes 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.
- 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 our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp

Name of Representative: NG WAI YIN 65 SEP 2019

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

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Date:

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 - axa.com.sg

## **Trans-Cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666 Fax: 6287 7764

Co. Reg. No.: 201019626G GST Reg. No.: 201019626G

**Tax Invoice / Debit Note** 

TO:

**AXA INSURANCE (S) PTE LTD** 

8 SHENTON WAY,#27-01

**AXA TOWER** 

068811 SINGAPORE

ATTENTION:

INVOICE NO.

: INV1605-152

DATE

: 30. May 2016

REFERENCE NO : AAD1602-205

**TERMS** 

**DUE DATE** 

: 30. May 2016

**PAGE** : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5246P;DOA 14.02.16(PART-BY-PART-16)	1	16,224.02	16,224.02

Total SGD Excl. GST:

15,162.64

7% GST:

1,061.38

Total SGD Incl. GST:

16,224.02

\*\*\*\* SIXTEEN THOUSAND TWO HUNDRED TWENTY FOUR AND TWO SGD

**ONLY \*\*\*\*** 

<sup>1)</sup> All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"

<sup>2)</sup> Please quote our Invoice Number during payment.

<sup>3)</sup> We reserve the right to charge interest @ 1.5% per month on overdue invoice.

<sup>4)</sup> Any dispute as to the accuracy, charges etc of this invoice must be communicated within 10 days from the date hereof failing which it shall be deemed to have been unconditionally accepted.

## **Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Tel No.: 6287 6666 Fax No. 6281 1400 Co./GST Reg. No. 200303878K

06 January, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 14-02-16 08:30 PM at ANCHORVALE RD

- 1. We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the registered owner of the taxi bearing vehicle registration no. SHC5246P. The taxi was hired to CHIANG CHIAN WEE a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$128.4 per day (inclusive of GST).
- 2. Please be advised that the Taxi is insured with AXA INSURANCE PTE LTD on a third party basis at the material time of the accident.
- 3. Please liaise with us directly for any settlement of claims in respect of the said accident.

Yours faithfully,

Jasmine Tan General Manager

# **Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

14-02-2016

Dear Sir/Madam,

Please be informed that the taxi was undergo accident repair in the workshop as follow:

Date In	Date Out	t Vehicle No.		
Accident No.	AAD1602-205		Accident Date	14-02-2016
2/14/2016 8:30:00 PM	3/1/2016 3:55:00 PM	SHC5246P		

Yours Faithfully,

**Trans-Cab Services Pte Ltd** 

**Jasmine Tan** 

**General Manager** 

## Enquire Vehicle & Owner Information ( Vehicle No. SJR2629K As At 14 Feb 2016 / 20:30:00 )

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

TCS(RC)SHC5246P

Current Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S8105503C

Owner Name:

RHENUGA D/O K R RAJENDRAN

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House

No.:

Registered Street Name:

UPPER BUKIT TIMAH ROAD

Registered Unit No.:

# 04 - 17

Registered Building Name: -

Registered Postal Code:

678185

**Current Vehicle Details** 

Vehicle No.:

SJR2629K

Make Description/Model:

MERCEDES BENZ / C180K

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD

Land Fransport & Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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