

**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

Our Ref : AAD1708-207

Your Ref : EU899D

Date : 28.April 2020

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD0166P AND EU899D ON 16/08/17 10:40 PM ALONG Gardens by the Bay**

It appears that the above accident was caused by your insured's negligence. We, therefore seeking compensation from you for our financial loss as itemized below :-

1.	Cost of Repair (inclusive of 7% GST)	\$	6,276.44
2.	Loss of Rental for <u>4</u> days @ \$ <u>105.74</u> per day	\$	422.96
3.	Loss of Income for <u>4</u> days @ \$ <u>50</u> per day	\$	200.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	6,904.75

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Rental rate and mileage records

Certificate of Insurance

Authorization To Act

Original final repair bill

LTA Search Fee

**Kindly let us have the discharge voucher within the next 14 days, failing which we shall proceed to hand over the conduct of this matter to our solicitors without further reference to you.**

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Tel No. : 6603 1250 (DID)

Note : Please email any further correspondence to claims@transcab.com.sg (6603 1259)

**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**

<b>TO:</b> <b>AXA INSURANCE PTE LTD</b> 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1709-346 <b>DATE</b> : 30. September 2017 <b>REFERENCE NO</b> : AAD1708-207 <b>TERMS</b> : <b>DUE DATE</b> : 30. September 2017 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD0166P;DOA 16.08.17(PART-BY-PART-17)	1	6,276.44	6,276.44

**Total SGD Excl. GST :** 5,865.83  
**7% GST :** 410.61  
**Total SGD Incl. GST :** 6,276.44

\*\*\*\* SIX THOUSAND TWO HUNDRED SEVENTY SIX AND FORTY FOUR SGD  
ONLY \*\*\*\*

- 1) All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"
- 2) Please quote our Invoice Number during payment.
- 3) We reserve the right to charge interest @ 1.5% per month on overdue invoice.
- 4) 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.

E. & O. E.

**THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE**

**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

28 April, 2020

To Whom It May Concern

Dear Sir / Madam,

Accident on 16/08/17 10:40 PM at Gardens by the Bay

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. SHD0166P. The taxi was hired to YEO BEO KENG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$105.74 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

*This is a computer generated print-out. No signature is required.*

**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 SHD0166P and EU899D along Gardens by the Bay on 16/08/17 10:40 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 28 (day) of April 2020

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Aug 2017 / 17:47:41

Receipt Date/Time : 18 Aug 2017 / 17:47:25

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-170818-001622

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SLA5625S As at 17 Aug 2017/20:15:00 Insurance Co: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLA5625S Enquiry Fee 20170818174604093579	5.00	0.35	5.35
<b>Sub-Total</b>		5.00	0.35	5.35
Result of Insurance Enquiry - EU899D As at 16 Aug 2017/22:40:00 Insurance Co: AXA INSURANCE PTE LTD				
2	Insurance Enquiry - EU899D Enquiry Fee 20170818174604128296	5.00	0.35	5.35
<b>Sub-Total</b>		5.00	0.35	5.35
<b>Total Before Rounding</b>		10.00	0.70	10.70
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				10.70
Paid By				
	xxxxxxxxxxxx6243	Credit Card: Visa /MasterCard		10.70
Total				10.70
Cash Change				0.00
Tendered Amount				10.70
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.



**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

16-08-2017

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1708-207	<b>Accident Date</b> 16-08-2017
21/8/2017 10:20	24/8/2017 17:00	SHD0166P

Yours Faithfully,

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	EU 899D (Insd veh)	Model: Renault Latitude (1995cc)
	SHD 166P (TP veh)	
Date of Accident/ Time:	16/08/2017	

Repair Estimate	: \$	40,918.76	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	3,400.00	
Payee Name : Trans-cab Auto Services Pte Ltd			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: <del>Yes</del> / No BOLA Scenario No: <u>NIL</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>50</u> (%)	
* 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: **Jasmine Tan**  
Date: **24 APR 2020**

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: **Amanda Tay**  
Date: **24/04/20**



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



Auto  
Consultants  
Pte Ltd

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

26 MARCH 2018

**GOH SEAU KANG**  
1C RIDLEY PARK  
#01-06 TANGLIN ROAD  
SINGAPORE 248469

Dear Sir/ Mdm

**OUR REF : CC3/ASM17016220/Kpb3**  
**YOUR REF : GA145183/1 (EU 899D)**  
**ACCIDENT INVOLVING EU 899D AND SHD 166P ALONG/AT GARDENS BY THE BAY**  
**ENTRANCE ON 16/08/2017**

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 TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHD 166P against your motor insurance policy.

Both parties involved have given conflict of version. Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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 [chewht@lkkauto.com](mailto:chewht@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)
- 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.

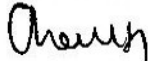
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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 6742 3197 or email us at [chewht@lkkauto.com](mailto:chewht@lkkauto.com).

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

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: [chewht@lkkauto.com](mailto:chewht@lkkauto.com)

Cc     *AXA Insurance Pte Ltd*  
         *(Motor Claims Dept)*