



Auto
Consultants
Pte Ltd

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

08 JANUARY 2018

YENG WEN JUN

BLK 245 BUKIT BATOK EAST AVE 5
#01-90
SINGAPORE 650245

Dear Sir/ Mdm

OUR REF : CC3/AXA17023608/Kpb3

YOUR REF : GA199771/1 (SJL 203A)

ACCIDENT INVOLVING SJL 203A & SHB 9739M ALONG/AT HOUGANG AVE 3 & DEFU AVE ON 05/12/2017

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 SHB 9739M against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion 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 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.

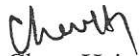
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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.

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

Cc *AXA Insurance Pte Ltd*
 (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

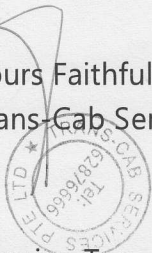
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHB9739M and SJL203A along HOUGANG AVE 3 X DEFU AVE 1 on 08/12/17 08:45 AM.

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 16 (day) of January 2020

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJL203A (Insd veh)	Model: RENAULT LATITUDE 2.0L DCI
	SHB9739M (TP veh)	
Date of Accident/ Time:	08/12/2017 @ 0845HRS	

Repair Estimate	: \$	48,863.76	
Final Repair Cost	: \$		
Loss of Use <i>Token Sum</i>	: \$		days at \$ per day
Rental (if any)	: \$		55 days at 99.32 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum	: \$	6,060.00	(Global Sum)
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES [] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:		Agreed Liability _____ (%)
B)	For GIA Registered Workshop:		BOLA Applicable: <input checked="" type="radio"/> Yes / No BOLA Scenario No: 27
	BOLA Liability: 100 (%)		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/TORTEASOR 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: NG WAI YIN Date: 07 FEB 2020 KKK	Signature of Witness / Workshop stamp (if applicable) Name of Witness: Amanda Tay Date: 07/02/2020
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 7/1/2020 	

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 January, 2020

To Whom It May Concern

Dear Sir / Madam,

Accident on 08/12/17 08:45 AM at HOUGANG AVE 3 X DEFU AVE 1

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. SHB9739M. The taxi was hired to TAN KIAN KOK a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$99.32 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

08-12-2017

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
Accident No.	AAD1712-073	Accident Date 08-12-2017
8/12/2017 13:01	13/12/2017 16:30	SHB9739M

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJL203A	08 Dec 2017 / 08:45:00	AXA INSURANCE PTE LTD
SLC555H	07 Dec 2017 / 18:25:00	SOMPO INSURANCE SINGAPORE PTE. LTD.
SGQ9828Y	08 Dec 2017 / 14:30:00	AXA INSURANCE PTE LTD