



7 Old Toh Tuck Road
Singapore 597648
UEN no: 53360061L
HP: (+65) 9850-9666 Email: Connect3winnie@gmail.com

Your Ref: Pls advise

19 December 2017

AXA Insurance Singapore Pte Ltd
8 Shenton Way, #27-01 AXA Tower
Singapore 068811

Dear Sir,

**TO PROPOSE A CLAIM OF AN ACCIDENT INVOLVING PA7145E & SHc5673P
ON 10/12/2017.**

We refer to the above, we are authorized by Cititrans Transit Pte Ltd owner of vehicle no. PA7145E to negotiate and settle the claim on his behalf.

We hereby quantify our claim as follows:-

1) Repair Cost	S\$	800.00
2) Loss of Use @ \$150.00 X 03 days	S\$	450.00

Total	S\$	1,250.00
--------------	------------	-----------------

We enclosed a copy of each of the following for your consideration:

- 1) Repair Bill inv: 143
- 2) Motor Accident report of vehicle no. PA7145E
- 3) Letter Authorization (original available upon request)
- 4) Insurance Certificate
- 5) Vehicle registration card
- 6) Pre repair inspection (done by Rasul LKK on 14/12/17)

Kindly acknowledge receipt of the above said documents and hope to receive your favourable reply ASAP.

Thank you.

Yours sincerely

Winnie Chai
HP: 9850-9666



Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Wednesday, 31 January 2018 11:55 AM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A
Subject: ACCIDENT INVOLVING SHC 5673P & PA 7145A ALONG PIE TOWARDS CHANGI AIRPORT ON 10/12/2017

Transcab Taxi (Singapore)
Trans-cab Services Pte Ltd

Dear Sir/Madam,

OUR REF : CC4/AXA17023689/R1ja3
YOUR REF : VPX/P1680520 (SHC 5673P)

ACCIDENT INVOLVING SHC 5673P & PA 7145A ALONG PIE TOWARDS CHANGI AIRPORT ON 10/12/2017

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 **Connect3** acting on behalf of the owner of PA 7145A 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 where our vehicle initiated a lane change. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of **S\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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 AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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 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 / joyirene@lkkauto.com or deliver it by hand to our 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 authorized 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or cst@axa.com.sg / joyirene@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,
 Joy Irene | Case Handler
 LKK Auto Consultants Pte Ltd
 DID: 6749-5792 | email: joyirene@lkkauto.com | Fax: 6741-4108
 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

LETTER OF AUTHORITY & INDEMNITY

To **Connect3**

566 Woodlands Road (Mandai Estate) S 728697

ACCIDENT INVOLVING VEHICLE NO. PA7145A AND SHC 5673P
AT PIC - Mandai City ON 10/12/2017

1. I/ We, the owner of vehicle no. PA7145A hereby instruct and authorize you to commence repairs to the said vehicle and to make 3rd party claim on my behalf for my loss and damage.
2. You are further authorized to appoint solicitors on my/ our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/ us with respect to the conduct of my/ our claim against the third party driver and or his insurers including if necessary, to commence legal proceedings in Court in my/ our name against the 3rd party.
3. You have my/ our full authority to instruct my/ our solicitor to negotiate a settlement with the third party and/ or his insurers on such terms as you deem fit.
4. Upon resolving my/ our claim, you are authorized to agree with my/ our solicitors on the amount of their professional costs and disbursements for acting for me/ us and to receive payment of the balance of the settlement sum on my/ our behalf directly into your account.
5. In the event that I/ we am/ are required to attend at my/ our solicitors' office or to attend Court connection with my/ our claim, I/ we shall render full co-operation.
6. In the event that my/ our claim against the 3rd party and/ or his insurers is not successful or cannot be proceeded with, I/ we authorize you to make a claim against my/ our own insurers for the cost of repairs and any losses recoverable under my/ our policy of insurance. In this respect, I/ we understand and accept that personally liable to bear all Legal Costs incurred by you in claiming back for the repair costs by your solicitors.
7. I/ We hereby irrevocably direct all insurer to make all settlement sums payable to "Connect3" or my/ our solicitors, and not to me. Such payment shall be full and valid discharge by me/ us.
8. If the settlement sum is paid to me/ us directly by cheque from the insurer in their disobedience and/ or negligence of my above-direction, I/ We shall forthwith exchange with you or pay you for the said cheque by my/ our cheque/ cash of the same amount or return you any payment in any manner as directed by you.
9. If for whatever reason, my/ our insurers reject my/our claim for indemnity for the cost of repairs and/ or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you or my Insurance policy does not cover such claim, I/ we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonable incurred on my/ our behalf or to pay you the difference in amount, as the case may be.

Signature: 

Name: CITY TRANS BUS TRANSIT P/L

NRIC No.: 2004110056

(Company stamp, if applicable)

Date this 12 of 12 2017

Name of Witness: WANNIE

NRIC No.: S8306021/B



redefining / insurance

CLAIM REF : C0464492
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I **CITITRANS BUS TRANSIT PTE. LTD., CO. REG NO. 200411000G** hereby agree to accept the sum of dollars [**ONE THOUSAND ONE HUNDRED FIFTY ONLY**] (S\$ **1,150.00**) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. **[SHC 5673P]** as a result of an accident along **[PIE TOWARDS CHANGI AIRPORT]** on **[10/12/2017]** of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. **[PA 7145A]**.

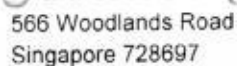
We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. **[SHC 5673P]** in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. **[SHC 5673P]**

Dated this 22 day of Feb. 2018

Claimant's Signature : [Signature]
NRIC no./ Company Stamp : [Signature]
Occupation/ Business : X Private Hire.
Address : X BIK 6560 CCK - Crescent #03-268 S(684 686)
Telephone No. : 98286771
Witness's Name : Winnie Chai
Witness's Signature : [Signature]
Witness's NRIC No. : 38306021/B.



BILL TO:

AXA Insurance Singapore Pte Ltd

8 Shenton Way
#27-01
AXA Tower
Singapore 068811

INVOICE NO.: 143

DATE	:	19-Dec-17
D/O NO	:	-
P/O NO.	:	-
VEHICLE NO.	:	PA7145E
TERMS	:	COD

DESCRIPTION	AMOUNT
Repair cost to accident damaged vehicle PA7145E	\$ 800.00
Accident date: 10/12/2017	
SUB-TOTAL	\$ 800.00
TOTAL :	\$ 800.00

E & O.E

- * If no discrepancy is reported within 7 days from the date of this statement, the account will be considered as correct
- * A 1% Late Payment Charge will be imposed on any outstanding balance in the next statement, if no payment is received
- * All cheque(s) should be crossed and made payable to " **Connect3** "

Connect3

Authorised Signature

Print Received Message

This mail is associated with :

***PA7145A (C0464492)**

[SHC5673P]

TP

CITIRANS BUS TRANSIT PTE. LTD.

Dec 10 2017 7:00PM

[TRANS-CAB SERVICES PTE LTD]

Connect3

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on 21/02/2018 10:11 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$1250.00) - PA7145A - Claim Handler: Cynthia Loh

Approved:1250.00.