



A401712-116

TO: Hsiao Tong

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKW 803Z (Insd veh)	Model: Renault Latitude (1995cc)
Date of Accident/ Time:	SHD 9795P (TP veh) 11/12/2017	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		
Rental (if any)	: \$	days at \$	per day
LTA / GIA Search Fee	: \$	days at \$	per day
Others:	: \$		
Final Settlement Sum (Global Sum)	: \$	20,800.00	
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: Yes/ NO BOLA Scenario No: <u>5</u>	
BOLA Liability: <u>100</u> (%)		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/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: - 7 JUN 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: NG WA I YIN
Date: 07 JUN 2019

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

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 : AAD1712-116

Your Ref : SKW803Z

Date : 03.June 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD9795P AND SKW803Z ON 11/12/17 09:20 AM ALONG
TAMPINES AVE 2 TOWARDS TAMPINES STREET 31**

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)	\$	18,725.00
2.	Loss of Rental for <u>14</u> days @ \$ <u>101.46</u> per day	\$	1,420.44
3.	Loss of Income for <u>14</u> days @ \$ <u>50</u> per day	\$	700.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	20,850.79

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

GIA report lodged by our driver

Certificate of Insurance

Original final repair bill

Rental rate and mileage records

Authorization To Act

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**

TO: AXA INSURANCE PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1905-270 DATE : 31. May 2019 REFERENCE NO : AAD1712-116 TERMS : DUE DATE : 31. May 2019 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	Invoice No. INV1808-036: REPAIR-SHD9795P;DOA 11.12.17(LUMP SUM-18)	1	18,725.00	18,725.00

Total SGD Excl. GST : 17,500.00
7% GST : 1,225.00
Total SGD Incl. GST : 18,725.00

**** EIGHTEEN THOUSAND SEVEN HUNDRED TWENTY FIVE 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

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 SHD9795P and SKW803Z along TAMPINES AVE 2 TOWARDS TAMPINES STREET 31 on 11/12/17 09:20 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 17 (day) of August 2018

Yours Faithfully
Trans-Cab Services Pte Ltd

Jasmine Tan
General Manager

