



Auto  
Consultants  
Pte Ltd

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

11 JANUARY 2018

**KWAN WEE HONG  
65 BELIMBING AVENUE, OASIS@MULBERRY  
SINGAPORE 349929**

Dear Sir/Madam,

**OUR REF : CC4/ASM17024668/Kub3  
YOUR REF : SKW 3687Y  
ACCIDENT INVOLVING SKW 3687Y AND SHF 687S ALONG ANG MO KIO AVENUE  
10 ON 27.12.2017**

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 SHF 687S against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SHF 687S. 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 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) within 7 days from the date of this letter **if not provided at AXA's 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)



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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 [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com).

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

Yours sincerely,

Siti  
Case Handler  
DID: 6256 3561  
FAX: 6741 4108  
Email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)

c.c. AXA Insurance 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**

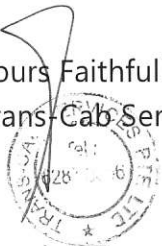
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHF0687S and SKW3687Y along ANG MO KIO AVENUE 10 on 27/12/17 01:40 PM.

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 23 (day) of March 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



AA01712-291

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKW3687Y (Insd veh)	Model: PENANG LATITUDE 201
	SHF687S (TP veh)	
Date of Accident/ Time:	27/12/2017 @ 1340HRS	

Repair Estimate	: \$	39,267.61	
Final Repair Cost	: \$	5,938.50	
Loss of Use <i>Token Sum</i>	: \$		days at \$ per day
Rental (if any)	: \$	304.38	3 days at \$ 101.46 per day
LTA / GIA Search Fee	: \$	5.35	
Others:	: \$		
Final Settlement Sum	: \$	6,248.23	
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/ <del>No</del> 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: Jasmine Tan  
Date: 27 MAY 2019

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: NG WA YIN  
Date: 27 MAY 2019

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

**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> : INV1801-112 <b>DATE</b> : 30. January 2018 <b>REFERENCE NO</b> : AAD1712-291 <b>TERMS</b> : <b>DUE DATE</b> : 30. January 2018 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0687S;DOA 27.12.17(LUMP SUM-18)	1	5,938.50	5,938.50

**Total SGD Excl. GST :** 5,550.00  
**7% GST :** 388.50  
**Total SGD Incl. GST :** 5,938.50

\*\*\*\* FIVE THOUSAND NINE HUNDRED THIRTY EIGHT AND FIFTY 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

23 March, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 27/12/17 01:40 PM at ANG MO KIO AVENUE 10

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. SHF0687S. The taxi was hired to THAM KWONG KWAN a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$101.46 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

27-12-2017

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1712-291	<b>Accident Date</b> 27-12-2017
27/12/2017 16:30	29/12/2017 16:00	SHF0687S

**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

## Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SLJ5737E	23 Dec 2017 / 07:15:00	NTUC INCOME INS CO-OP LTD
SKW3687Y	27 Dec 2017 / 13:40:00	AXA INSURANCE PTE LTD

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OK

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