

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

12 JULY 2019

HITACHI CAPITAL SINGAPORE PTE LTD 111 SOMERSET ROAD #11-05 TRIPLEONE SOMERSET SINGAPORE 238164 ATTN: THE MANAGEMENT

Dear Sirs,

OUR REF

: CC4/ASM18000404/Kfb3

YOUR REF

: SLC 5152D

ACCIDENT INVOLVING SLC 5152D AND SHB 9759E ALONG BALESTIER ROAD ON 02.01.17

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 M/s TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHB 9759E against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SHB 9759E. As such, liability may also down against us.

Please be informed that your No Claim Discount (NCD – if applicable) may be affected as a result of the claim against your policy. We also wish to advise that there is an excess of **\$\$2,000.00** in accordance to your policy.

Our principal, AXA shall keep you informed of when to make the excess payment, which cheque is to be made in favor of "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

As Insurers, AXA 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com, 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)



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- 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 AXA immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA's 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), 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 6841 2096 or email us at vicalpeh@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Chong Poh Kin Case Handler DID: 6841 2132

FAX: 6741 4108

EMAIL: pohkin@lkkauto.com

Cc

Motor Claims Department AXA Insurance Pte Ltd

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 SHB9759E and SLC5152D along BALESTIER ROAD on 02/01/18 12:45 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 6 (day) of April 2018

Yours Faithfully

Transaction Services Pte Ltd

Jasmine Tan

General Manager



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLC5152D	(Insd veh)	
	SHB9759E	(TP veh)	Model: RENAULT LATITUDE 2.0L DCI
Date of Accident/Time:	02/01/2018 @ 1245HRS		

Repair Estimate	: \$	15,940.08		
Final Repair Cost	: \$	()		
Loss allise Token Sun	:5		4 days at 550 per day	
Rental (if any)	:5		A days at \$99.82 er day	
LTA / GIA Search Fee	: \$			
Others:	: 5			
	: \$			
Final Settlement Sum		1,260.00	(Global Sum)	
Is Third Party Workshop GIA Registere A) For Non GIA Registere		Shop: Agreed Liability (9		
,	For GIA Registered Workshop:			
	rkshop	BOLA Applicable: Yes/No BOI	LA Scenario No: NIL	
B) For GIA Registered Wo	(%)		(%)	

NOTE:

Date:

- 1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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 throughoutly of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp
Name of Representative: NO WAL YIN

Tel: 62876666

1/3

KOC

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

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Amanda Tay

Date: 21/11/19

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 06 April, 2018 To Whom It May Concern Dear Sir / Madam, Accident on 02/01/18 12:45 PM at BALESTIER ROAD We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the 1. registered owner of the taxi bearing vehicle registration no. SHB9759E. The taxi was hired to LOW LYE HENG 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). 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

02-01-2018

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.	£1	
Accident No.	AAD1801-048		Accident Date	02-01-2018
3/1/2018 00:40	6/1/2019 17:00	CURATER		

6/1/2018 17:00

SHB9759E

Yours Faithfully,

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SLS7456E	31 Dec 2017 / 18:30:00	NTUC INCOME INS CO-OP LTD
SLC5152D	02 Jan 2018 / 12:45:00	AXA INSURANCE PTE LTD
SGV201M	03 Jan 2018 / 11:20:00	AXA INSURANCE PTE LTD

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