



Auto  
Consultants  
Pte Ltd

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

15 MARCH 2018

TONG MEE ON  
APT BLK 914 TAMPINES STREET 91  
#12-37  
SINGAPORE 520914

Dear Sir/Madam,

OUR REF : CC3/ASM18000672/Kma3  
YOUR REF : SLL 2187B  
ACCIDENT INVOLVING SLL 2187B AND SHC 5940T ALONG PIE(CHANGI) NEAR TO  
TOA PAYOH SPORT CENTRE ON 07.01.2018

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 SHC 5940T 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 SHC 5904T. 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 [bevanlim@lkkauto.com](mailto:bevanlim@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 [bevanlim@lkkauto.com](mailto:bevanlim@lkkauto.com).

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

Yours sincerely,

Bevan Lim  
Case Handler  
DID: 6749 4274  
FAX: 6741 4108  
Email: [bevanlim@lkkauto.com](mailto:bevanlim@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 SHC5940T and SLL2187B along PIE TOWARDS AIRPORT on 07/01/18 04:00 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 29 (day) of March 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



A401801-085

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLL 2187B (Insd veh)	Model: RENAULT LATITUDE-2.0 L (A)
	SHC 5940T (TP veh)	
Date of Accident/ Time:	07/01/2018	

Repair Estimate	: \$	48,863.76	
Final Repair Cost	: \$		
Loss of Use <i>Loss of Use</i>	: \$		16 days at \$ 50 per day
Rental (if any)	: \$		16 days at \$ 103.60 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (GLOBAL SUM)	: \$	18,240.00	
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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/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	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: NG WAH YIN	Name of Witness: Calvin ER
Date: 19 AUG 2019	Date: 19 AUG 2019
Signature of AXA's surveyor/representative:	
Name of AXA's surveyor /Representative:	
Date: 26/9/2019	

## 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> : INV1802-216 <b>DATE</b> : 28. February 2018 <b>REFERENCE NO</b> : AAD1801-085 <b>TERMS</b> : <b>DUE DATE</b> : 28. February 2018 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD5940T;DOA 07.01.18(PART-BY-PART-18)	1	15,783.90	15,783.90

\*\*\*\* FIFTEEN THOUSAND SEVEN HUNDRED EIGHTY THREE AND NINETY SGD ONLY \*\*\*\*

**Total SGD Excl. GST :** 14,751.31  
**7% GST :** 1,032.59  
**Total SGD Incl. GST :** 15,783.90

- 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

29 March, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 07/01/18 04:00 PM at PIE TOWARDS AIRPORT

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. SHC5940T. The taxi was hired to SIAO KIAN HAI a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$103.6 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

07-01-2018

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1801-085	<b>Accident Date</b> 07-01-2018
8/1/2018 08:30	11/1/2018 10:00	SHC5940T
11/1/2018 10:01	24/1/2018 13:00	SHC5940T

**Yours Faithfully,****Trans-Cab Services Pte Ltd****Jasmine Tan****General Manager**

## Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
GBF6352P	11 Nov 2017 / 15:45:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SLQ8386C	08 Jan 2018 / 08:10:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SFA509Z	08 Jan 2018 / 08:40:00	NTUC INCOME INS CO-OP LTD
GBF6548S	05 Jan 2018 / 19:20:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SLL2187B	07 Jan 2018 / 16:00:00	AXA INSURANCE PTE LTD *

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