



Auto
Consultants
Pte Ltd

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

17 APR 2019

LIM JIE MIN JASMINE
706 BEDOK NORTH ROAD
#02-3418
SINGAPORE 470706

Dear Sir/ Mdm

OUR REF : CC4/ASM18004563/K1ga3

YOUR REF : SJH 5070D

**ACCIDENT INVOLVING SJH 5070D AND SHC 5633E ALONG/AT SPRING STREET
BESIDE BUDDHA TOOTH RELIC TEMPLE ON 06/03/2018**

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 TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHC 5633E against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ceciliachong@lkkauto.com within 10 days from the date of this letter **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)
- Driver's Work Permit
- Employment Letter/ Authorisation letter from your company
- 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 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 6749 4274 or email us at ceciliachong@lkkauto.com.

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

Yours sincerely



Cecilia Chong
Case Handler
DID: 6749 4274
FAX: 6741 4108
EMAIL: ceciliachong@lkkauto.com

Cc *AXA Insurance Pte Ltd*
 (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 SHC5633E and SJH5070D along SPRING STREET on 06/03/18 01:45 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 June 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



A401803-068

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJH 5070D (Insd veh)	Model: Renault Latitude (1995cc)
	SHC 5633E (TP veh)	
Date of Accident/ Time:	06/03/2018	

Repair Estimate	: \$	41,072.35	
Final Repair Cost (w/GST)	: \$	2,193.50	
Loss of Use Not Taken Sum	: \$	150.00	3 days at \$ 50.00 per day
Rental (if any)	: \$	304.38	3 days at \$101.46 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	2,655.33	
Payee Name : Trans-cab Auto Services Pte Ltd			
Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: 23	
	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/TORTEFAOR 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 you 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: 10 JUN 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: NG WA1 YIN
Date: 12 JUN 2019

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 13/6/19

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. : INV1805-221 DATE : 31. May 2018 REFERENCE NO : AAD1803-068 TERMS : DUE DATE : 31. May 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5633E;DOA 06.03.18(LUMP SUM-18)	1	2,193.50	2,193.50

Total SGD Excl. GST : 2,050.00**7% GST : 143.50******** TWO THOUSAND ONE HUNDRED NINETY THREE AND FIFTY SGD ONLY************Total SGD Incl. GST : 2,193.50**

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

06 June, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 06/03/18 01:45 PM at SPRING STREET

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. SHC5633E. The taxi was hired to SIM YU CHOO ZOE 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

06-03-2018

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
Accident No.	AAD1803-068	Accident Date 06-03-2018
8/3/2018 09:45	10/3/2018 17:00	SHC5633E

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

From: LTA <LTA-VTL@lta.gov.sg>
Sent: Friday, 9 March, 2018 8:58 AM
To: jionghow.ng@transcab.com.sg
Subject: Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-180309-000234



**Notification of Successful Vehicle Insurance Search
for Receipt No.: ITNET-00000-180309-000234**

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 09 Mar 2018 was successful and the Receipt No. is ITNET-00000-180309-000234.

2. The details of the search results are as follow:

Vehicle No.	Search Date	Search Time	Search Result
XD2172T	08 Mar 2018	14:30:00	NTUC INCOME INS CO-OP LTD
SKS7345D	06 Mar 2018	13:36:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SJF3220L	07 Mar 2018	19:50:00	NTUC INCOME INS CO-OP LTD
* SJH5070D	06 Mar 2018	13:45:00	AXA INSURANCE PTE LTD
SLQ866L	07 Mar 2018	10:52:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

3. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Please do not reply to this auto-generated e-mail. If you have any feedback, please go to www.lta.gov.sg/feedback. You can also visit www.onemotoring.com.sg for more information.
5. Thank you.

If you are not the intended recipient of this communication, please delete it.

As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.