

**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

LKK

Our Ref : AAD1805-200

Your Ref : SKC9636K

Date : 13.August 2018

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHB9926P AND SKC9636K ON 21/05/18 05:55 PM ALONG ALEXANDRA ROAD TOWARDS COMMONWEALTH ROAD**

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)	\$	3,691.50
2.	Loss of Rental for <u>4</u> days @ \$ <u>99.32</u> per day	\$	397.28
3.	Loss of Income for <u>4</u> days @ \$ <u>50.00</u> per day	\$	200.00
4.	LTA Search Fee	\$	7.50
5.	Survey Fee	\$	0.00
	Total	\$	4,296.28

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

GIA report lodged by our driver

Rental rate and mileage records

Certificate of Insurance

Authorization To Act

Original final repair bill

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 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 SHB9926P and SKC9636K along ALEXANDRA ROAD TOWARDS COMMONWEALTH ROAD on 21/05/18 05:55 PM.

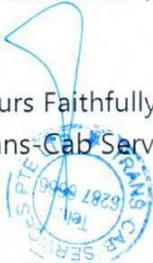
In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 13 (day) of August 2018

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan  
General Manager





1865-200

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKC 9636K (Insd veh)	Model: Renault Latitude (1995cc)
	SHB 9926P (TP veh)	
Date of Accident/ Time:	21/05/2018	

Repair Estimate	: \$	
Final Repair Cost	: \$	
Loss of Use	: \$	days at \$ per day
Rental (if any)	: \$	days at \$ per day
LTA / GIA Search Fee	: \$	
Others:	: \$	
	: \$	
Final Settlement Sum (Global Sum)	: \$	2,000.00
Payee Name Trans-cab Auto Services Pte Ltd		
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES [ ] NO (Kindly indicate below)		
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: <u>Yes</u> / No BOLA Scenario No: <u>NIL</u>
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>50</u> (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

## NOTE:

- 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.
- 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: <u>NG WAI YIN</u>	Name of Witness: <u>Amanda Tay</u>
Date: <u>18 NOV 2020</u>	Date: <u>19/11/20</u>
 	
Signature of AXA's surveyor/representative:	
Name of AXA's surveyor /Representative:	
Date: <u>20/11/2020</u>	

**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> : INV1807-295 <b>DATE</b> : 31. July 2018 <b>REFERENCE NO</b> : AAD1805-200 <b>TERMS</b> : <b>DUE DATE</b> : 31. July 2018 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB9926P;DOA 21.05.18(LUMP SUM-18)	1	3,691.50	3,691.50

**Total SGD Excl. GST : 3,450.00****7% GST : 241.50****\*\*\* THREE THOUSAND SIX HUNDRED NINETY ONE AND FIFTY SGD ONLY \*\*\*****Total SGD Incl. GST : 3,691.50**

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

13 August, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 21/05/18 05:55 PM at ALEXANDRA ROAD TOWARDS COMMONWEALTH ROAD

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. SHB9926P. The taxi was hired to LIM SOO HWEE 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).
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

21-05-2018

Dear Sir/Madam,

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

<u>Date In</u>	<u>Date Out</u>	<u>Vehicle No.</u>	
<b>Accident No.</b>	AAD1805-200		<b>Accident Date</b> 21-05-2018
22/5/2018 13:00	25/5/2018 18:45	SHB9926P	

Yours Faithfully,

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

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### Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SKC9636K	21 May 2018 / 17:55:00	AXA INSURANCE PTE LTD

Print

OK

Save as PDF

## Vic (LKKAuto)

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**From:** Vic (LKKAuto)  
**Sent:** Wednesday, 30 May, 2018 2:34 PM  
**To:** meialfred@gmail.com  
**Cc:** Admin A; Vic (LKKAuto)  
**Subject:** YOUR REF: SKC 9636K\_ACCIDENT INVOLVING SKC 9636K AND SHB 9926P ALONG ALEXANDRA ROAD ON 21.05.2018



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

30 MAY 2018

**MEI YONG SENG**  
**BLOCK 277D COMPASSVALE LINK**  
**#14-308**  
**SINGAPORE 544277**

**By Post and By Email**

Dear Sir/Madam,

**OUR REF : CC4/ASM18009405/Khb3**  
**YOUR REF : SKC 9636K**  
**ACCIDENT INVOLVING SKC 9636K AND SHB 9926P ALONG ALEXANDRA ROAD ON 21.05.2018**

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 SHB 9926P against your motor insurance policy.

Based on the accident report and accident scenario and pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant. Unless proven otherwise.

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)

- 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.

Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2096 | email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



*Save the Earth. Print only when necessary.*

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