

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

Our Ref : AAD1806-006

Your Ref : YP52U

Date : 21.September 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5673P AND YP52U ON 01/06/18 12:57 PM ALONG ANG MO KIO STREET 63

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)	\$	5,510.50
2.	Loss of Rental for <u>8</u> days @ <u>\$101.46</u> per day	\$	811.68
3.	Loss of Income for <u>8</u> days @ <u>\$50</u> per day	\$	400.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	6,729.67

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

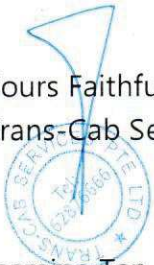
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHC5673P and YP52U along ANG MO KIO STREET 63 on 01/06/18 12:57 PM.

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 21 (day) of September 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan
General Manager



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YP52U	(Insd veh)	Model: RENAULT LATITUDE 2.0L CDI
	SHC5673P	(TP veh)	
Date of Accident/ Time:	01/06/2018 @ 1255HRS		

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	: \$	5,250.00	GLOBAL SUM (ALL IN)
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input 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/ No BOLA Scenario No: _____
	BOLA Liability: _____ (%)		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/TORTEFEASOR 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: 15/04/20



Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Amanda Tay
Date: 15/04/20

for

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**

TO: AXA INSURANCE PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1808-297 DATE : 31. August 2018 REFERENCE NO : AAD1806-006 TERMS : DUE DATE : 31. August 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5673P;DOA 01.06.18(LUMP SUM-18)	1	5,510.50	5,510.50

Total SGD Excl. GST :	5,150.00
7% GST :	360.50
Total SGD Incl. GST :	5,510.50

****** FIVE THOUSAND FIVE HUNDRED TEN 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

21 September, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 01/06/18 12:57 PM at ANG MO KIO STREET 63

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. SHC5673P. The taxi was hired to LIAN KIAN CHIN 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

01-06-2018

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.	AAD1806-006	Accident Date 01-06-2018
6/1/2018 13:10	6/8/2018 15:30	SHC5673P

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

6/1/2018

Vehicle Insurance Particulars Enquiry

[> Back to OneMotoring](#)

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
YP52U	01 Jun 2018 / 12:57:00	AXA INSURANCE PTE LTD

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Hsiao Tong (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Monday, 2 July 2018 9:43 AM
To: 'myjepl@singnet.com.sg'
Subject: ACCIDENT INVOLVING YP 52U(AXA) & SHC 5673P ALONG/AT ANG MO KIO ST 63 ON 01/06/2018

02 JULY 2018

M/s TRANSIT REPUBLIC PTE LTD

Dear Sir/ Mdm

OUR REF : CC4/ASM18010160/Kpb3
YOUR REF : YP 52U
ACCIDENT INVOLVING YP 52U(AXA) & SHC 5673P ALONG/AT ANG MO KIO ST 63 ON 01/06/2018

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 5673P against your motor insurance policy.

Both parties involved have given conflict of version. Based on the circumstances of accident and both parties damage profile, there is no conclusive evidence to substantiate either's parties version. We are of the view that the case would be settled at equal liability.

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 chewht@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 or vocational license (if any)
- Authorisation Letter/ Employment Letter from you 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 6742 3197 or email us at chewht@lkkauto.com.

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

Yours sincerely

Chew Hsiao Tong
Case Handler
DID: 6742 3197
FAX: 6741 4108
EMAIL: chewht@lkkauto.com

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)



Re:RE: Re:<MANDATE IA>

Type
🔍 Question

Message
PLS PROCEED FOR SETTLEMENT UP TO 80%

Reply