

Jia Le (LKK Auto)

From: Jia Le (LKK Auto)
Sent: Thursday, 9 May 2019 5:27 PM
To: 'ADMIN@CKRGROUP.COM.SG'
Subject: ACCIDENT INVOLVING YM 9405S AND SHD 9808L ALONG UPPER SERANGOON ROAD ON 05/07/2018

Dear Sir/ Mdm

OUR REF : CC4/ASM18012547/Kwa3
YOUR REF : VCA/P1994157
ACCIDENT INVOLVING YM 9405S AND SHD 9808L ALONG UPPER SERANGOON ROAD ON 05/07/2018

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 Singapore 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 SHD 9808L against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. 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 JiaLe@lkkauto.com within 10 days if not provided at our reporting centre. The list below is not all inclusive and further document may be required:

- Letter of Authorisation
- 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 our 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 5792 or email us at JiaLe@lkkauto.com.

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

Best Regards,

Carlor Chan | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

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

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 SHD9808L and YM9405S along UPPER SERANGOON ROAD on 05/07/18 02:20 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 12 (day) of October 2018

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager





4401807-050

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YM9405S (Insd veh)	Model: RENAULT LATITUDE-2.0 L (A)
	SHD9808L (TP veh)	
Date of Accident/ Time:	05/07/2018	

Repair Estimate	: \$	61,453.13	
Final Repair Cost	: \$		
Loss of use <i>Token Sum.</i>	: \$		days at \$ per day
Rental (if any)	: \$		4 days at \$ 94.32 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	2,380.00	
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/TORTEASOR 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: NG WAI YIN Date: 23 SEP 2019   Signature of Witness / Workshop stamp (if applicable) Name of Witness: Irene Tang Date: 23 SEP 2019  Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:	 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:
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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. : INV1809-377 DATE : 29. September 2018 REFERENCE NO : AAD1807-050 TERMS : DUE DATE : 29. September 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD9808L;DOA 05.07.18(LUMP SUM-18)	1	1,979.50	1,979.50

Total SGD Excl. GST : 1,850.00**7% GST :** 129.50**Total SGD Incl. GST :** 1,979.50

**** ONE THOUSAND NINE HUNDRED SEVENTY NINE 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

12 October, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 05/07/18 02:20 PM at UPPER SERANGOON 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. SHD9808L. The taxi was hired to KHOO ENG SOON 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

05-07-2018

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.	AAD1807-050	Accident Date 05-07-2018
7/6/2018 14:42	7/11/2018 12:00	SHD9808L

Yours Faithfully,

Trans-Cab Services Pte Ltd**Jasmine Tan****General Manager**

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
YM9405S	06 Jul 2018 / 14:42:00	AXA INSURANCE PTE LTD

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