

## Cecilia Chong (LKK Auto)

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**From:** Cecilia Chong (LKK Auto)  
**Sent:** Tuesday, 3 December 2019 10:36 AM  
**To:** claims@transcab.com.sg  
**Cc:** 'Jasmine Tan'; Ng Wai Yin; 'alichelim@ava-ins.com'; 'diskyao@ava-ins.com'; 'CANDY.KONG@TRANSCAB.COM.SG'  
**Subject:** YOUR REF: SHD 9697P (OUR REF: CC4/AXA18012554/Kga3) \*\*\* ACCIDENT INVOLVING SHD 9697P & SHC 6372B ON 06/07/2018 \*\*\*

Dear Sir/Madam,

OUR REF : CC4/AXA18012554/Kga3  
YOUR REF : SHD 9697P

### ACCIDENT INVOLVING SHD 9697P & SHC 6372B ALONG/AT RWS TAXI STAND ON 06/07/2018

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 Pte Ltd to deal with the third party claim against your policy.

We have received a third party claim(s) from M/S PREMIER AUTOMOTIVE SERVICES PTE LTD acting on behalf of the owner of SHC 6372B against your motor insurance policy.

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.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy. We also wish to inform you that Section II of the Motor Insurance Policy is attached, and capped, with an excess of **\$5,000.00** for third party claim settlements.

As Insurers, they 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 intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com) within 7 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)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- 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. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com) or deliver it by hand to AXA Customer Care Centre.

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), we 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 as at Ms. Cecilia Chong (LKK Handler) 6749 4274 or [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Cecilia Chong | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749-4274 | email: [CeciliaChong@lkkauto.com](mailto:CeciliaChong@lkkauto.com) | fax: 6741-4108

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



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

## LETTER OF AUTHORITY

To: Premier Taxis Pte Ltd  
23 Changi South Avenue 2  
#03-02  
Singapore 486443

And

Premier Automotive Services Pte Ltd  
23 Changi South Avenue 2  
#01-02  
Singapore 486443


ACCIDENT INVOLVING SHC 6372B & SHD 9697P  
ON 06/07/2018 AT/ALONG Resort World Sentosa - Taxi stand

1. I, SAHARUDDIN BIN ABDUL JALIL, NRIC No. S1584220B

am the registered Hirer / Relief Driver of motor taxi No. SHC 6372B at the time of the above accident.

2. Hereby you have my authority to:

- (a) send a letter of demand on my behalf;
- (b) negotiate a settlement on my behalf;
- (c) confirm a settlement / accept any offer on my behalf;
- (d) sign any Discharge Voucher (if necessary) on my behalf;
- (e) receive payment of the settlement sum / compensation monies on my behalf including to request that the cheque for the settlement sum be made payable to you.

  
Signature with NRIC No.

9/7/2018  
Date

Name: Saharuddin Bin Abdul Jalil

Blk 127 Pagar Road Street 11, #05-387  
Address S(510127)

Contact No.: 8282 6836 Email: -



This Settlement excludes any  
bodily injuries arising out of the  
above said accident and pertains  
to property damage only

### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHD 9597P (Insd veh)	Model: KIA OPTIMA
	SHC 6372B (TP veh)	
Date of Accident/ Time:	05/07/2018	

Repair Estimate	: \$	1,701.30	
Final Repair Cost	: \$	1,059.30	W/GST
Loss of <del>USE</del> INCOME	: \$	160.00	4 days at \$ 40.00 per day
Rental (if any) W/GST	: \$	410.88	4 days at \$ 102.72 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum	: \$	1,630.00	GLOBAL SUM (ALL-IN)
Payee Name : PREMIER AUTOMOTIVE 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: Yes/ <del>No</del> BOLA Scenario No: <u>25</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)	
* 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've 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: SHAFWATI MO RABU  
Date: 03/02/2020

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: VINCENT CHUA  
Date: 03/02/2020

Signature of AXA's surveyor/representative  
Name of AXA's surveyor /Representative: ANK  
Date: 05/07/2020



12 July 2018

To Whom It May Concern

Dear Sir/Madam

**CERTIFICATION LETTER**

This letter serves to inform that Saharuddin Bin Abdul Jalil of NRIC Number S1584220B is a registered driver of SHC6372B. Saharuddin Bin Abdul Jalil is paying daily rental rate of \$102.72 (Inclusive of GST).

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Kellie Poh", written over a horizontal line.

Kellie Poh

Administration Manager

Prepared By: Hasnah

PREMIER TAXIS PTE LTD  
23 Chongli South Avenue 2  
#03-02  
Singapore 486443  
Telephone: +65 6214 8880 Fax: +65 6214 8330  
[www.premiertaxi.com](http://www.premiertaxi.com)  
Co. Reg. No. 200304975H



REPLACEMENT VEH GIVEN YES / NO

VEH NO. \_\_\_\_\_

JOB NO. \_\_\_\_\_

## CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME SAHARUDDIN BIN ABDUL TALIL	
NRIC S1584220B	HANDPHONE 82826836
TAXI REGN NO. SHC 6372B	MAKE / MODEL K5
DATE IN 070718 TIME IN 0450	DATE OUT 110718 TIME OUT 1030
KILOMETRES IN 1906602 FUEL IN E 1/4 1/2 3/4 F	KILOMETRES OUT 406602 FUEL OUT E 1/4 1/2 3/4 F

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

## CHECK IN

## CHECK OUT

SAHARUDDIN B A. TALIL

SAHARUDDIN B A. TALIL

DRIVER'S NAME

DRIVER'S NAME

7/7 0450

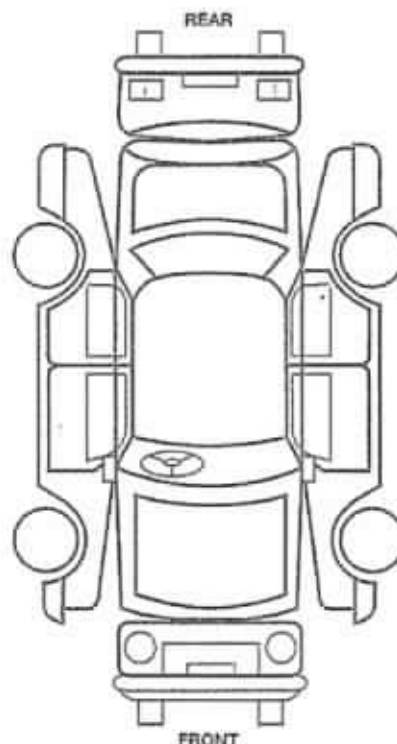
Jux

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY  
(PREMIER'S AUTHORISED WORKSHOP)CHECKED OUT BY  
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

1 - Light Dent  
2 - Serious Dent  
3 - Light Scratch  
4 - Serious Scratch5 - Damaged  
6 - Chip  
7 - Crack  
8 - Peeling

SERVICE / REPAIRS DONE	DRIVER'S REMARKS
<input type="checkbox"/> SERVICING <input type="checkbox"/> OTHERS: <input type="checkbox"/> T / BELT <input type="checkbox"/> AIRCON SYSTEM <input type="checkbox"/> TURBO <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPP <input type="checkbox"/> BATTERY	<input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: 060718 0440 TRW