

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 : AAD1808-015

Your Ref : PC997T

Date : 02.January 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5642D AND PC997T ON 02/08/18 06:15 PM ALONG GARDEN BY THE BAY DRIVEWAY

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)	\$	3,531.00
2.	Loss of Rental for <u>5</u> days @ \$ <u>101.46</u> per day	\$	507.30
3.	Loss of Income for <u>5</u> days @ \$ <u>50</u> per day	\$	250.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	4,295.79

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)

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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 SHC5642D and PC997T along GARDEN BY THE BAY DRIVEWAY on 02/08/18 06:15 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 2 (day) of January 2019

Yours Faithfully
Trans-Cab Services Pte Ltd



Jasmine Tan
General Manager



1808-015

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PC 997T (Insd veh)	Model: RENAULT LATITUDE
	SHC 5642D (TP veh)	
Date of Accident/ Time:	02/08/2018	

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	: \$	3,500.00	(GLOBAL SUM)
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: Yes/ No BOLA Scenario No: <u>9E</u>	
	BOLA Liability: <u>50</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/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>05 OCT 2020</u>		Date: <u>05 10/20</u>
Signature of AXA's surveyor/representative:		
Name of AXA's surveyor /Representative:		
Date: <u>06/10/2020</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

TO: AXA INSURANCE PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1812-253 DATE : 31. December 2018 REFERENCE NO : AAD1808-015 TERMS : DUE DATE : 31. December 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5642D;DOA 02.08.18(LUMP SUM-18)	1	3,531.00	3,531.00

Total SGD Excl. GST : 3,300.00**7% GST : 231.00******** THREE THOUSAND FIVE HUNDRED THIRTY ONE SGD ONLY ********Total SGD Incl. GST : 3,531.00**

- 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

02 January, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 02/08/18 06:15 PM at GARDEN BY THE BAY DRIVEWAY

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. SHC5642D. The taxi was hired to ONG SEOW YONG 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

02-08-2018

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.	AAD1808-015		Accident Date 02-08-2018
8/3/2018 08:45	8/7/2018 17:40	SHC5642D	

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

[> Back to OneMotoring](#)

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
PC997T	02 Aug 2018 / 18:15:00	AXA INSURANCE PTE LTD

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Khanchna (LKK Auto)

From: Khanchna (LKK Auto)
Sent: Wednesday, 8 May 2019 2:14 PM
To: sales@cobb.com.sg
Subject: ACCIDENT INVOLVING PC997T AND PC997T ALONG GARDENS BY THE BAY ON 02/08/2018

**COBB & COACH SERVICES PTE. LTD.
12 ANG MO KIO CENTRAL 3
#16-17
GRANDEUR 8
SINGAPORE 567746**

Attn: Ms. Joey

Dear Sir/Madam,

**OUR REF : CC3/ASM18015089/Kha3
YOUR REF : PC997T [Driver: MENG LINGTONG]
ACCIDENT INVOLVING PC997T AND SHC5642D ALONG GARDENS BY THE BAY ON 02/08/2018**

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 M/s TRANS CAB AUTO SERVICES PTE LTD, acting on behalf of the owner of SHC5642D against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SHC5642D. We are of the opinion that this is a conflicting version.

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 khanchna@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)
- Authorization Letter for the Driver to drive the vehicle
- Driver's driving license or foreign driving license
- Driver's work pass
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident

- Police Investigation Result (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 6841 2360 or email us at khanchna@lkkauto.com.

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

Best Regards,

Khanchna | Case Handler

LKK Auto Consultants Pte Ltd

DID: **6841 2360** | email: khanchna@lkkauto.com | Fax: 6741-4108

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

English (default) ▾

LKK AUTO CONSULTANTS PTE LTD (TP) ▾



SERVICE REQUESTS

MESSAGES

CLAIMS



Re:RE: Re:RE: Re:RE: CLAIM STATUS

Type

🔗 Question

Message

please proceed to settle at max \$3500 all-in.

Reply