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

: AAD1808-217

Your Ref

: SGW9622S

Date

: 28.February 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHD9134Y AND SGW9622S ON 26/08/18 04:05 PM ALONG 2A LORONG LIEW LIAN MULTI STOREY CAR PARK

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)	\$ 642.00
2.	Loss of Rental for days @ \$_75.35 per day	\$ 752.50
3.	Loss of Income for 10 days @ \$_50 per day	\$ 500.00
4.	LTA Search Fee	\$ 7.49
5.	Survey Fee	\$ 0.00
	Total	\$ 1,901.99

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 Agithfully

Trans 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 SHD9134Y and SGW9622S along 2A LORONG LIEW LIAN MULTI STOREY CAR PARK on 26/08/18 04:05 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 28 (day) of February 2019

Yours Faithfully
Trans Cab Services Pte Ltd

Jasmine Tan General Manager



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGW 9622S	(Insd veh)	
	SHD 9134Y	(TP veh)	Model: Chevrolet Epica (1991cc)
Date of Accident/ Time:	26/08/2018 16:05	***************************************	•

Kepair Es	timate	:\$	10,748.31	
Final Rep	air Cost (W/GST)	:\$	642.00	***
Loss of U.	Income	:\$	150.00	3 days at \$50.00per day
Rental (if	any)	:\$	225.75	3 days at \$75.25 per day
with/ GIA	Subtotal	:\$	1,017.75	
Others:	@50%	:\$	508.88	
LTA Search Fee		:\$	7.49	
Final Settlement Sum		;\$	516.37	
Payee Na	me: I KANO-CAB AL	リー() さ	SERVICES PIET III	
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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/TORTFEASOR 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: Date:

NG 05 MAR 2021

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Amanda Tay Date:

KSC

05/03/21

Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative:

Date: 08/03/2021

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.

: INV1812-361

DATE : 31. December 2018

REFERENCE NO : AAD1808-217

TERMS DUE DATE

: 31. December 2018

PAGE :1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD9134Y;DOA 26.08.18(LUMP SUM-18)	1	642.00	642.00

Total SGD Excl. GST:

600.00

7% GST:

42.00 642.00

**** SIX HUNDRED FORTY TWO SGD ONLY **** Total SGD Incl. GST:

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.

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 28 February, 2019 To Whom It May Concern Dear Sir / Madam, Accident on 26/08/18 04:05 PM at 2A LORONG LIEW LIAN MULTI STOREY CAR PARK 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. SHD9134Y. The taxi was hired to TAN AH CHOON a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$75.25 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

26-08-2018

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.	AAD1808-217		Accident Date	26-08-2018
29/8/2018 10:10 30/8/2018 16:01	30/8/2018 16:00 7/9/2018 14:00	SHD9134Y SHD9134Y		

Yours Faithfully,

Trans Cab Services Pte Ltd

Jasmine Tan

General Manager

> Back to OneMotoring

Vehicle Insurance Particulars Result

E) PTE LTD

Print OK Save as PDF



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

28 NOV 2018

LEE HUI SHAN GENEVIEVE 27 LORONG ONG LYE SINGAPORE 536394

Dear Sir/ Mdm

OUR REF

: CC3/ASM18015854/Kpa3

YOUR REF

: GA362251 (SGW 9622S)

ACCIDENT INVOLVING SGW 9622S AND SHD 9134Y ALONG/AT MSCP LOR LEW LIAN BLK 2A ON 26/08/2018

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 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 9134Y 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. 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 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 (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 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

CcAXA Insurance Pte Ltd

(Motor Claims Dept)

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RE: Re:RE: Re:REMINDER - FILE REVIEW-PLS ADVISE STATUS-VO

Type

Question

Message

TP AGREE TO SETTLE AT 50% LIABILITY. COR(w/gst) = \$642.00 + LOR: \$225.75 (3 days x \$75.25) + LOI :\$150.00 (3 days x \$50.00), subtotal = \$1,017.75, @ 50% = \$508.88 + LTA : \$7.49 = \$516.37. We seek your mandate at \$516.37(ALL IN). Kindly let us have your approval/instruction. Jasper Chua - 11/11/2020

Reply

LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Menu



Re:RE: Re:RE: Re:REMINDER - FILE REVIEW-PLS ADVISE STATUS-VO

Туре

Question

Message

Hi Pls proceed, tks-VO

Reply