

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

15 August, 2019

#### HONG AND HOCK ENTERPRISE

2021 BUKIT BATOK STREET 23, #01-200 SINGAPORE 659526

Dear Sir,

OUR REF : CC3/ASM18017508/Kpa3 // S8M00VPY

YOUR REF : SLS 9756B

ACCIDENT INVOLVING SLS 9756B & SHB 9836R ALONG/AT JALAN ANAK

**BUKIT ON 16/09/2018** 

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 TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHB 9836R 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.

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. You 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 chewht@lkkauto.com within 7 days from the date of this letter <u>if not provided at our reporting centre</u>. 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 <a href="mailto:cst@axa.com.sg">cst@axa.com.sg</a> 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 6742 3197 or chewht@lkkauto.com. Please quote our 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)

### **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 SHB9836R and SLS9756B along UPPER BUKIT TIMAH ROAD TOWARDS CLEMENTI ROAD on 16/09/18 05:15 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 21 (day) of February 2019

Yours Faithfully Trans-Cab Services Pte Ltd

Jasmine Tan General Manager



#### AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SLS 9756B	(Insd veh)	
	SHB 9836R	(TP veh)	Model: RENAULT LATITUDE 2.0L
Date of Accident/ Time:	16/09/2018		

Repair Es	timate	: \$	45,661.82		
FinalRep	air Cost	:\$			
Loss of L	se Tolcen Sun.	1:5	A CONTROL OF THE CONT	4 days at \$ 50 per day	
Rental (if	any)	:\$		4 days at \$834 per day	
LTA / GIA	Search Fee	:\$			
Others:		: \$	* AND ADMINISTRATING THE PROPERTY OF THE PROPE		
		1:\$		The state of the s	
Final Sett	tlement Sum (Global Sum)	:\$	5,800.00	And the second s	
Payee Na	ame : TRANS-CAB AUTO SEF	RVICES	PTE LTD		
Is Third P	arty Workshop GIA Registere	d?	[X] YES [ ] NO (Kindly indicate belo	w)	
A)	For Non GIA Registered Workshop:		shop: Agreed Liability	(%)	
B) For GIA Registered Wor  BOLA Liability: /60  * Assessed Liability to be		rkshop	: BOLA Applicable: <del>Yes/</del> No B	OLA Scenario No: NIL	
		(%)	Assessed Liability (*):	(%)	
		e 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/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 could be our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp

Name of Representative: No WAI YIN Date:

62876666

Name of Witness: / rend (une

Signature of Witness / Workshop stamp (if applicable)

Date:

ICSC

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.

: INV1812-499

DATE

: 31. December 2018

REFERENCE NO : AAD1809-240

TERMS

**DUE DATE** 

PAGE

: 31. December 2018

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB9836R;DOA 16.09.18(LUMP SUM-18)	1	5,296.50	5,296.50

Total SGD Excl. GST:

Total SGD Incl. GST:

4,950.00

7% GST:

346.50 5.296.50

\*\*\*\* FIVE THOUSAND TWO HUNDRED NINETY SIX 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.

## **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 February, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 16/09/18 05:15 PM at UPPER BUKIT TIMAH ROAD TOWARDS CLEMENTI 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. SHB9836R. The taxi was hired to a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate 50 per day taxon of GST).
- 2. Please be advised that the faxi's 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

16-09-2018

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.	AAD1809-240		Accident Date	16-09-2018	
9/16/2018 17:15	9/28/2018 13:00	SHB9836R			

Yours Faithfully,

**Trans-Cab Services Pte Ltd** 

Jasmine Tan

**General Manager** 

# > Back to OneMotoring

# Vehicle Insurance Particulars Result

Vehicle No.Incident Date/TimeInsurance Company NameSLS9756B16 Sep 2018 / 17:15:00AXA INSURANCE PTE LTD

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