

Hsiao Tong (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Saturday, 23 March 2019 1:39 PM
To: claims@transcab.com.sg
Cc: 'carrisalee@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A
Subject: ACCIDENT INVOLVING SHC 5876X(AXA) AND SHA 649D ALONG/AT JUNCTION OF BT. BATOK CENTRAL & BUKIT BATOK WEST AVE 3 ON 02/10/2018
Attachments: SHA 649D vs SHC 5876X - TP VIDEO.mp4

23 MARCH 2019

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM18017911/T1wb3

YOUR REF : P1680520 (SHC 5876X)

ACCIDENT INVOLVING SHC 5876X(AXA) AND SHA 649D ALONG/AT JUNCTION OF BT. BATOK CENTRAL & BUKIT BATOK WEST AVE 3 ON 02/10/2018

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 DING AUTO PTE LTD acting on behalf of the owner of SHA 649D against your motor insurance policy.

We have reviewed the matter and based on all available information at hand for the accident, we are of the view that we do not have a good defense towards the claim submitted by the owner of SHA 649D. Kindly refer to the video footage attached for your easy reference. The video shows that traffic light was green in third party favour. Third party had the right of way. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of S\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following 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 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 AXA immediately. You may email it to cst@axa.com.sg / chewht@lkkauto.com or deliver it by hand to our 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), 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.

Note: This video footage is solely for investigation and shall not be reproduced. You undertake to preserve its confidentiality and will not disclose, provide or make available the video footage in whole or in part, to any third party.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

LETTER OF AUTHORITY

Accident involving SHA 649D & SHC 5876X on 2/10/18 along
Junction of Bt. Batok Central &
Bt Batok West Ave 3

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner
of vehicle No. SHA 649D which was rented to Hirer/Driver
Mr/Ms Sapto Bin Masod NRIC S01644234, hereby
authorize Ding Automotive Pte Ltd on this date 2/10/18 to submit,
correspond, negotiate and settle my/our claim for cost of repair and
uninsured losses arising from the above accident and without prejudice of our
driver's injury claim.

I/We further authorize that agreed settlement sum for cost of repair, loss of
income and rental, survey report fee or any legal fee, third party vehicle
insurance particulars enquiry fee etc., be made in favour of Ding Automotive
Pte Ltd and that the said payment be forwarded to them as full and final
discharge of my/our claims.

Owner Signature/Co.Chop



Hirer/Driver Signature

A handwritten signature, possibly "Sapto Bin Masod", written over a horizontal line.



Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5876X (Insd veh)	Model: HYNDAI I40
	SHA 649D (TP veh)	
Date of Accident/ Time:	02/10/2018	

Repair Estimate	: \$	34,804.55	
Final Repair Cost	: \$	21,780.58	
Loss of Use <i>Token Sum</i>	: \$	525.00	10.5days at \$ 50.00 per day
Rental (if any)	: \$	1,128.54	10.5days at \$ 107.48 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	23,441.57	

Payee Name : DING AUTOMOTIVE PTE LTD

Is Third Party Workshop GIA Registered? ☒ 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>NIL</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:

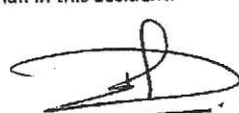
- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

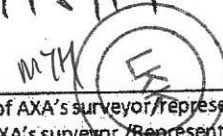
Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are *not received within 7 days* of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

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
Name of Representative: 14/8/19 Kelly Y Piny
Date: 14/8/19


Signature of Witness / Workshop stamp (if applicable)
Name of Witness: DD HASHIM
Date: 13/08/2019


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

DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G
BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645
Tel: 6452 1208 Fax: 6452 0614

TAX INVOICE

AXA INSURANCE PTE LTD
8 SHENTON WAY #27-01, AXA TOWER
SINGAPORE 068811

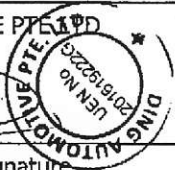
ATTN : MOTOR CLAIMS DEPT
TEL : FAX :

INVOICE : I-000728
DATE : 13/08/2019
GST REG NO : 201619222G
TERMS : C.O.D.
PO NO : SHC5876X
OUR REF : SHA649D
PAGE : 1 of 1

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost of repair-SHA649D	1	20,355.68	20,355.68
REMARKS : Job card:50111002 Your ref:SHC5876X Oic:Ms Vivian (LKK) Doa:02/10/2018		SUB TOTAL	:	20,355.68
		GST	:	1,424.90
		TOTAL SGD	:	21,780.58
		DEPOSIT	:	
		O/S BALANCE	:	

FOR DING AUTOMOTIVE PTE LTD

Authorised Signature



Customer Signature

I have inspected and hereby confirmed that
the job done and the amount due herein
are entire to my satisfaction

Our Ref: CC18100025

Date: 02 October 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/10/2018 @ 01:55 hrs
ALONG JUNCTION OF BT.BATOK CENTRAL & BT.BATOK ...
WEST AVE 3
INVOLVING SHC5876X

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA0649D** (the "Taxi"). The Taxi was hired to **SAPTO BIN MASOD IC NO S0164423H** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

¹⁰⁷⁻⁴⁸
Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Oct 2018 / 17:14:27

Receipt Date/Time : 02 Oct 2018 / 17:14:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181002-001838

Previous Receipt No. :

S/N Item Description/

**Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC5876X

As at 02 Oct 2018/01:55:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHC5876X

Enquiry Fee

20181002171230483741

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

xxxxxxxxxxxx7972	Credit Card: Visa/MasterCard	7.45
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Total		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.