

Hsiao Tong (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Tuesday, 13 August 2019 5:03 PM
To: claims@transcab.com.sg
Cc: transcab_avaclaims@ava-ins.com
Subject: ACCIDENT INVOLVING SHC 5547X(AXA) AND SHB 8837U ALONG/AT CHANGI AIRPORT T4 TAXI QUEUE ON 10/11/2018

13 Aug 2019

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM18020521/K1pb3

YOUR REF : P1680520 (SHC5547X)

ACCIDENT INVOLVING SHC 5547X(AXA) AND SHB 8837U ALONG/AT CHANGI AIRPORT T4 TAXI QUEUE ON 10/11/2018

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 PREMIER AUTOMOTIVE SERVICES PTE LTD acting on behalf of the owner of SHB 8837U against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver favour as it is a head-to-rear collision. 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.

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)

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

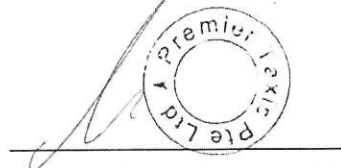
AUTHORIZATION TO ACT

I, PREMIER TAXIS PTE LTD (the third party claimant") of 23 CHANGI SOUTH AVENUE 2
#03-02 SINGAPORE 486443 (address), owner of SHB 8837U (vehicle no.) hereby authorize
PREMIER AUTOMOTIVE SERVICES PTE LTD ("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no SHB 8837U
that was damaged pursuant to the accident which occurred on 10/11/2018 (date) along CHANGI
AIRPORT T4 - TAXI QUEUE (location) involving vehicle no/s SHC 5547X ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit
and the workshop is further authorized to receive payment further to settlement of my claim with
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 17 (day) of Oct (month) 2019 (year)



A handwritten signature in black ink, slanted upwards from left to right, positioned over a circular stamp.

Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)

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 SHB8837u & SHC 5547X
ON 10/11/18 AT/ALONG Changi Airport T4

1. I, BRYAN LIM, NRIC No. S7001613C

am the registered Driver / Relief Driver of motor taxi No. SHB8837u 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.

Bryan Lim S7001613C
Signature with NRIC No.

12/11/2018
Date

Name: LIM CHOON HEE, BRYAN

BLK 27, NEW UPPER CHANGI ROAD, #02-706, SC462027)
Address

Contact No.: S 6666 168

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: | SHC 5547X | (Insd veh) | Model: KIA OPTIMA 1.7(A) DIESEL |
| | SHB 8837U | (TP veh) | |
| Date of Accident/ Time: | 10/11/2018 | | |

| | | | |
|-----------------------------------|------|----------|---------------------------|
| Repair Estimate | : \$ | 3,941.77 | |
| Final Repair Cost | : \$ | | |
| Loss of Use <i>Token Sum</i> | : \$ | | days at \$ per day |
| Rental (if any) | : \$ | | 3 days at \$10848 per day |
| LTA / GIA Search Fee | : \$ | | |
| Others: | : \$ | | |
| | : \$ | | |
| Final Settlement Sum (Global Sum) | : \$ | 800.00 | |

Payee Name : PREMIER AUTOMOTIVE SERVICES 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/ Yes BOLA Scenario No: 27 |
| | BOLA Liability: 100 (%) | Assessed Liability (*): * (%) |
| * Assessed Liability to be 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.

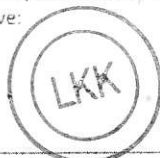
We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.



Signature of workshop representative / Workshop stamp
Name of Representative:
Date:

AWK



Signature of Witness / Workshop stamp (if applicable)
Name of Witness:
Date:

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



14 November 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Lim Choon Hee, Bryan of NRIC Number S7001613C is a registered driver of SHB8837U. Lim Choon Hee, Bryan is paying daily rental rate of \$108.93 (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 circular stamp.

Kellie Poh

Administration Manager

Prepared By: SY

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com
Co. Reg. No. 20030497511



REPLACEMENT VEH GIVEN YES / NO

VEH NO. _____

JOB NO. _____

CHECK IN / OUT VOUCHER

| | | | | | | | | | | | |
|---|--|-----|-----|-----|---|---|---|-----|-----|-----|---|
| DRIVER'S NAME <u>Bryan Lim</u> | | | | | | | | | | | |
| NRIC <u>S 7001813C</u> | HANDPHONE <u>96666168</u> | | | | | | | | | | |
| TAXI REGN NO. <u>S HB 88374</u> | MAKE / MODEL <u>KOZ</u> | | | | | | | | | | |
| DATE IN <u>12/11/18</u> TIME IN <u>10:10</u> | DATE OUT <u>14/11/18</u> TIME OUT <u>13:25</u> | | | | | | | | | | |
| KILOMETRES IN _____ FUEL IN <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table> | E | 1/4 | 1/2 | 3/4 | F | KILOMETRES OUT _____ FUEL OUT <table border="1"><tr><td>E</td><td>1/4</td><td>1/2</td><td>3/4</td><td>F</td></tr></table> | E | 1/4 | 1/2 | 3/4 | F |
| E | 1/4 | 1/2 | 3/4 | F | | | | | | | |
| E | 1/4 | 1/2 | 3/4 | F | | | | | | | |

TAXI METER DOWNLOADED

YES

NO

DATE / TIME TOWED IN TO WORKSHOP

D D M M Y Y H H M M

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

D D M M Y Y H H M M

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

BRYAN LIM

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECK OUT

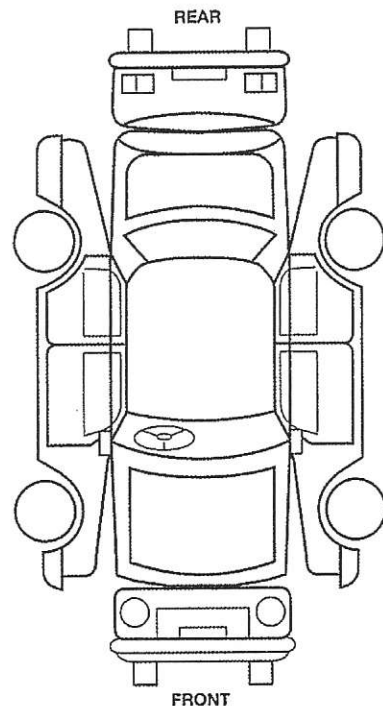
SONG MENG GUAN

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

INDICATE AREA OF DAMAGE HERE:



BODY MARKINGS

- | | |
|---------------------|-------------|
| 1 - Light Dent | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 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 checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO <u>10/11/18 22:25</u> <input type="checkbox"/> BRAKE SYSTEM <u>TP/G</u> <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY | <u>Collection Call relief.</u> |