

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Friday, 28 December 2018 9:31 AM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com';
'foonghon@ava-ins.com'
Subject: ACCIDENT INVOLVING SHD 328P & SHC 6473T ALONG/AT MARYMOUNT ROAD ON 19/11/2018

28 DEC 2018

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM18021307/K1eb3

YOUR REF : P1680520 (SHD 328P)

ACCIDENT INVOLVING SHD 328P & SHC 6473T ALONG/AT MARYMOUNT ROAD ON 19/11/2018

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.

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. We also wish to advise that there is an excess of **S\$5000.00** attached with Third Party Claims.

As Insurers, AXA 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. 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 to cst@axa.com.sg **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. 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 cst@axa.com.sg 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), 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or cst@axa.com.sg. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants

phone: 6841-6051 | email: ashersng@lkkauto.com |

fax: 6741-4108

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

This is a computer generated letter and no signature is required.

cc Motor Claims Department
AXA Insurance Pte Ltd

WITHOUT PREJUDICE

AXA Insurance Pte Ltd
No.8 Shenton Way
#27-01
Singapore 068811

Attn: **The Motor Claims Department**

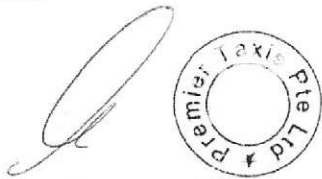
This Settlement excludes any
bodily injuries arising out of the
above said accident and pertaining
to property damage only

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC6473T AND SHD328P ALONG MARYMOUNT
ROAD ON 19.11.2018**

We, Premier Taxis Pte Ltd, the registered owner of vehicle No: **SHC6473T**. We, hereby
authorize the said workshop, M/s Premier Automotive Services Pte Ltd to execute sign
discharge voucher/Indemnity forms and all necessary documents in connection with and
arising out of the above claim, and collect all compensation monies due to us from you or
any other party, regarding the said accident.

Thank You.

A handwritten signature in blue ink is written over a circular stamp. The stamp contains the text "Premier Taxis Pte Ltd" around the perimeter and a small star in the center.

Premier Taxis Pte Ltd
Authorized Signatory

Date 11/11/18

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

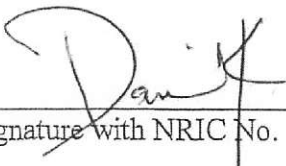
ACCIDENT INVOLVING SHC6473T & SHD308P
ON 19.11.2018 AT/ALONG MARYMOUNT ROAD.

1. I, GAN ENG PENG, NRIC No. S1426055B

am the registered Hire Relief Driver of motor taxi No. SHC6473T at the time of the above accident.

2. Hereby you have my authority to:

- send a letter of demand on my behalf;
- negotiate a settlement on my behalf;
- confirm a settlement / accept any offer on my behalf;
- sign any Discharge Voucher (if necessary) on my behalf;
- 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.


Signature with NRIC No.

11.09.2019
Date

Name: GAN ENG PENG

BLK 434 ANG MO KIO AVENUE 10 #10-1427 (S) 560434
Address

Contact No.: 86882009

Email: ganep@htrmart.com



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:	SHD 328P (Insd veh)	Model: <u>KIA OPTIMA</u>
	SHC 6473T (TP veh)	
Date of Accident/ Time:	19/11/2018	

Repair Estimate	: \$	<u>34,105.61</u>	
Final Repair Cost	: \$		
Loss of Use <u>Taken Sum</u>	: \$		<u>18</u> days at \$ <u>40</u> per day
Rental (if any)	: \$		<u>18</u> days at \$ <u>1044</u> per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (GLOBAL SUM)	: \$	24,000.00	
Payee Name : Premier Automotive Services Pte Ltd			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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>36</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:

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/TORTEASOR 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.



[Handwritten signature]

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

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

[Handwritten signature]
Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date:



PREMIER AUTOMOTIVE SERVICES PTE LTD
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)
TEL: 65436676 / 65436689 FAX: 62141511
CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

PREMIER TAXIS PTE LTD
23 CHANGI SOUTH AVENUE 2 #03-02
SINGAPORE 486443

TAX INVOICE

DATE 5-Jan-2019
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6473 T			\$ 20,500.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 20,500.00
GST @ 7%				\$ 1,435.00
GRAND TOTAL				\$ 21,935.00



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)



30 November 2018

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Gan Eng Peng of NRIC Number S1426055B is a registered driver of SHC6473T. Gan Eng Peng is paying daily rental rate of \$101.44 (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. 200304975H

CHECK IN / OUT VOUCHER

DRIVER'S NAME <u>Eu Kolk Thai</u>	
NRIC <u>S 0 210801A</u>	HANDPHONE <u>90258392</u>
TAXI REGN NO. <u>S H C 6473T</u>	MAKE / MODEL <u>KO2</u>
DATE IN <u>20/3/18</u> TIME IN <u>15:18</u>	DATE OUT <u>21/3/18</u> TIME OUT <u>13:35</u>
KILOMETRES IN <u> </u> FUEL IN <u>E 1/4 1/2 3/4 F</u>	KILOMETRES OUT <u> </u> FUEL OUT <u>E 1/4 1/2 3/4 F</u>

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
LOW M.

DRIVER'S NAME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

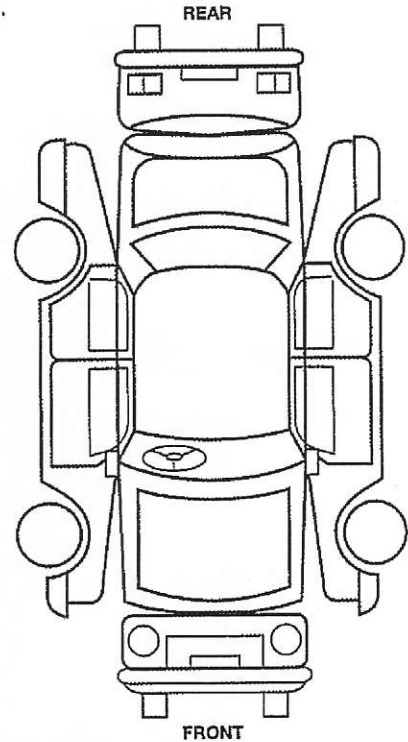
CHECK OUT
GAN ENG PENG

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 type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: <input type="checkbox"/> TURBO D D M M Y Y H H M M <input type="checkbox"/> BRAKE SYSTEM <input type="checkbox"/> CLUTCH SYSTEM <input type="checkbox"/> BULB <input type="checkbox"/> UNDER CARRIAGE <input type="checkbox"/> CPF <input type="checkbox"/> BATTERY	<u>few back from Police compound</u> <u>19/11/18 - 23/11/18</u> <u>TP/W</u>