

KCN

**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 : AAD1902-135

Your Ref : XD9795A, GR4888B

Date : 15.May 2019

LKK

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD0487M AND XD9795A, GR4888B ON 18/02/19 09:35 AM  
ALONG KJE TOWARDS TUAS**

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)	\$	31,808.07
2.	Loss of Rental for <u>19</u> days @ \$ <u>103.41</u> per day	\$	1,964.79
3.	Loss of Income for <u>19</u> days @ \$ <u>50</u> per day	\$	950.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	34,730.35

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 Faithfully

Trans-Cab 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 SHD0487M and XD9795A, GR4888B along KJE TOWARDS TUAS on 18/02/19 09:35 AM.

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 15 (day) of May 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan  
General Manager





1902-135

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	XD 9795A (Insd veh)	Model: Renault Latitude (1995cc)
	SHD 487M (TP veh)	
Date of Accident/ Time:	18/02/2019	

Repair Estimate	: \$	100,986.23	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (Global Sum)	: \$	30,000.00	
Payee Name : Trans-cab Auto Services Pte Ltd			
Is Third Party Workshop GIA Registered? [X] YES [ ] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>28</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): <u>100</u> (%)	
* 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	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: <u>NG WAI YIN</u>	Name of Witness: <u>Amanda Tay</u>
Date: <u>15 DEC 2020</u>	Date: <u>15/12/20</u>
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.** : INV1905-038**DATE** : 14. May 2019**REFERENCE NO** : AAD1902-135**TERMS** :**DUE DATE** : 14. May 2019**PAGE** : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD0487M;DOA 18.02.19(PART-BY-PART-19)	1	31,808.07	31,808.07

**Total SGD Excl. GST :** 29,727.17**7% GST :** 2,080.90**\*\*\*\* THIRTY ONE THOUSAND EIGHT HUNDRED EIGHT AND SEVEN SGD ONLY****\*\*\*\*****Total SGD Incl. GST :** 31,808.07

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.

**E. & O. E.****THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE**



**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

15 May, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 18/02/19 09:35 AM at KJE TOWARDS TUAS

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. SHD0487M. The taxi was hired to LATIFF BIN MOHAMAD a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$103.41 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

18-02-2019

Dear Sir/Madam,

Please be informed that the taxi was undergo accident repair in the workshop as follow:

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1902-135	<b>Accident Date</b> 18-02-2019
2/18/2019 09:35	3/8/2019 16:00	SHD0487M

Yours Faithfully,

**Trans-Cab Services Pte Ltd**

**Jasmine Tan**

**General Manager**



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Feb 2019 / 16:13:02

Receipt Date/Time : 18 Feb 2019 / 16:12:43

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190218-002752

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - XD9795A				
As at 18 Feb 2019/09:35:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - XD9795A Enquiry Fee 20190218161147109489	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - FBK624T				
As at 18 Feb 2019/08:45:00				
Insurance Co: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD				
2	Insurance Enquiry - FBK624T Enquiry Fee 20190218161147148460	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - YN3563C				
As at 15 Feb 2019/12:20:00				
Insurance Co: EQ INSURANCE COMPANY LTD				
3	Insurance Enquiry - YN3563C Enquiry Fee 20190218161147199468	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SJN7310S				
As at 17 Feb 2019/09:15:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
4	Insurance Enquiry - SJN7310S Enquiry Fee 20190218161147239170	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - FBE9766P				
As at 18 Feb 2019/08:45:00				
Insurance Co: FWD SINGAPORE PTE. LTD.				
5	Insurance Enquiry - FBE9766P Enquiry Fee 20190218161147296775	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		35.00	2.45	37.45
Rounding Difference				0.00
Total Amount Payable				37.45
Paid By				
	xxxxxxxxxxx8127	Credit Card: Visa /MasterCard		37.45
Total				37.45
Cash Change				0.00
Tendered Amount				37.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!



## **Khanchna (LKK Auto)**

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**Subject:** FW: YOUR REF : XD9795A, OUR REF : CC3/ASM19003181/Khb3 [ACCIDENT INVOLVING XD9795A / SHD487M / OTHERS ALONG KJE TOWARDS TUAS ON 18.02.2018] [DRIVER: AB AZIS BIN SHIHA BUDEEN]

Best Regards,  
**Khanchna** | Case Handler  
**LKK Auto Consultants Pte Ltd**  
DID: **6841 2360** | email: [Khanchna@lkkauto.com](mailto:Khanchna@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Khanchna (LKK Auto)  
**Sent:** Thursday, 25 April 2019 11:40 AM  
**To:** chongleng.yee@chuanlim.com  
**Cc:** Vic (LKKAuto) <vicalpeh@lkkauto.com>  
**Subject:** YOUR REF : XD9795A, OUR REF : CC3/ASM19003181/Khb3 [ACCIDENT INVOLVING XD9795A / SHD487M / OTHERS ALONG KJE TOWARDS TUAS ON 18.02.2018] [DRIVER: AB AZIS BIN SHIHA BUDEEN]

29 APRIL 2019

**CHUAN LIM CONSTRUCTION PTE LTD**  
Attn: Ms. Chong Leng

Dear Sir/Madam,

**OUR REF : CC3/ASM19003181/Khb3**  
**YOUR REF : XD9795A**  
**ACCIDENT INVOLVING XD9795A [AXA] / SHD487M / OTHERS ALONG KJE TOWARDS TUAS ON 18.02.2018**

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 M/s TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHD487M against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had was involved in a 3 vehicle chain collision and your vehicle was the last vehicle. 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.

You are aware that your No-Claim Discount (NCD – if applicable) will be withheld for the time being pending for final allocation of liability in settlement by our principal.



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 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to [khanchna@lkkauto.com](mailto:khanchna@lkkauto.com) within 7 days from the date of this letter **if not provided at AXA's 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)
- Authorization Letter for the Driver to drive the vehicle
- Driver's driving license or foreign driving license
- 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 6841 2360 or email us at [khanchna@lkkauto.com](mailto:khanchna@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

**Khanchna** | Case Handler

**LKK Auto Consultants Pte Ltd**

DID: **6841 2360** | email: [khanchna@lkkauto.com](mailto:khanchna@lkkauto.com) | Fax: 6741-4108

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