



Auto
Consultants
Pte Ltd

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

04 APRIL 2019

CHUA CHIN HUA
6 KOVAN RISE
#03-14
SINGAPORE 544736

Dear Sir/ Mdm

OUR REF : CC3/ASM19003589/Kpb3

YOUR REF : SMD 5777J

ACCIDENT INVOLVING SMD 5777J AND SHF 563R ALONG/AT TEMASEK AVE
ROUND ABOUT ON 21/02/2019

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 TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHF 563R against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver's favour as your vehicle changed lane and collided with third party. Under Motor Accident Guide, vehicles should keep in the proper lane and change lane only when it is safe. 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 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 us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to chewht@lkkauto.com within 10 days from the date of this letter **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.

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.

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 SHF0563R and SMD5777J along TEMASEK BOULEVARD on 21/02/19 08:50 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 10 (day) of April 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



940 1905-190

after paint photo

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMD 5777J (Insd veh)	Model: Renault Latitude (1995cc)
	SHF 563R (TP veh)	
Date of Accident/ Time:	21/02/2019	

Repair Estimate	: \$	33,384.10	
Final Repair Cost (w/GST)	: \$	4,333.50	
Loss of Use	: \$	-	days at \$ per day
Rental (if any)	: \$	581.94	6 days at \$ 96.99 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$	-	
	: \$		
Final Settlement Sum	: \$	4,922.89	

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/ No BOLA Scenario No: 15
	BOLA Liability: 100 (%)	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: Jasmine Tan
Date: 10 JUN 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: NG WAI YIN
Date: 12 JUN 2019

Signature of AXA's surveyor/representative
Name of AXA's surveyor /Representative:
Date: 13/6/19

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. : INV1903-322 DATE : 31. March 2019 REFERENCE NO : AAD1902-190 TERMS : DUE DATE : 31. March 2019 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0563R;DOA 21.02.19(LUMP SUM-19)	1	4,333.50	4,333.50

Total SGD Excl. GST :	4,050.00
7% GST :	283.50
Total SGD Incl. GST :	4,333.50

**** **FOUR THOUSAND THREE HUNDRED THIRTY THREE 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.

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

10 April, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 21/02/19 08:50 PM at TEMASEK BOULEVARD

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. SHF0563R. The taxi was hired to YEO BOON LYE a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$96.99 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

21-02-2019

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
Accident No.	AAD1902-190	Accident Date 21-02-2019
2/22/2019 13:45	2/28/2019 13:00	SHF0563R

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

[> Back to OneMotoring](#)**Vehicle Insurance Particulars Result**

Vehicle No.	Incident Date/Time	Insurance Company Name
SMD5777J	21 Feb 2019 / 20:50:00	AXA INSURANCE PTE LTD
SKR314U	21 Feb 2019 / 14:45:00	NTUC INCOME INS CO-OP LTD
PC4961U	21 Feb 2019 / 22:30:00	LIBERTY INS P L

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