



Auto
Consultants
Pte Ltd

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

30 October 2019

WONG EU LI @JOHN EU LI WONG
40 LINDEN DRIVE
SINGAPORE 288713

Dear Sir/Madam,

OUR REF : CC3/ASM19004140/Kpb3 // S9M01G78
YOUR REF : SJG 7951D
ACCIDENT INVOLVING SJG 7951D AND SHC 5107H ALONG/AT UNIVERSITY
FLYOVER ON 28/02/2019

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 third party claim(s) from **TRANS-CAB AUTO SERVICES PTE LTD** acting on behalf of the owner of **SHC 5107H** against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your favour as it is head-to-rear collision. 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.

As Insurers, they 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 chewht@lkkauto.com within 7 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)
- Copy of the letter of authorization
- 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 us immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA 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 us at 6742 3197 or chewht@lkkauto.com. Please quote our 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 SHC5107H and SJG7951D along UNIVERSITY FLYOVER on 28/02/19 10:10 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 23 (day) of April 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



AA01903-009

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJG 7951D	(Insd veh)	Model: RENAULT LATITUDE 2.0L (A)
	SHC 5107H	(TP veh)	
Date of Accident/ Time:	28/02/2019		

Repair Estimate	: \$	61,779.50	
Final Repair Cost (WITH GST)	: \$	1,979.50	
Loss of Token Sum	: \$	100.00	2 days at \$ 50.00 per day
Rental (if any)	: \$	162.26	2 days at \$ 81.13 per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
Final Settlement Sum	: \$	2,249.21	
Payee Name : TRANS-CAB AUTO 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>27</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/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: NG WAL VIN
Date: 23 DEC 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Amanda Tay
Date: 23 / 12 / 2019

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

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

23 April, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 28/02/19 10:10 PM at UNIVERSITY FLYOVER

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. SHC5107H. The taxi was hired to TEO BEE GUAN a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$81.13 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

28-02-2019

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.	AAD1903-009	Accident Date 28-02-2019
3/5/2019 11:00	3/7/2019 17:47	SHC5107H

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Print OK Save as PDF



POSTING RECEIPT FOR REGISTERED ARTICLES

NOTES:

- Separate forms are to be used for Insured and Non-Insured Registered Article.
- Please provide all information required and produce this receipt for all enquiries.
- * Please tick where applicable. It shall be assumed no Advice of Receipt (AR) is required or delivery by air is requested if relevant * is left blank.
- Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
- Please post item(s) at the post office counter according to the sequence stated below.

1. Name & Address of Addressee MUHAMMAD KHAI RUDDIN ARIFF BIN YAAKOB 736 WOODLANDS CIRCLE # 06-517 SINGAPORE 730736 (C/F 299A)		AR* : (✓) Y () N By* : () AIR () SUR Insurance* : () Y \$ () N () N Contents: AR* : (✓) Y () N By* : () AIR () SUR Insurance* : () Y \$ () N () N Contents:		For Official Use Only (Item numbers are printed in order of posting at counter) RA TSN Ref: 1927/099/00034 Date: 09 Apr 2019 RA No: RC11750784596 RC11750785496
2. Name & Address of Addressee WONG EUN LI @ JOHN EUN WONG 40 LIN DEN DRIVE, SINGAPORE 288713 (S/G 7951D)				

Sender's Agreement

I have read, understood and agreed to the terms and conditions of posting overleaf. I accept the maximum liability payable for Registered Mail Service and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature

Date

P116

SINGAPORE POST
MACPHERSON RD
GST Reg. Add: SINGAPORE POST CENTRE
10 EUNOS ROAD 8
SINGAPORE 408600
GST Reg. No : M2-0105651-9
Date: 09 Apr 2019 Time: 10:11:06

Description	Amount(S\$)	GST@7%
Ref. No: PSL01/1927/099/0029 Postage Label LOCAL 7 X 2.54	17.78	1.16
SUB TOTAL	17.78	1.16

TOTAL AMOUNT 17.78
GST COLLECTED BY SINGPOST 1.16

MOP: CASH : \$17.78

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