

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 SHD5023K and SME44T along BOUNDARY ROAD on 14/06/19 06:35 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 July 2019

Yours Faithfully
Trans-Cab Services Pte Ltd



Jasmine Tan
General Manager



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SME 44T (Insd veh)	Model: RENAULT LATITUDE 2.0L
	SHD 5023K (TP veh)	
Date of Accident/ Time:	14/06/2019 18.35	

Repair Estimate	: \$	
Final Repair Cost (w/gst)	: \$	8,239.00
Loss of Use Income	: \$	400.00
Rental (if any)	: \$	760.32
LTA / GIA Search Fee	: \$	7.49
Others:	: \$	
Final Settlement Sum	: \$	9,406.81
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: 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:

- 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: Amanda Tay
Date: 08/06/20



KSC

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: RENE TUNCA
Date: 08 JUN 2020

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. : INV1907-067 DATE : 5. July 2019 REFERENCE NO : AAD1906-150 TERMS : DUE DATE : 5. July 2019 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD5023K; DOA 14.06.19(LUMP SUM-19)	1	8,239.00	8,239.00

Total SGD Excl. GST : 7,700.00
7% GST : 539.00
Total SGD Incl. GST : 8,239.00

**** EIGHT THOUSAND TWO HUNDRED THIRTY NINE 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