



Auto
Consultants
Pte Ltd.

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

02 AUGUST 2019

HO YAT WAI (HE YIWEI)
626 UPPER THOMSON ROAD
#01-28
SINGAPORE 787130

Dear Sir/ Mdm

OUR REF : CC3/ASM19013045/Kwb3 // S9M01UXC
YOUR REF : SMH 6173Z
ACCIDENT INVOLVING SMH 6173Z AND SHB 9973C ALONG/AT ANG MO KIO
AVENUE 2 ON 20/07/2019

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 SHB 9973C 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.

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 vivianlau@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 as at Ms. Vivian Lau (LKK Handler) 6841 8625 or vivianlau@lkkauto.com Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Vivian Lau', written in a cursive style.

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: vivianlau@lkkauto.com

cc AXA INSURANCE PTE LTD

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 SHB9973C and SMH6173Z along Ang mo kio Avenue 2 on 20/07/19 08:40 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 15 (day) of August 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMH6173Z	(Insd veh)	Model: RENAULT LATITUDE 2.0L DCI
	SHB9973C	(TP veh)	
Date of Accident/ Time:	20/07/2019 @ 2100HRS		

Repair Estimate	: \$	63,309.59	
Final Repair Cost	: \$		
Loss of Use <u>Token Sum</u>	: \$		1 days at \$50 per day
Rental (if any)	: \$		1 days at \$81.13 per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (Global Sum)	: \$	1,520.00	
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: <u>15</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.

Signature of workshop representative / Workshop stamp
Name of Representative: Jasmine Tan
Date: 17 DEC 2019

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: NG WA YIN
Date: 18 DEC 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

15 August, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 20/07/19 08:40 PM at Ang mo kio Avenue 2

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. SHB9973C. The taxi was hired to GEO KIM HOCK 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

20-07-2019

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.	AAD1907-190	Accident Date 20-07-2019
7/23/2019 09:49	7/24/2019 14:00	SHB9973C

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

7/22/2019

Receipt

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Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Jul 2019 / 16:54:18

Receipt Date/Time : 22 Jul 2019 / 16:54:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190722-002601

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SMH6173Z				
As at 20 Jul 2019/20:40:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMH6173Z Enquiry Fee 20190722165333584293	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SHF1518R				
As at 20 Jul 2019/05:30:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
2	Insurance Enquiry - SHF1518R Enquiry Fee 20190722165333635480	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SFQ2546T				
As at 19 Jul 2019/21:55:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
3	Insurance Enquiry - SFQ2546T Enquiry Fee 20190722165333675722	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		21.00	1.47	22.47
Rounding Difference				0.02
Total Amount Payable				22.45
Paid By				
	xxxxxxxxxxxx8127	Credit Card: Visa/MasterCard		22.45
Total				22.45
Cash Change				0.00
Tendered Amount				22.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

7/22/2019

Vehicle Insurance Particulars Enquiry

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Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SMH6173Z	20 Jul 2019 / 20:40:00	AXA INSURANCE PTE LTD
SHF1518R	20 Jul 2019 / 05:30:00	MS FIRST CAPITAL INSURANCE LIMITED
SFQ2546T	19 Jul 2019 / 21:55:00	NTUC INCOME INS CO-OP LTD

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