

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 : AAD1907-198

Your Ref : SMK5970E

Date : 15.August 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5404A AND SMK5970E ON 21/07/19 12:50 PM ALONG MCE TOWARDS AYE

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)	\$	4,815.00
2.	Loss of Rental for <u>4</u> days @ \$ <u>96.99</u> per day	\$	387.96
3.	Loss of Income for <u>4</u> days @ \$ <u>50</u> per day	\$	200.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	5,410.45

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)

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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 SHC5404A and SMK5970E along MCE TOWARDS AYE on 21/07/19 12:50 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 15 (day) of August 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

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. : INV1908-052 DATE : 15. August 2019 REFERENCE NO : AAD1907-198 TERMS : DUE DATE : 15. August 2019 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5404A; DOA 21.07.19(LUMP SUM-19)	1	4,815.00	4,815.00

Total SGD Excl. GST : 4,500.00
7% GST : 315.00
Total SGD Incl. GST : 4,815.00

****** FOUR THOUSAND EIGHT HUNDRED FIFTEEN 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

15 August, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 21/07/19 12:50 PM at MCE TOWARDS AYE

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. SHC5404A. The taxi was hired to LEE HOCK JIN 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

21-07-2019

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.	AAD1907-198	Accident Date 21-07-2019
7/23/2019 10:00	7/26/2019 14:00	SHC5404A

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

7/22/2019

Vehicle Insurance Particulars Enquiry

> [Back to OneMotoring](#)

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SMG2566E	20 Jul 2019 / 14:05:00	TOKIO MARINE INSURANCE SINGAPORE LTD
SLU4939M	21 Jul 2019 / 14:00:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SKD6382G	22 Jul 2019 / 01:35:00	NTUC INCOME INS CO-OP LTD
SMK5970E	21 Jul 2019 / 12:50:00	AXA INSURANCE PTE LTD

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7/22/2019

Receipt

> Back to OneMotoring



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

Print Date/Time : 22 Jul 2019 / 18:04:50

Receipt Date/Time : 22 Jul 2019 / 18:04:50

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190722-002932

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SMG2566E				
As at 20 Jul 2019/14:05:00				
Insurance Co: TOKIO MARINE INSURANCE SINGAPORE LTD				
1	Insurance Enquiry - SMG2566E Enquiry Fee 20190722180406585469	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLU4939M				
As at 21 Jul 2019/14:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
2	Insurance Enquiry - SLU4939M Enquiry Fee 20190722180406706412	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SKD6382G				
As at 22 Jul 2019/01:35:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
3	Insurance Enquiry - SKD6382G Enquiry Fee 20190722180406792586	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMK5970E				
As at 21 Jul 2019/12:50:00				
Insurance Co: AXA INSURANCE PTE LTD				
4	Insurance Enquiry - SMK5970E Enquiry Fee 20190722180406858770	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		28.00	1.96	29.96
Rounding Difference				0.01
Total Amount Payable				29.95
Paid By				
	xxxxxxxxxxxx8127	Credit Card: Visa/MasterCard		29.95
Total				29.95
Cash Change				0.00
Tendered Amount				29.95
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

7/22/2019

Receipt

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.



AAO 1907-198

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SMK 5970E (Insd veh)	Model: Renault Latitude (1995cc)
	SHC 5404A (TP veh)	
Date of Accident/ Time:	21/07/2019	

Repair Estimate	: \$	31,074.74	
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)	: \$	5,200.00	
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 / No BOLA Scenario No: <u>NIL</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>100</u> (%)	
* 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/TORTEFEASOR 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: <u>Ng Wai Yin</u> Date: <u>30 JUN 2020</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Amanda Tay</u> Date: <u>30/06/20</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>01.07.2020</u>	



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

GOH HEE KHIM
BLK 125 HOUGANG AVENUE 1
#10-1466
SINGAPORE 530125

Dear Sir/ Mdm

OUR REF : CC3/ASM19013061/Kwa3 // S9M01UTA
YOUR REF : SMK 5970E
ACCIDENT INVOLVING SMK 5970E AND SHC 5404A ALONG/AT MCE TOWARDS
KEPPEL ON 21/07/2019

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 SHC 5404A against your motor insurance policy.

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.

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,



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

cc AXA INSURANCE PTE LTD