

## Cecilia Chong (LKK Auto)

---

**From:** Cecilia Chong (LKK Auto)  
**Sent:** Monday, 16 September 2019 8:23 PM  
**To:** PETER.CKTAN@YAHOO.COM  
**Subject:** REVISED: <STANDARD NOTIFICATION LETTER> OUR REF: CC3/ASM19013459/Kgb3 \*\*\*  
ACCIDENT INVOLVING SJV 1712M & SHF 709M ON 25/07/2019 \*\*\* {NO ACTION  
REQUIREDE}

16 SEPTEMBER 2019

### PJJ TRADING

Dear Sir/ Mdm

**OUR REF : CC3/ASM19013459/Kgb3**  
**YOUR REF : SJV 1712M**  
**ACCIDENT INVOLVING SJV 1712M AND SHF 709M ALONG/AT CLEMENCEAU AVE TWDS HAVELOCK  
RD ON 25/07/2019**

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 claim from [TRANS CAB AUTO SERVICES PTE LTD](#) acting on behalf of the owner of [SHF 709M](#) 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. [We also wish to advise that there is an excess of S\\$500.00 attached with Third Party Claims.](#)

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 [ceciliachong@lkkauto.com](mailto:ceciliachong@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:

- Hiring Agreement
- **Employment Letter / Letter Of Authority (Authorisation Letter)**
- 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 [6749 4274](tel:67494274) or email us at [ceciliachong@lkkauto.com](mailto:ceciliachong@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

Cecilia Chong | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749-4274 | email: [CeciliaChong@lkkauto.com](mailto:CeciliaChong@lkkauto.com) fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



*Save the Earth. Print only when necessary.*



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJV 1712M (Insd veh)	Model: RENAULT LATITUDE
	SHF 709M (TP veh)	
Date of Accident/ Time:	25/07/2019	

Repair Estimate	: \$		
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	: \$	3800.00	(GLOBAL SUM)
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/ <del>NO</del> 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:

- 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: NG WAI YIN  
 Date: 01 JUL 2020

Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: Amanda Tay  
 Date: 01/07/20

Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date: 02.07.2020

« **Re:<MANDATE IA> - S9M01VSV { ACCIDENT INVOLVING  
SVJ 1712M & SHF 709M ON 25/07/2019 }**

Type

🔗 Question

Message

APPROVED

Reply

**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 : AAD1907-244

Your Ref : SJV1712M

Date : 16.August 2019

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHF0709M AND SJV1712M ON 25/07/19 06:22 PM ALONG Clemenceau Avenue towards Havelock Road**

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)	\$	2,942.50
2.	Loss of Rental for <u>7</u> days @ \$ <u>121.32</u> per day	\$	849.24
3.	Loss of Income for <u>7</u> days @ \$ <u>50</u> per day	\$	350.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	4,149.23

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](mailto:claims@transcab.com.sg) (6603 1259)

**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**

<b>TO:</b> <b>AXA INSURANCE PTE LTD</b> 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1908-070 <b>DATE</b> : 16. August 2019 <b>REFERENCE NO</b> : AAD1907-244 <b>TERMS</b> : <b>DUE DATE</b> : 16. August 2019 <b>PAGE</b> : 1
---	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0709M; DOA 25.07.19(LUMP SUM-19)	1	2,942.50	2,942.50

Total SGD Excl. GST : 2,750.00

7% GST : 192.50

\*\*\*\* TWO THOUSAND NINE HUNDRED FORTY TWO AND FIFTY SGD ONLY \*\*\*\*

Total SGD Incl. GST : 2,942.50

- 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. &amp; 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

16 August, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 25/07/19 06:22 PM at Clemenceau Avenue towards Havelock Road

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. SHF0709M. The taxi was hired to TAN KIN HOCK a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$121.32 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

*This is a computer generated print-out. No signature is required.*

**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 SHF0709M and SJV1712M along Clemenceau Avenue towards Havelock Road on 25/07/19 06:22 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 16 (day) of August 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



7/29/2019

Receipt

&gt; Back to OneMotoring



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

Print Date/Time : 29 Jul 2019 / 16:40:49

Receipt Date/Time : 29 Jul 2019 / 16:40:49

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190729-002485

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJV1712M				
As at 25 Jul 2019/18:20:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJV1712M Enquiry Fee 20190729163852413935	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - GBJ5302U				
As at 29 Jul 2019/08:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
2	Insurance Enquiry - GBJ5302U Enquiry Fee 20190729163852476000	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - GZ4415R				
As at 27 Jul 2019/19:35:00				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
3	Insurance Enquiry - GZ4415R Enquiry Fee 20190729163852536007	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - SJG5372M				
As at 29 Jul 2019/11:50:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
4	Insurance Enquiry - SJG5372M Enquiry Fee 20190729163852602862	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	28.00	1.96	29.96
	<b>Rounding Difference</b>			0.01
	<b>Total Amount Payable</b>			29.95
Paid By				
	xxxxxxxxxxxx8127	Credit Card: Visa/MasterCard		29.95
	<b>Total</b>			29.95
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			29.95
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

7/29/2019

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.

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

Vehicle No.	Incident Date/Time	Insurance Company Name
SJV1712M	25 Jul 2019 / 18:20:00	AXA INSURANCE PTE LTD
GBJ5302U	29 Jul 2019 / 08:00:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
GZ4415R	27 Jul 2019 / 19:35:00	MSIG INSURANCE (SINGAPORE) PTE LTD
SJG5372M	29 Jul 2019 / 11:50:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Print](#)[OK](#)[Save as PDF](#)

**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

25-07-2019

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1907-244	<b>Accident Date</b> 25-07-2019
7/25/2019 21:00	7/31/2019 14:00	SHF0709M

**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**