

**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 : AAD1908-005

Your Ref : SHD40T

Date : 16.August 2019

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD9464U AND SHD40T ON 01/08/19 03:30 AM ALONG MBS TAXI STAND DRIVE WAY**

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)	\$	7,071.04
2.	Loss of Rental for <u>8</u> days @ \$ <u>113.40</u> per day	\$	907.20
3.	Loss of Income for <u>8</u> days @ \$ <u>50</u> per day	\$	400.00
4.	LTA Search Fee	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	8,378.24

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Certificate of Insurance

Original final repair bill

Rental rate and mileage records

Authorization To Act

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)

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

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**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 SHD9464U and SHD40T along MBS TAXI STAND DRIVE WAY on 01/08/19 03:30 AM.

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



1908-005

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHD 40T (Insd veh)	Model: TOYOTA PRIUS 5DR - 1798cc
	SHD 9464U (TP veh)	
Date of Accident/ Time:	01/08/2019 03:30	

Repair Estimate	: \$	34,870.63	
Final Repair Cost	: \$		
Loss of Use	: \$		
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		days at \$ per day
Others:	: \$		
Final Settlement Sum	: \$	8,250.00	(GLOBAL SUM)
Payee Name: <b>TRANS-CAB AUTO SERVICES PTE LTD</b>			
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: <b>26</b>	
BOLA Liability: <b>100</b> (%)		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/TORTEFAOR 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 WAI YIN**  
Date: **13 NOV 2020**

Signature of Witness / Workshop stamp (if applicable)  
Name of Witness: **Amanda Tay**  
Date:

Signature of AXA's surveyor/representative  
Name of AXA's surveyor /Representative:  
Date: **16/11/2020**



**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> : INV1908-096 <b>DATE</b> : 16. August 2019 <b>REFERENCE NO</b> : AAD1908-005 <b>TERMS</b> : <b>DUE DATE</b> : 16. August 2019 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD9464U; DOA 01.08.19(PART-BY-PART-19)	1	7,071.04	7,071.04

**Total SGD Excl. GST :** 6,608.45  
**7% GST :** 462.59  
**Total SGD Incl. GST :** 7,071.04

\*\*\*\* SEVEN THOUSAND SEVENTY ONE AND FOUR 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

16 August, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 01/08/19 03:30 AM at MBS TAXI STAND DRIVE WAY

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. SHD9464U. The taxi was hired to YEO KHOON NAM a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$113.4 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

01-08-2019

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>	AAD1908-005	
8/1/2019 04:00	8/8/2019 14:00	SHD9464U
		<b>Accident Date</b> 01-08-2019

Yours Faithfully,

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**



**Re:<TP - MANDATE IA> - S9M01VTM [ACCIDENT INVOLVING SHD 40T(OI) & SHD 9464U(TP) ON 01/08/2019]**

Type

🔗 Question

Message

please proceed.

Reply



## Suwanna (LKK Auto)

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**From:** Suwanna (LKK Auto)  
**Sent:** Thursday, 8 August 2019 12:48 PM  
**To:** 'claims@transcab.com.sg'  
**Cc:** 'transcab\_avaclaims@ava-ins.com'; Admin A; Vivian Lau (LKKAuto)  
**Subject:** ACCIDENT INVOLVING SHD 40T AND SHD 9464U ALONG/MBS TAXI STAND DRIVEWAY ON 01/08/2019

Dear Sir/ Mdm

Please ignore the earlier email.

OUR REF : CC3/ASM19013660/Kwa3 // S9M01VTM

YOUR REF : SHD 40T

ACCIDENT INVOLVING SHD 40T AND SHD 9464U ALONG/MBS TAXI STAND DRIVEWAY ON 01/08/2019

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 SHD 9464U 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 opening the vehicle door and 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 inform you that Section II of the Motor Insurance Policy is attached, and capped, with an excess of **5'000 for** third party claim settlements.

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](mailto: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](mailto: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](mailto:vivianlau@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.



Thank you.

Best Regards,

**Suwanna Te-Uttaruang** | Admin support

**LKK Auto Consultants Pte Ltd**

Email [Suwanna@lkkauto.com](mailto:Suwanna@lkkauto.com) | fax: 67414108

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