

Su Li (LKK Auto)

From: Su Li (LKK Auto)
Sent: Wednesday, 14 August 2019 4:32 PM
To: gary.yeo.zihui@simedarby.com.sg
Cc: Cecilia Chong (LKK Auto); Admin A
Subject: ACCIDENT INVOLVING SKK 2363B & SHD 9840S ALONG/ AT REFLECTIONS CONDOMINIUM ON 06/08/2019

Dear Sir,

OUR REF : S9M01WVW // CC3/ASM19014001/Kga3
YOUR REF : SKK 2363B
ACCIDENT INVOLVING SKK 2363B & SHD 9840S ALONG/AT REFLECTIONS CONDOMINIUM ON 06/08/2019

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Singapore Pte Ltd to deal with the third party claim against your motor policy.

We have received a third party claim(s) from **TRANS-CAB AUTO SERVICES PTE LTD** acting on behalf of the owner of **SHD 9840S** against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/motor-claims>

Your full co-operation in the handling of the claim is required and kindly submit the following to CeciliaChong@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 Insurance Pte Ltd Customer Care Centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

To enable us to look into the matter immediately, please let us hear from you within seven **(7) days** from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

If you need any clarification, please do not hesitate to contact as at 6749 4274 or CeciliaChong@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,
[Cecilia Chong](#)

CC : AXA INSURANCE PTE LTD
Motor Claim Department



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKK 2363B (Insd veh)	Model: RENAULT LATITUDE
	SHD 9840S (TP veh)	
Date of Accident/ Time:	06/08/2019	

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	: \$	6200.00	(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/ 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:

- 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/TORTFEASOR 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 **authorised** of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>NG WA' YIN</u> Date: <u>01 JUL 2020</u>  	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Amanda Tay</u> Date: <u>01/07/20</u>
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>02.07.2020</u>	



Re:RE: Re:<MANDATE IA> - REVISED

Type

🔗 Question

Message

Hi CCL, Pls offer 3 days of LOR & LOI instead of 4 days. Pls proceed mandate @ \$6232.38.

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 : AAD1908-047

Your Ref : SKK2363B

Date : 16.August 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHD9840S AND SKK2363B ON 06/08/19 08:38 PM ALONG Reflections condominium

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)	\$	5,831.50
2.	Loss of Rental for <u>4</u> days @ \$ <u>81.13</u> per day	\$	324.52
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	\$	6,363.51

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)

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. : INV1908-093**DATE** : 16. August 2019**REFERENCE NO** : AAD1908-047**TERMS** :**DUE DATE** : 16. August 2019**PAGE** : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD9840S; DOA 06.08.19(LUMP SUM-19)	1	5,831.50	5,831.50

Total SGD Excl. GST : 5,450.00**7% GST :** 381.50****** FIVE THOUSAND EIGHT HUNDRED THIRTY ONE AND FIFTY SGD ONLY ********Total SGD Incl. GST :** 5,831.50

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. & 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 06/08/19 08:38 PM at Reflections condominium

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. SHD9840S. The taxi was hired to EIO HYORK MING 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

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 SHD9840S and SKK2363B along Reflections condominium on 06/08/19 08:38 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

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Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
XE941Z	07 Aug 2019 / 06:35:00	MSIG INSURANCE (SINGAPORE) PTE LTD
SLM8916U	06 Aug 2019 / 21:10:00	TOKIO MARINE INSURANCE SINGAPORE LTD
SKK2363B	06 Aug 2019 / 20:38:00	AXA INSURANCE PTE LTD

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

8/7/2019

Receipt

> Back to OneMotoring



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

Print Date/Time : 07 Aug 2019 / 17:13:03

Receipt Date/Time : 07 Aug 2019 / 17:13:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190807-002506

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 - XE941Z As at 07 Aug 2019/06:35:00 Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - XE941Z Enquiry Fee 20190807171125840893	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLM8916U As at 06 Aug 2019/21:10:00 Insurance Co: TOKIO MARINE INSURANCE SINGAPORE LTD				
2	Insurance Enquiry - SLM8916U Enquiry Fee 20190807171125871312	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SKK2363B As at 06 Aug 2019/20:38:00 Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SKK2363B Enquiry Fee 20190807171125908702	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				
	xxxxxxxxxx8127	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.

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

06-08-2019

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
Accident No.	AAD1908-047	Accident Date 06-08-2019
8/7/2019 15:34	8/10/2019 16:00	SHD9840S

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager