

**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 : AAD1908-038

Your Ref : SLQ5960P

Date : 21.August 2019

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD5302E AND SLQ5960P ON 06/08/19 07:40 AM ALONG PIE TOWARDS CHANGI AIRPORT**

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)                        | \$ | 862.90   |
| 2. | Loss of Rental for <u>5</u> days @ \$ <u>113.40</u> per day | \$ | 567.00   |
| 3. | Loss of Income for <u>5</u> days @ \$ <u>50</u> per day     | \$ | 250.00   |
| 4. | LTA Search Fee                                              | \$ | 7.49     |
| 5. | Survey Fee                                                  | \$ | 0.00     |
|    | Total                                                       | \$ | 1,687.39 |

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 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**

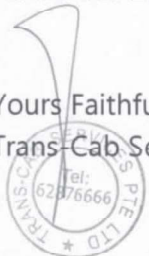
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHD5302E and SLQ5960P along PIE TOWARDS CHANGI AIRPORT on 06/08/19 07:40 AM.

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 21 (day) of August 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



## AXA THIRD PARTY DIRECT SETTLEMENT

|                         |                      |                     |
|-------------------------|----------------------|---------------------|
| Vehicle No:             | SLQ 5960P (Insd veh) | Model: TOYOTA PRIUS |
|                         | SHD 5302E (TP veh)   |                     |
| Date of Accident/ Time: | 06/08/2019           |                     |

|                                                                                                                                     |                                  |                                                      |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|--------------------|
| Repair Estimate                                                                                                                     | : \$                             | 28,001.77                                            |                    |
| 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                                                                                                                | : \$                             | 1,600.00                                             | (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>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:                                                                                                                            |                                  |                                                      |                    |

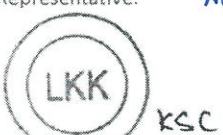
## NOTE:

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

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><br>Signature of workshop representative / Workshop stamp<br>Name of Representative: <u>NG WAL YIN</u><br>Date: <u>22 SEP 2020</u> | <br>Signature of Witness / Workshop stamp (if applicable)<br>Name of Witness: <u>Amanda Tay</u><br>Date: <u>22/09/20</u> |
| <br>Signature of AXA's surveyor/representative:<br>Name of AXA's surveyor /Representative:<br>Date: <u>23/09/2020</u>                                                                                                     |                                                                                                                                                                                                              |

**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><br><b>AXA INSURANCE PTE LTD</b><br>8 SHENTON WAY,#27-01<br>AXA TOWER<br>068811 SINGAPORE<br><br>ATTENTION: | <b>INVOICE NO.</b> : INV1908-160<br><b>DATE</b> : 21. August 2019<br><b>REFERENCE NO</b> : AAD1908-038<br><b>TERMS</b> :<br><b>DUE DATE</b> : 21. August 2019<br><b>PAGE</b> : 1 |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| NO. | CODE    | DESCRIPTION                                    | QTY | UNIT PRICE | AMOUNT |
|-----|---------|------------------------------------------------|-----|------------|--------|
| 1.  | 6050101 | REPAIR-SHD5302E; DOA 06.08.19(PART-BY-PART-19) | 1   | 862.90     | 862.90 |

**Total SGD Excl. GST :** 806.45  
**7% GST :** 56.45  
**Total SGD Incl. GST :** 862.90

**\*\*\*\* EIGHT HUNDRED SIXTY TWO AND NINETY 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

21 August, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 06/08/19 07:40 AM at PIE TOWARDS CHANGI AIRPORT

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. SHD5302E. The taxi was hired to TAN YAN TAT 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.

Type text here

Yours faithfully,

Jasmine Tan  
General Manager

### Vehicle Insurance Particulars Result

Print OK Save as PDF

8/6/2019

Receipt

> Back to OneMotoring



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

Print Date/Time : 06 Aug 2019 / 17:40:46

Receipt Date/Time : 06 Aug 2019 / 17:40:46

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-190806-002686

Previous Receipt No. :

| S/N                                                                                                         | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (S\$)   | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SLQ5960P<br>As at 06 Aug 2019/07:40:00<br>Insurance Co: AXA INSURANCE PTE LTD |                                                                     |                                 |                        |                              |
| 1                                                                                                           | Insurance Enquiry - SLQ5960P<br>Enquiry Fee<br>20190806173937655466 | 7.00                            | 0.49                   | 7.49                         |
| <b>Sub-Total</b>                                                                                            |                                                                     | 7.00                            | 0.49                   | 7.49                         |
| <b>Total Before Rounding</b>                                                                                |                                                                     | 7.00                            | 0.49                   | 7.49                         |
| <b>Rounding Difference</b>                                                                                  |                                                                     |                                 |                        | 0.04                         |
| <b>Total Amount Payable</b>                                                                                 |                                                                     |                                 |                        | 7.45                         |
| Paid By                                                                                                     |                                                                     |                                 |                        |                              |
|                                                                                                             | xxxxxxxxxxxx8127                                                    | Credit Card:<br>Visa/MasterCard |                        | 7.45                         |
| <b>Total</b>                                                                                                |                                                                     |                                 |                        | 7.45                         |
| <b>Cash Change</b>                                                                                          |                                                                     |                                 |                        | 0.00                         |
| <b>Tendered Amount</b>                                                                                      |                                                                     |                                 |                        | 7.45                         |
| <b>Excess Refundable Amount</b>                                                                             |                                                                     |                                 |                        | 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.

## Cecilia Chong (LKK Auto)

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**From:** Cecilia Chong (LKK Auto)  
**Sent:** Wednesday, 6 November 2019 5:59 PM  
**To:** SHARON@SYNERGYINS.COM.SG  
**Subject:** <STANDARD NOTIFICATION LETTER> OUR REF: CC3/ASM19014002/Kga3 \*\*\*  
ACCIDENT INVOLVING SLQ 5960P & SHD 5302E ON 06/08/2019 \*\*\*

6 NOVEMBER 2019

**NG GEOK LAN**

Dear Sir/ Mdm

**OUR REF : CC3/ASM19014002/Kga3**  
**YOUR REF : SLQ 5960P**  
**ACCIDENT INVOLVING SLQ 5960P & SHD 5302E ALONG/AT PIE ON 06/08/2019**

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 claim from **TRANS-CAB AUTO SERVICES PTE LTD** acting on behalf of the owner of **SHD 5302E** against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. 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 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:

- 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)
- Driver's Work Permit
- Employment Letter from your company
- Authorisation letter
- Rental Agreement/ Leasing Agreement
- Coloured photographs of accident scene (if any)
- COUNTER CLAIM STATUS AGAINST THIRD PARTY
- 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** 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.

Cc **AXA Insurance Pte Ltd**  
(Motor Claims Dept)

**"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."**

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.*

English (default) ▼

LKK AUTO CONSULTANTS PTE LTD (TP) ▼



SERVICE REQUESTS

MESSAGES

CLAIMS



Re:<MANDATE IA> - S9M01WD3 {ACCIDENT  
INVOLVING SLQ 5960P & SHD 5302E ON  
06/08/2019}

Type

Question

Message

Hi, pls proceed as per mandate. TY.

[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

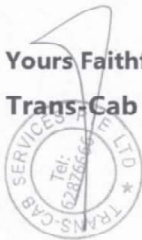
06-08-2019

Dear Sir/Madam,

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

| Date In             | Date Out        | Vehicle No.                     |
|---------------------|-----------------|---------------------------------|
| <b>Accident No.</b> | AAD1908-038     | <b>Accident Date</b> 06-08-2019 |
| 8/8/2019 13:00      | 8/8/2019 15:00  | SHD5302E                        |
| 8/13/2019 13:00     | 8/16/2019 13:00 | SHD5302E                        |

Yours Faithfully,

**Trans-Cab Services Pte Ltd****Jasmine Tan****General Manager**

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