Hsiao Tong (LKKAuto)

From:

Hsiao Tong (LKKAuto)

Sent:

Thursday, 22 August 2019 5:31 PM

To:

claims@transcab.com.sg

Cc:

transcab_avaclaims@ava-ins.com

Subject:

ACCIDENT INVOLVING SHF 610M (AXA) AND GBH 6287J ALONG/AT

COMPASSVALE DRIVE TOWARDS PUNGGOL ROAD ON 19/08/2019

22 Aug 2019

Transcab Taxi Singapore

Dear Sir,

OUR REF

: CC4/ASM19014770/pb3

YOUR REF : P1680520 (SHF610M) ACCIDENT INVOLVING SHF 610M (AXA) AND GBH 6287J ALONG/AT COMPASSVALE DRIVE TOWARDS PUNGGOL

ROAD ON 19/08/2019

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 ELITE AUTOMOTIVE PTE LTD acting on behalf of the owner of GBH 6287J against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your driver favour as it is a head-to-rear collision. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of \$\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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. You 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 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)
- 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 AXA immediately. You may email it to cst@axa.com.sg / chewht@lkkauto.com or deliver it by hand to our 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), 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 6742 3197 or email us at chewht@lkkauto.com.

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

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Date:	
To:	

LETTER OF AUTHORITY & INDEMNITY

I/We,CAR	2 (s)	LEASING PTI	ELTD	NRIC / Compar	ny Registration
No. 2017248411	4	of (address)			
		, the register	ed owner	(or his/ her/ their/ ag	gent) of motor
vehicleG8H629	TF8	, hereby	authorise	M/ Elite Automotive	Pte Ltd ("the
Repairer") to comm	ence repa	airs to my / our	vehicle an	d to forward the cla	im for among
other things, the cos	st of repa	irs to the owner	/ insured o	of the Third Party re	sponsible for the
said accident on (da	ite)19	18/19	_involving	motor vehicle nos.	SHF610M
	along _	RIVERVALE	LANE		I further
authorise M/ Elite A	utomotive	e Pte Ltd to sign	and exec	cute all documents in	n my name
			aria once	ato an accommend	Tilly Hallion
including but not lim					

I will also render full co-operation to M/ Elite Automotive Pte Ltd in the following situations:

- Present my car for pre-inspection, post-inspection and/ or re-inspection, should it be requested for by the insurance company.
- I will sign the Discharge Voucher when presented by the Repairer, upon final confirmation of liability and quantum, accepted by the Repairer.
- In the event where I were to receive any cheques from the third parties' insurance company for the payment of the repairs, I will forward the said payment to M/ Elite Automotive Pte Ltd.

I / We hereby also confirm that I was involved in the said above mentioned accident and that it was not a false or staged accident. I/ We are fully aware and advised that if the above accident was proven to be a false or fraudulent accident, I/ We will be liable to pay for all your damages, expenses and other incidental charges. I/ We will also have to bear your legal costs incurred on an indemnity basis for any legal action which may arise against me/ us with regards to the above incident.

My / Our vehicle is repaired by the Repairer on my/ our own free will and without any threat, inducement and/ or promise.



Signature / Company Stamp

Name:



Vehicle No

AXA THIRD PARTY DIRECT SETTLEMENT

SHF 610M

(Insd veh)

The same of the sa	GBH 6287J	(TP veh)	Model: TOYOTA HIACE VAN TURBO 5DR N		
Date of Accident/ Time:	19/08/2019				
Repair Estimate	15 17,80	5.71			
Final Repair Crist	: 5		annum unit		
loss of line	15		days at 5 per da		
Tental (if any)	5		: days at 5 — per da		
TA / GIA Searth Fee	1.5				
Others.	5				
	1.5.				
final Settlement Sum (Globe	(Sum) \$ 3.960.00	-			
Payee Name : ELITE AUTOR	MOTIVE PTE LTD				
is Third Party Workshop GIA	Registered? [X] YES	I NO	(Kindly Indicate below)		
For Non GIA	Registered Workshop:	Agreed	Liability(%)		
For GIA Regi	stered Workshop:	BOLAA	Applicable Yes/ No. BGLA Scenario No. 27		
BOLA LIABIN	y 100 (%)	Assesse	ed Dability (1) DR		

NOTE

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- 1. 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.

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply

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) arrang from this accident.

Signature of wellshop representative / Workshop atomp
Name of Representative LIM NEE MING
Date: 11/12/19

Signature of Witness: Hong Per (Win
Date: 11/12/19

Signature of AXA's surveyor Representative Name of AXA's surveyor Representative Date:



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

20 Aug 2019 / 17:19:28

Receipt Date/Time:

20 Aug 2019 / 17:19:26

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190820-002812

Previous Receipt No.:

Previous Receipt No. :				
S/N Item Description/ Business Transaction Reference No. Result of Insurance Enquiry - SHF610M		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at 19 Aug 2019/00:00:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SHF610M Enquiry Fee 20190820171808710263		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7,45
	Paid By			
	xxxxxxxxxxxxxxx2567	Credit Care /Master(7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	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.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-136352

Date of Request:

22/08/2019

Your Ref No:

Online Purchase

Elite Automotive Pte Ltd 280 Woodlands Industrial Park E5 #01-17, Harvest@Woodlands Singapore 757322

Dear Sir/Madam.

Your Search Criteria:

Date of Accident:

19/08/2019

Place of Accident:

RIVERVALE LANE

Client Vehicle No:

GBH6287J

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You:

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date

[X] GIRO [] Cash [] Cheque



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-136355

Date of Request.

22/08/2019

Your Ref No:

Online Purchase

Elite Automotive Pte Ltd 280 Woodlands Industrial Park E5 #01-17, Harvest@Woodlands Singapore 757322

Dear Sir/Madam.

Date of Accident:

19/08/2019

Vehicle No:

GBH6287J

Place of Accident:

RIVERVALE LANE

Involving Vehicle No:

SHF610M

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHF610M	RIVERVALE LANE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (C	SST Indusive)			14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date

[X] GIRO [] Cash [] Cheque