

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Tuesday, 8 October 2019 3:18 PM
To: ADEADLI97@GMAIL.COM
Subject: ACCIDENT INVOLVING FBF 5332D(AXA) AND SHD 5266B ALONG/AT SERANGOON ROAD ON 18/09/2019

08 Oct 2019

Mr ADE ADLI PUTRA AZMAN

Dear Sirs/ Mdm

OUR REF : CC4/ASM19016684/K1pa3// S9M02165
YOUR REF : FBF5332D
ACCIDENT INVOLVING FBF 5332D(AXA) AND SHD 5266B ALONG/AT SERANGOON ROAD ON 18/09/2019

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 SHD5266B 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.

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

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 chewht@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 to confirm that the driver is allow to drive the vehicle.
- 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 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 us at 6742 3197 or email us at chewht@lkkauto.com.

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)

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

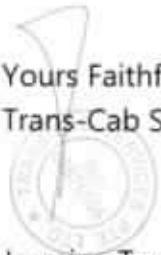
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHD5266B and FBF5332D along SERANGOON ROAD on 18/09/19 07:50 PM.

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 30 (day) of September 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



AA01909-173

AXA THIRD PARTY DIRECT SETTLEMENT

Vehide No:	FBF 5332D	(Insd veh)	Model: TOYOTA PRIUS
	SHD 5288B	(TP veh)	
Date of Accident/Time:	18/09/2019		

Repair Estimate	\$ 26,501.14	
Final Repair Cost (WITH GST)	\$ 2,608.16	
Loss of Use	\$ -	days at \$ per day
Rental (if any)	\$ 453.60	4 days at \$113.40 per day
LTA / GIA Search Fee	\$ 7.45	
Others:	\$	
	\$	
Final Settlement Sum	\$ 3,069.21	

Payee Name : TRANS-CAB AUTO SERVICES PTE LTD

Is Third Party Workshop GIA Registered? YES 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/authorized 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.

#		for
Signature of workshop representative / Workshop stamp	Signature of Witness / Workshop stamp (if applicable)	
Name of Representative: <u>N6 WA1 YIN</u>	Name of Witness: <u>Amanda Tan</u>	
Date: <u>18 NOV 2019</u>	Date: <u>18/11/2019</u>	
<u>AWK</u>		
Signature of AXA's surveyor/representative		
Name of AXA's surveyor / Representative		
Date: <u>20/11/19</u>		

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

30 September, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 18/09/19 07:50 PM at SERANGOON 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. SHD5266B. The taxi was hired to TEO KOK LEONG 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

18-09-2019

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.	AAD1909-173		Accident Date 18-09-2019
9/18/2019 19:50	9/23/2019 14:00	SHD52668	

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

> Back to OneMotoring



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

Print Date/Time : 19 Sep 2019 / 11:57:20

Receipt Date/Time : 19 Sep 2019 / 11:57:20

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190919-001092

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 - FBF5332D As at 18 Sep 2019/19:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - FBF5332D Enquiry Fee 20190919115517378708	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SGW213Z As at 18 Sep 2019/19:05:00 Insurance Co: NTUC INCOME INS CO-OP LTD				
2	Insurance Enquiry - SGW213Z Enquiry Fee 20190919115517436919	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - GBH9918C As at 18 Sep 2019/19:30:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
3	Insurance Enquiry - GBH9918C Enquiry Fee 20190919115517494124	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - FBP6489B As at 18 Sep 2019/12:15:00 Insurance Co: AXA INSURANCE PTE LTD				
4	Insurance Enquiry - FBP6489B Enquiry Fee 20190919115517550449	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - PC1294G As at 17 Sep 2019/20:35:00 Insurance Co: LIBERTY INS P L				
5	Insurance Enquiry - PC1294G Enquiry Fee 20190919115517626879	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		35.00	2.45	37.45
Rounding Difference				0.00
Total Amount Payable				37.45

Paid By

xxxxxxxxxxxx8127

Credit Card:
Visa/MasterCard

37.45

Total

37.45

Cash Change

0.00

	Receipt	
Tendered Amount		37.45
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.

[Print Receipt](#)

[OK](#)

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