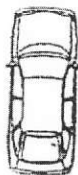


INS. CASE OWNER: Valle oh

CC3/AXA130 13 412 / K 12 y3

LKK:
IDAC:**ASSIGNMENT**Surveyor: KennethDOI: 24.7.13Assg Date: 24.7.13

Pre-assign / CCU / FTE

Insured Vehicle No.: SL 7912 RClaim No.: 0076628Name of Insured: Shanti Kant Poo Hari Singh BajwaPolicy No.: P0735858Insured Tel No.: HP: 9616 1676Make / Model: HondaExcess Sec II: SS X D.O.A: 22.7.13Place of Accident: Rocher Canal Road Towards qhar Road

Is driver the owner? (YES / NO) Nature of Accident:

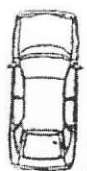
If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO Insured Liability:

% Final ? Yes / No



SHD 5264 G

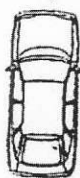
INSRS:

WSP: Trans-cab

Tel:

Liability:

RMKS:



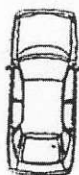
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

7/10

VIC

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number: Insurance Company:

SHD 5264 G - X

SL 7912 R - CC6/AXA1100784/wh3p2XX DOA: 4.10.11

DOWN.

01-11-13

LIABILITY IS LIKELY BASED ON DAMAGED PROFILE BUT O/I STATEMENT IS NOT CLEARLY STATED THE SCENARIO OF ACCDT. TO CONFIRM AGAIN WITH O/I WHO WAS SHIFTING TOWARDS LEFT LANE INTENDING TO HEAD STRAIGHT AND GRAZED BY TAXI TRAVELLING ON 2ND LANE

09/12/13 @ 3:22 PM

OPENED TO OI. SHE CONFIRMED ACCIDENT DETAILS AND WAS TRAVELLING LEFT IN WHITE ALMOST COMPLETE TP SPEED OFF IN HIT HER CAR. NO COV/EVIDENCE. SHE ONLY TOOK PHOTOS OF DAMAGES. INFORMED TP CLAIM & LIABILITY RMKS. OI STRONGLY DISPUTED LIABILITY & DOESN'T WANT TO SETTLE EVER AT 50/50. SHE DOESN'T WANT HER NCD TO BE AFFECTED. REPLIED AXA EMAIL.

25/12/13 @ 3:30 PM

OI CALLED IN. INFORMED TP CLAIM WHERE SHE UNDERSTANDS BUT STILL DISPUTED ON LIABILITY. OI WANTS TO KNOW FINAL AMOUNT. POTENTIAL DISPUTE.

07/05/14

SEND EMAIL TO AXA FOR INSTRUCTION.

10/05/14

EMAIL FROM AXA TO RESPECT TP CLAIM. TO CLOSE CASE.

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler Typist

OI Apt Ltr:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

LTA / GIA:

Medical Bill:

Approval Email: WARRANT

Payment Breakdown Form:

Others:

FINAL SETTLEMENTDate: 20/03/2020Confirm with WAI YIN (CHECKER TP CLAIM)Repair Cost: (w/gst) SS 1,872.50Final Liability 100 % (Agreed / Assessed)BOLA S/N No.: NILLoss of Rental: SS 288.90 (3 days) x \$96.30

If NO or B 28, Ass. Lia:

Loss of Income SS 150.00 (\$50 x 3 days)COI 2000000Disbursement: LTA SS 6.00TP VIDEO INTotal: SS 2,317.40 Global Sum: SS 2,300.00

20.5.14 file pass to typist to close

"\$2,300.00 PAYMENT TO TRANS-CAB AUTO SERVICES PTE LTD"

REFERENCE NUMBER	C03 / AXA / 3013412 / Kna3
DATE / TIME	ACTIONS / REMARKS
	- RE-OPEN CASE
17/03/2020	- AXA APPROVED MANDATE
20/03/2020	- SEND 1ST OFFER TO TP.
26/03/2020	- EN IN. TP ACCEPTED OFFER. - ALL DOCS IN ORDER - TO CLOSE

REF:

AXA/

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tans Cab

of _____

Insured: _____

Policy No. _____

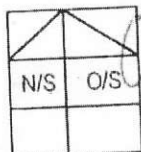
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) _____

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD5264G Regn: 03, 10

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Wish c.c. 1987Colour: Red A/C. Insured / Std / NI / NASp. Reading 386915 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT DGT 20W 805001962Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: Falken 195/65R15R: Westlight

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 3 mmL/Bal. 7 mm L/Bal. 3 mmD.O.A. 22/7/13 D.O.I. 24/7/13

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Frt 24/6

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

22/9/14 61 Bp @ 1730L Car Insured Termine (3X 96-30 +150)
(RED: \$ 10,953.00 20%)

COR WGST: \$ 1272.50

LOR \$ 288.90

LOI 150.00

LTA 6.00

\$ 2317.40

Date/Time, File Pass to?

Date/Time, File Return to?

1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

Preli. Report.

Final Report:

TOTAL
LOSSKIV FOR
LOD

Survey Fee:

Date:

Basic & Add.

S + RS. SI

Photos

Others

TOTAL

TRANS-CAB AUTO SERVICES PTE LTD
 NO 42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
 SHD 5264G -

Not Authorised Andrea
61 Sing & 1750p

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHD 5264G - Andrea
 JTDGJ20WX805001962*
 TOYOTA
 WISH 2.0 BI-FUEL
 22.07.2013
 AXA

		PART		LIST
1	1	Front Bumper	\$	R 585.36 ✓
2	1	Front Bumper Retainer RH	\$	Sm 74.50 X
3	1	Front Fender RH	\$	As 837.60 ✓
4	1	Front Fender Liner	\$	CM 369.14 ✓
5	1	Front side rocker panel garnish RH	\$	Sm 614.28 X
6	1	Front Door RH	\$	R 1,554.00 X
7	1	Front Side View Mirror RH	\$	Sm 874.43 X
			TOTAL \$	4,909.31
			10% \$	490.93
			25% \$	4,418.38

100 100
 90 75

Specical Nett

1 Set	Front Bumper Fastener Clip	\$	nn 20.00 X
1	CNG Sticker	\$	nn 15.00 ✓
4	Front Fender Liner Clip RH	\$	nn 30.00 ✓
1	Front Tyre	\$	Lot 180.00 701mm
1	Front Tyre Rim	\$	61P 120.00 501mm

TOTAL \$ 365.00

TOTAL PARTS \$ 4,783.38

Panel Beating, Knocking And Straightening
 The Necessary Portion, Remove And
 Renewal Of Parts, Adjust And Realign The
 same

\$ 2,240.00 400p

Labour charge to mount and dismount
 vehicle on jig bench, to facilitate repair.

\$ nn 380.00 X

TRANS-CAB AUTO SERVICES PTE LTD
 NO 42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
 SHD 5264G -

LKK Auto Consultants here
the Repairer of the following:
 • To resurvey before/after spray painting
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Andrea

To apply paint protection system (PPS) maintain and enhancement

Acknowledged by Repairer

Signature: \$

Date:

380.00 X

To check ABS brake efficiency, final checking and testing.

\$

380.00 X

To dismantle and refit front end suspension, undercarriage parts, final checking and testing.

\$

380.00 X

To pull and jack out chassis frame and correct it to symmetrical position with the aid of hydraulic pneumatic jack.

\$

380.00 X

To transfer of door fittings, attachment and perform water seepage test.

\$

170.00 X

To Rust-Proofing Of The Affected Areas.

\$

220.00 30%

To Remove And Refit Interior Fittings, Trimings, Garnish, Fittings And Other, To Enable Repair.

\$

380.00 X

Putty And Spray Painting Of The Affected Portion.

\$

2,160.00 54%

To Check Electrical Lighting Concerned.

\$

120.00 15%

To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.

\$

170.00 X

To transfer of door fittings, attachment and perform water seepage test.

\$

170.00 X

To check steering geometry and computer wheel alignment

\$

220.00 60%

To transfer of tire, rim and on wheel balancing.

\$

170.00 20%

TRANS-CAB AUTO SERVICES PTE LTD
NO 42 SUNGEI KADUT ST 1 SINGAPORE 729346
TEL NO.6287 6666 FAX NO.6366 8862
CO/GST REG NO.201019626G
SHD 5264G -

Andrea

TOTAL \$ 7,920.00

Over All Total \$ 12,703.38

REPAIR DAYS

~~6~~ DAYS

3 days

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/07/2013 15:41
Date Of Accident	22/07/2013 08:50
Exact Location Of Accident	SUNGEI ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5264G
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-2.0 BI-FUEL (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH
Cover Note Number	

Driver

Name of Driver	TEO TECK HIN
NRIC No	S1467329F
Date Of Birth	11/02/1961
Occupation	Outdoor
Date Of Driving Pass	20/03/1981
Driving Experience	32 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-91608783
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLOCK 557 ANG MO KIO AVENUE 10 #13-1870
Postcode	560557
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Collision- Change/cross lane
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? Yes

Details of Police Action

Was the accident reported to the police? No
If Yes, Please state which Police Station
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

ON 22.07.2013 AT ABOUT 0852HRS, I WAS AT THE 2ND LANE (FROM LEFT) TRAVELING STRAIGHT ALONG SUNGEI ROAD WHEN SUDDENLY THERE'S A PRIVATE CAR - SJL7912R WHICH KEPT COMING TO MY LANE. I TRIED TO VEER TO MY LEFT HOWEVER I COULDN'T COMPLETE DO SO AS THERE ARE ONCOMING VEHICLES ON THE LEFT MOST LANE. THE PRIVATE CAR KEPT SQUEEZING TO MY LANE UNTIL SHE SCRATCH MY TAXI. THE DRIVER DID NOT IMMEDIATELY STOP AFTER THE CONTACT AND LUCKILY I SAW HER STOPPED AFTER THE TRAFFIC LIGHT. VEHICLE A - 1 MALE 1 FEMALE VEHICLE B - 1 FEMALE

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL7912R
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver SHANTI KAUR D/O HARI SINGH BAJWA MRS. NELSON SHANTI
NRIC/Passport Number S0048644B
Contact Number
Address BLOCK 144 BISHAN STREET 12
#07-538
Postcode 570144
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

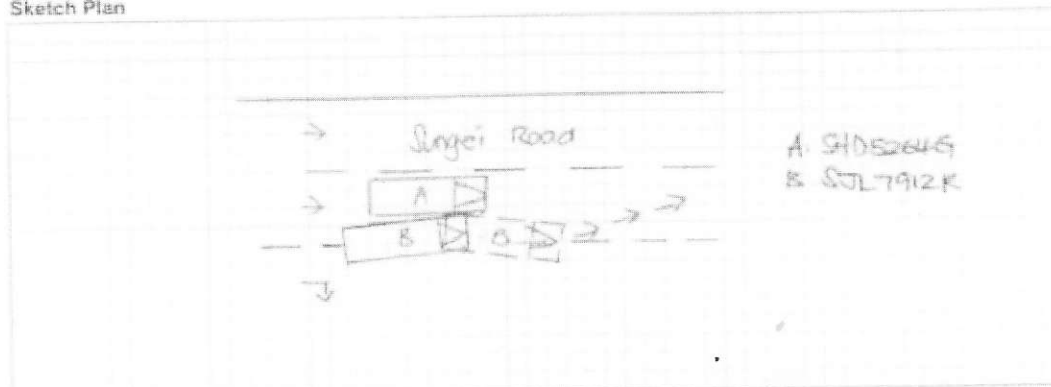
Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Sketch Plan



Describe Circumstances of the Accident

Refer to GIA Report

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/10/2013 16:04
Date Of Accident	22/07/2013 08:55
Exact Location Of Accident	ROCHOR CANAL ROAD TOWARDS OPHIR ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7912R
Insured/Policyholder	
Name Of Registered Owner	SHANTI KAUR D/O HARI SINGH BAJWA
NRIC No	S0048644B

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P0735858
Cover Note Number	

Driver

Name of Driver	SHANTI KAUR D/O HARI SINGH BAJWA
NRIC No	S0048644B
Date Of Birth	16/01/1949
Occupation	Indoor
Date Of Driving Pass	27/08/1979
Driving Experience	33 Years And 10 Months
Gender	Female
Mobile Number	(Local) +65-96161676
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLOCK 144 BISHAN STREET 12 #07-538
Postcode	570144
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bishan Neighbourhood Police Post
Police Station Address	ROAD: Blk 196 Bishan Street 13 , POSTCODE: 570196 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2589999 - FAX NO: 63536659
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACH SKETCH PLAN - THIRD PARTY DIRECT SETTLEMENT

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5264G
Vehicle Make/Model/Colour	TOYOTA/WISH/RED
Details Of Properties	
Name of Driver	TEOH TECK HIN
NRIC/Passport Number	S1467329F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

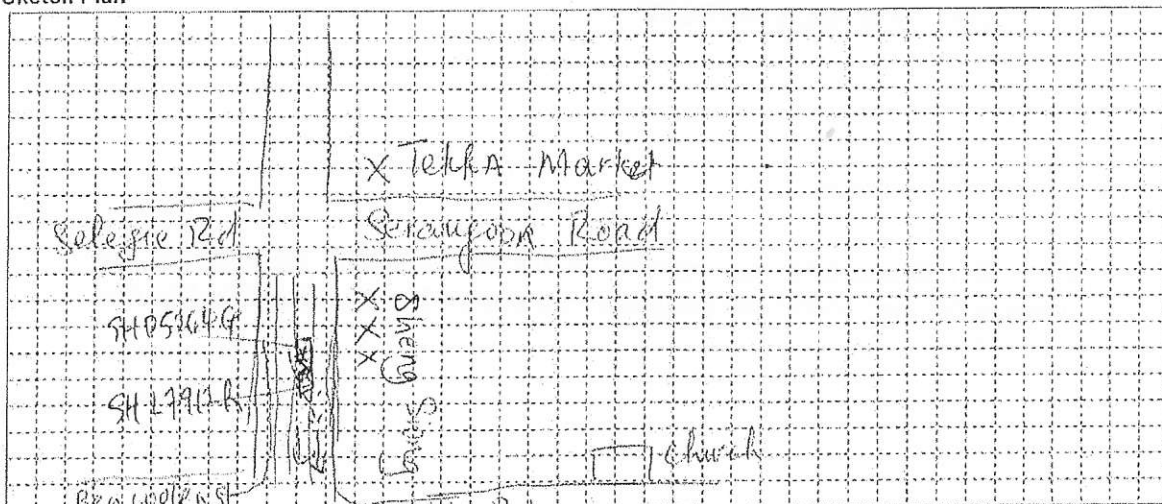
Vehicle No SJL 7912 RSKETCH PLAN

Annex D

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for Investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being available aforesaid.

NOTE: YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. FOR MORE INFORMATION, PLEASE REFER TO YOUR POLICY.

Sketch Plan

* * * Accident takes place on Ophir Rd
Describe Circumstances of the Accident

As I was driving along Rocher Canal Rd, I signal to enter into the turning lane that leads to Ophir Rd as I move and signal slowly, the red taxi, ~~led me in~~ giving space for my car to shift, but ~~as~~ I have not complete, the taxi drives I rammed into my rear ~~side~~ side.

Wef 150113

Declaration

I / We declare the foregoing particulars are true in every respect.

Policyholder's Signature /
Date & Time

Driver's Signature/ Date & Time
(If driver is not the policyholder)

Witnessed by Reporting
Centre Personnel

Annex D

NOTICE OF REPORTING

This is to confirm that Shanti Kaur D/O Hari Singh Bajwa, NRIC/FIN
S0048644B, has reported to the Police a non-injury traffic accident which
occurred at Rochor Canal Road towards Ophir Road
on 22/07/2013 at 0855hrs involving the following vehicles:

SJL7912R – My Vehicle

SHD5264G – Taxi Driver Particulars Are As Followed:

1) Teoh Teck Hin, S1467329F

2 If this accident was reported to the Police within 24 hours of its
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act,
Cap 276.

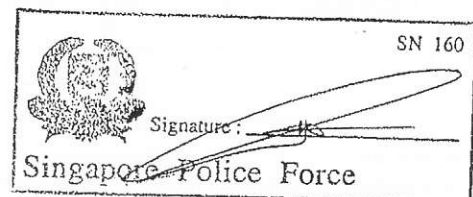
Rank/Name of Issuing Officer: CPL T120225 Linus Ho

Date: 02/10/2013 Time: 1315hrs

S/D Ref: 4

Police Post/Unit : Bishan NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police



BISHAN NPP
BLK 106 BISHAN STREET 13
SINGAPORE 570198
TEL: 1800-2589999

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 (S) PTE LTD ATTENTION:	INVOICE NO. : INV1308-124 DATE : 14. August 2013 REFERENCE NO : AAD1307-230 TERMS : DUE DATE : 14. August 2013 PAGE : 1
---	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	Repair Cost(lumpsum-13) SHD5264G DOA: 22.07.13	1	1,872.50	1,872.50

Total SGD Excl. GST : 1,750.00

7% GST : 122.50

**** ONE THOUSAND EIGHT HUNDRED SEVENTY TWO AND FIFTY SGD ONLY

Total SGD Incl. GST : 1,872.50

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



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 18/12/2019

Survey Details:

Date of loss	22-Jul-13
Date of appointment	24-Jul-13
Date of survey	24-Jul-13
Location of survey	TRANS-CAB AUTO SERVICES PTE LTD

Vehicle Details:

Claim Type:	Third party
Vehicle number	SHD 5264G
Make and Model	TOYOTA WISH (A)
Date of registration	.2010
Excess	
Market Value (est)	\$0.00
Parf Rebate (est)	\$0.00
Nett Loss (est)	\$0.00

Repair details:

Initial Estimate	\$ 12,703.38
------------------	--------------

Proposed/Revised repair cost:

Parts	\$ 1,070.05
Check items (estimate)	\$ -
Labour	\$ 1,065.00
Total	\$ 2,135.05
Lump Sum(if applicable)	\$ 1,750.00

Number of days for repair	<u>3 DAYS</u>
---------------------------	----------------------



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

We have not authorized repairs. It was reported that Insured vehicle was filtering lane when the collision occurred. TP video footage has already been provided. TP LOD IN.

Mandate:

Liability(TP)	100%	
Proposed Repair Cost	\$ 1,872.50	w/gst
Loss of Use	\$ -	no. of days
Loss of Rental	\$ 288.90	\$96.30 x 3 days
Loss of Income	\$ 150.00	\$50.00 x 3 days
LTA Search Fees	\$ 6.00	
Others (Medical Bills)	\$ -	
Proposed Total	\$ 2,317.40	
***TBC - To Be Confirmed		

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 : AAD1307-230

Your Ref : SJL7912R

Date : 22.November 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHD5264G AND SJL7912R ON 22/07/13 08:52 AM ALONG SUNGEI ROAD

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)	\$	1,872.50
2.	Loss of Rental for <u>3</u> days @ \$ <u>9630</u> per day	\$	288.90
3.	Loss of Income for <u>3</u> days @ \$ <u>100</u> per day	\$	300.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	2,467.40

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

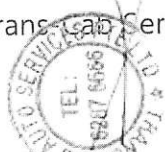
Authorization To Act

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)

Item Register - Quantity

Trans-Cab Services Pte Ltd

Friday, 22 November, 2019

Page 1

TRANSCAB

WORKING MONDAY

Item Register: No.: 1024428

Posting Date	Entry Type	Document No.	Item No.	Description	Quantity	Entry No.
Register No.	1024428					
01/10/19	Positive Adjmt.	WHSTK_CK	RLL011	LIPSEAL(BIG)	3	2372067
01/10/19	Positive Adjmt.	WHSTK_CK	RLC005	CRANKSHAFT PULLEY	20	2372068