



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AXA14006751/Kkb3
Policy No: P1014074

16 July 2014

SHAFIQ BIN MOHAMED YUNOS
BLK 352 UBI AVENUE 1
07-983
SINGAPORE 400352

Dear Sir/Madam,

ACCIDENT INVOLVING SGV 9321R AND SHB 7855Z ON 05/04/2014

We refer to the above accident where we are acting for AXA Insurance Singapore Pte Ltd (AXA) to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to proof that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by 25/07/2014, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Accordingly your No Claim Discount (NCD – if applicable) may not be preserved. However, if you are making a claim against third party and successful with 80% in your favor, our principal will re-instate your NCD.

Please call us if you have further queries.

Yours faithfully,

Rosey
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: roseynaing@lkkauto.com

c.c. *AXA Insurance Singapore Pte Ltd*
(Motor Claims Dept)



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SGV 9321R (Insd veh)	Model: CHEVROLET EPICA 2.0 (A)
	SHB 7855Z (TP veh)	
Date of Accident/ Time:	05/04/2014 23:40	

Repair Estimate	: \$	18,537.05	
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 (Global Sum)	: \$	2,000.00	
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: <u>Yes</u> / No BOLA Scenario No: <u>NIL</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>25</u> (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. 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.
3. 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.

Signature of workshop representative / Workshop stamp
Name of Representative: Jasmine Tan
Date: 24 APR 2020

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Amanda TAY
Date: 24/04/20

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 28/04/2020

TRANS-CAB AUTO SERVICES PTE LTD

No. 58 Defu Lane 1 Singapore 539498
Tel No. : 6287 6666 Fax No. : 6281 1400
Co./GST Reg. No. 201019626G

Our Ref : AAD1404-075

Your Ref : SGV 9321R

Date : 16 SEPTEMBER 2014

AXA INSURANCE (S) PTE LTD

GB Building
143 Cecil Street
Singapore 069542
Attention : Claims Department

Dear Sir / Madam

ACCIDENT INVOLVING SHB 7855Z AND SGV 9321R ON 5.4.2014 AT 2340HRS ALONG ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE

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)	:	\$ 7,650.50
2.	Loss of Rental for <u>6</u> days @ \$ <u>121.98</u> per day	:	\$ 731.88
3.	Loss of Income for _____ days @ \$ _____ per day	:	\$ 0
4.	LTA Search Fee	:	\$ 0
5.	Survey Fee	:	\$
TOTAL			: <u>\$ 8,382.38</u>

We enclose a copy of the following documents for your consideration :-

- | | | | |
|----|---------------------------------|----|---------------------------------|
| a. | GIA report lodged by our driver | d. | Rental rate and mileage records |
| b. | Certificate of Insurance | e. | Authorization To Act |
| c. | Original final repair bill | f. | 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 AUTO SERVICES PTE LTD

JASMINE TAN
General Manager
Tel No. : 6603 1250 (DID)
Email address : jasminetan@transcabservices.com.sg

Note : Please email any further correspondence to claims@transcabservices.com.sg.
(6389 6904)

8. April 2014

To Whom It May Concern

Dear Sir / Madam,

Accident on 05/04/14 11:40 PM at SLIP RD FROM BUKIT PANJANG RD TO BKE

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. SHB7855Z. The taxi was hired to GAY LAM SIN a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$121.98 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with First Capital Insurance 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

This is a computer generated print-out. No signature is required.

TIME
TO
355
100
353
111
223
400
2306
50
404.5
400
4015

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
3/2/14	Wm	102323	312	5 ⁰⁰	04
11/4/14	Wm	202583	209	4 ⁰⁰	40
11/4/14	Yeo Y.C.	202678	95	1640	2336
21/4/14	Wm	202937	259	4 ⁰⁰	40
21/4/14	Yeo Y.C.	203003	66	1630	2205
31/4/14	Wm	203315	312	6 ⁰⁰	00
3/4/14	Yeo Y.C.	203415	100	1615	2330
8/8/14	Wm	203008	233	9 ⁰⁰	106
4/4/14	Yeo Y.C.	203715	66	1630	2136
5/4/14	Wm	204002	304	4 ⁰⁰	50
5-4-14	Fun	204304	277	5 ⁰⁰	40

[illegible]

TRANS-CAB AUTO SERVICES PTE LTD

No. 42 Sungei Kadut Street 1 Singapore 729346

Tel: 6287 6666 Fax: 6281 1400

GST Reg No. : 201019626G

Co. Reg No. : 201019626G

Authorization to Act

I GAY LAM SIN (Hirer), 1154421/4 (NRIC no.) hereby authorize Trans-Cab Services Pte Ltd to act on my behalf to claim for my loss of earnings for the accident involving SHB7855Z and SGV9321R along ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE on 05/04/2014 at 23:40 hrs.

In addition, I also hereby authorize the above payment to be made in favour of Trans-Cab Auto Services Pte Ltd upon settlement.

Dated this 07 day of April 2014.


(Hirer's signature)

Name: _____

NRIC Number: _____

Address: _____

Enquire Vehicle & Owner Information (Vehicle No. SGV9321R As At 05 Apr 2014 / 23:40:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: TCS(ANDREA)SHB7855Z

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S8322376F
Owner Name: SHAFIQ BIN MOHAMED YUNOS
Registered Address Type: HDB / HUDC
Registered Block/House No.: 352
Registered Street Name: UBI AVENUE 1
Registered Unit No.: # 07 - 983
Registered Building Name: -
Registered Postal Code: 400352

Current Vehicle Details

Vehicle No.: SGV9321R
Make Description/Model: PROTON / GEN 21.3ATL
Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



Please read through the Privacy Statement, Terms of Use and Disclaimer.
Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution
Copyright © 2014 LTA | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#) | [Rate the Website](#)

LETTER OF DISCHARGE



We, Trans-cab Auto Services Pte Ltd (workshop), hereby agreed and confirmed that we are authorized by the owner of motor vehicle SHB 7855Z to accept the sum of \$ 4,200.00 (inclusive of inte alia, damages, interests, loss of use, costs and disbursements) from M/s LKK Auto Consultants Pte Ltd, the authorized surveyors of M/s AXA Singapore Pte Ltd, the Third Party's insurers on this matter.

This acceptance is in full and final settlement of any claim made against SGV 9321R pursuant to the road accident which occurred along ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE.

We, Trans-cab Auto Services Pte Ltd (workshop) are further authorized by the said owner that this settlement is reached on a strictly without prejudice basis on the part of M/s AXA Insurance Singapore Pte Ltd. And or their insured or other person or persons arising out of this said accident.

In consideration of the said payment by the said M/s AXA Singapore Pte Ltd, we, the said authorized workshop, shall fully discharge them from any further claim whatsoever in respect of the said accident.

We also declare that we are authorized by the said owner to receive the said settlement sum and hereby undertake to indemnify M/s AXA Insurance Pte Ltd, against any claim made or which may be made in respect of this matter.

For and on behalf of the owner of
(SHB 7855Z)
(workshop stamp and authorized signature)

For and on behalf of M/s AXA
Insurance Singapore Pte Ltd
(LKK stamp and authorized signature)

TRANS-CAB SERVICES PTE LTD

No. 58 Defu Lane 1 Singapore 539498
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 **SHB 7855Z** AND
SGV 9321R along **ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE**
on

5.4.2014 at **2340HRS.**

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 **SEPTEMBER 2014**

Yours faithfully
TRANS-CAB SERVICES PTE LTD



JASMINE TAN
General Manager

Khanchna (LKK Auto)

From: NG Stacey <stacey.ng@axa.com.sg>
Sent: Wednesday, April 22, 2020 12:47 PM
To: Khanchna (LKK Auto)
Cc: Admin A; ANG Yvonne
Subject: FW: MANDATE REQUEST - ACCIDENT INVOLVING SGV9321R (INSD - AXA : P1014074) & SHB7855Z ON 05/04/2014- C0308335/YA
Attachments: TP LOD.pdf; LKK Adjustment Report.pdf; LKK Inspection Report.pdf; LKK Survey Photos.pdf; Email from AXA dd19112014.pdf; MANDATE IA.pdf

Hi Khanchna

Please proceed.

Thanks.

Regards

Stacey Ng | Assistant Manager, Motor Claims Department
AXA Insurance Pte Ltd | 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 | www.axa.com.sg
Email: stacey.ng@axa.com.sg
Customer Care No. 1800 8804888



Please consider the environment before printing this message

This message is confidential. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

From: Khanchna (LKK Auto) <khanchna@lkkauto.com>
Sent: Wednesday, April 22, 2020 8:54 AM
To: NG Stacey <stacey.ng@axa.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: [EXTERNAL] MANDATE REQUEST - ACCIDENT INVOLVING SGV9321R (INSD - AXA : P1014074) & SHB7855Z ON 05/04/2014

Your Ref: P1014074

Our Ref : CC3/AXA14006751/Kka3s2-1

Dear Stacey,

ACCIDENT INVOLVING SGV9321R(INSD) & SHB7855Z ON 05/04/2014

Insured had recovered 80% from the insurer of third party.

Summary to offer to repairer "TRANS-CAB AUTO SERVICES PTE LTD" is as follows:

	Claimed Amount	Revised Amount
Cost of Repair (W/GST)	\$ 19,834.64	\$ 7,650.50
Loss of Rental (\$121.98 x 6 days)	\$ 731.88	\$ 731.88
TOTAL	\$ 20,566.52	\$ 8,382.38
20% ~ 25%		\$ 1,676.48 ~ 2,095.60

Enclosed here with all the relevant documents for your perusal.

For your approval please.

Thank you.

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,

Khanchna | Case Handler

LKK Auto Consultants Pte Ltd

DID: **6841 2360** | email: Khanchna@lkkauto.com | Fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Disclaimer-----

This message may contain confidential information intended solely for the use of the named addressee. If you are not the intended recipient, you should not read, use, disclose or reproduce the content of this message. If you have received this message by mistake, please notify the sender immediately. Any views or opinions presented in this message are solely those of the author and do not necessarily represent those of AXA Insurance Pte Ltd or any other entity of the AXA Group, unless otherwise stated by the sender and duly authorized by the said companies.

-----Disclaimer-----

This message may contain confidential information intended solely for the use of the named addressee. If you are not the intended recipient, you should not read, use, disclose or reproduce the content of this message. If you have received this message by mistake, please notify the sender immediately. Any views or opinions presented in this message are solely those of the author and do not necessarily represent those of AXA Insurance Pte Ltd or any other entity of the AXA Group, unless otherwise stated by the sender and duly authorized by the said companies.

This message is confidential; its contents do not constitute a commitment by AXA except where provided for in a written agreement between you and AXA. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.