



Auto
Consultants
Pte Ltd

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

15 DECEMBER 2016

MUHAMMAD ZULFADHLI BIN LAMRALY
BLK 350 TAMPINES ST 33
#02-440
SINGAPORE 520350

Dear Sir/Madam,

OUR REF : CC3/AXA16007699/Kwb3
YOUR REF : FX 7389K
ACCIDENT INVOLVING FX 7389K AND SHC 5308U ALONG TAMPINES STREET 33
ON 22.04.2016

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHC 5308U against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability may be equally shared between both parties due to conflicting versions without any concrete evidences to support each version.

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 NurSyafiqah@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)
- 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)



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- 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 6256 3561 or email us at NurSyafiqah@lkkauto.com.

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

Yours sincerely

Syaf
Case Handler
DID: 6749 5792
FAX: 6741 4108
Email: NurSyafiqah@lkkauto.com

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

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 SHC5308U and FX7389K along TAMPINES STREET 33 on 22/04/16 11:00 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 20 (day) of April 2020

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager





AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	FX 7389K (Insd veh)	Model: RENAULT LATITUDE
	SHC 5308U (TP veh)	
Date of Accident/ Time:	22/04/2016	

Repair Estimate	: \$	19,518.48	
Final Repair Cost	: \$	1,571.77	(W/GST)
Loss of use /INCOME	: \$	100.00	4 days at \$50.00 per day
Rental (if any)	: \$	256.80	4 days at \$128.40 per day
LTA / GIA Search Fee	: \$	6.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,934.57	
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>NIL</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>50</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: <u>Amanda Tay</u> Date: <u>23/04/20</u>  	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Jasmine Tan</u> Date: <u>24 APR 2020</u>
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>06/07/2020</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**

TO: AXA INSURANCE (S) PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1606-143 DATE : 27. June 2016 REFERENCE NO : AAD1604-258 TERMS : DUE DATE : 27. June 2016 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5308U;DOA 22.04.16(PART-BY-PART-16)	1	3,143.54	3,143.54

Total SGD Excl. GST : 2,937.89
7% GST : 205.65
Total SGD Incl. GST : 3,143.54

****** THREE THOUSAND ONE HUNDRED FORTY THREE AND FIFTY FOUR 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

20 April, 2020

To Whom It May Concern

Dear Sir / Madam,

Accident on 22/04/16 11:00 PM at TAMPINES STREET 33

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. SHC5308U. The taxi was hired to YEE SUM SWEE a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$128.4 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

JOSEPH GAY & COMPANY
ADVOCATES & SOLICITORS
UEN 53131273M GST Reg No. : M90367664A

GAY THUAN EWE JOSEPH MICHAEL
SEO YONG CHERN

151 CHIN SWEE ROAD
#02-16 MANHATTAN HOUSE
SINGAPORE 169876
TEL: 65355878 (3 LIN ES)
FAX: 65336286
Email: joegayco@gmail.com
OFFICE HOURS : 9 AM TO 6 PM (MON - FRI)

Item	3rd Party Veh	DOA	Time (hrs)	Amt (\$)	File rec'd	TCS staff	TCS taxi	Remarks
51	SGM1001P	11-04-16	2330	6		CandyKong	SHD287Z	
52	SGN3744K	12-04-16	1020	6		Roel	SHD9735M	
53	GX9192K	12-04-16	1830	6		Roel	SHD9159B	
54	SKX6335M	12-04-16	1730	6		CandyKong	SHD9623C	
55	YM8143D	12-04-16	1640	6		Roel	SHD9901A	
56	SLA1976E	13-04-16	0650	6		CandyKong	SHC5963C	
57	SGN3304Y	13-04-16	0839	6		CandyKong	SHB7979A	
58	GQ4458P	14-04-16	0935	6		CandyKong	SHB9995P	
59	SCH6767D	13-04-16	2205	6		CandyKong	SHD548X	
60	FBG8156X	15-04-16	0840	6		CandyKong	SHC5937D	
61	GBC3602J	14-04-16	1815	6		CandyKong	SHC5938G	
62	GBC6272C	14-04-16	1200	6		CandyKong	SHC5071B	
63	SGQ9487Y	14-04-16	1750	6		Roel	SHB9893A	
64	YL1058T	15-04-16	1000	6		Roel	SHD5541G	
65	GZ6834B	15-04-16	1620	6		Roel	SHC5536T	
66	XE979R	15-04-16	2125	6		CandyKong	SHB9516C	
67	SJP7962A	15-04-16	1720	6		Roel	SHD792G	
68	SKX546K	15-04-16	2110	6		Roel	SHD5782C	
69	SJM8196G	15-04-16	2305	6		Roel	SHD9762J	
70	SJF9908Y	16-04-16	1220	6		CandyKong	SHB7912S	
71	SDW7711S	17-04-16	1515	6		CandyKong	SHD9492M	
72	SCX1717Y	17-04-16	2115	6		CandyKong	SHC5035G	
73	SKT1816X	17-04-16	1305	6		CandyKong	SHB9594M	
74	GZ686B	18-04-16	1340	6		Roel	SHD9989Y	
75	SFN9618P	18-04-16	1340	6		Roel	SHF510T	
76	YL2848Z	16-04-16	0400	6		Roel	SHD5616A	
77	SGV4017C	15-04-16	2130	6		CandyKong	SHD5572S	
78	SKD1524Y	18-04-16	1745	6		Roel	SHD5958M	
79	SJA9350D	18-04-16	1920	6		CandyKong	SHD5755G	
80	SKZ1200R	19-04-16	1145	6		CandyKong	SHD5294U	
81	SGK3629B	19-04-16	1025	6		CandyKong	SHB9957A	
82	SKV1210H	19-04-16	0930	6		Roel	SHD9216U	
83	GBC7977X	20-04-16	0945	6		CandyKong	SHB9922A	
84	SJA768U	17-04-16	1345	6		Roel	SHD9271J	
85	GY5140G	19-04-16	1810	6		CandyKong	SHD9200P	
86	XE496S	20-04-16	1615	6		Roel	SHD890S	
87	SGP370P	19-04-16	1422	6		Roel	SHD5484M	
88	SJG5013A	21-04-16	0915	6		CandyKong	SHD9885M	
89	SGT2323S	21-04-16	1145	6		Roel	SHD123M	
90	SGH9195L	21-04-16	1745	6		Roel	SHD5512R	
91	SKZ5699J	22-04-16	0800	6		CandyKong	SHC5537A	
92	GBB3110L	21-04-16	1745	6		Roel	SHD5512R	
93	SJW7255X	22-04-16	0755	6		CandyKong	SHD977R	
94	FV408X	21-04-16	2130	6		CandyKong	SHD9554T	
95	SKR8688M	21-04-16	0850	6		Roel	SHC5313D	
96	GRF4517A	22-04-16	2020	6		Roel	SHB9922A	
97	FX7389K	22-04-16	2300	6		CandyKong	SHC5308U	
98	SGE8701E	21-04-16	0800	6		CandyKong	SHD9778M	
99	SJH8893R	24-04-16	1235	6		CandyKong	SHD5465T	
100	SJX2443Y	23-04-16	1605	6		CandyKong	SHB7743M	

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

22-04-2016

Dear Sir/Madam,

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

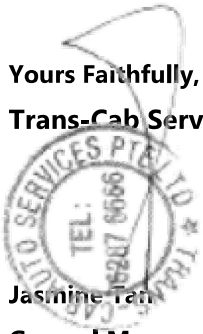
Date In	Date Out	Vehicle No.
Accident No.	AAD1604-258	Accident Date 22-04-2016
23/4/2016 13:30	27/4/2016 14:00	SHC5308U

Yours Faithfully,

Trans-Cab Services Pte Ltd

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

Our Ref : AAD1604-258

Your Ref : FX7389K

Date : 13.April 2020

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5308U AND FX7389K ON 22/04/16 11:00 PM ALONG TAMPINES STREET 33

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)	\$	3,143.54
2.	Loss of Rental for <u>4</u> days @ \$ <u>128.40</u> per day	\$	513.60
3.	Loss of Income for <u>4</u> days @ \$ <u>50.00</u> per day	\$	200.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	3,863.14

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)