



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKA 9716Z (Insd veh)	Model: TOYOTA CROWN
	SHB 7537S (TP veh)	
Date of Accident/ Time:	15/05/2011	

Repair Estimate	: \$		
Final Repair Cost	: \$	1,177.00	(W/GST)
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$	243.96	3 days at \$81.32 per day
LTA / GIA Search Fee	: \$	6.00	
Others:	: \$		
Final Settlement Sum	: \$	1,426.96	
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>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/TORTEASOR 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/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:  

Signature of Witness / Workshop stamp (if applicable): 

Name of Representative: _____ Name of Witness: Ananda Tay

Date: 06/05/2020 Date: 06/05/20

Signature of AXA's surveyor/representative: _____

Name of AXA's surveyor /Representative: _____

Date: 08/05/2020



TRANS-CAB AUTO SERVICES PTE LTD

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

Our Reference : AAD1105-0144

Your Reference : SKA9716Z

Date : 22 NOV 2011

AXA INSURANCE (S) PTE LTD
GB Building
143 Cecil Street
Singapore 069542
Attention : Claims Department

WITHOUT PREJUDICE
BY HAND

Dear Sir / Madam

ACCIDENT INVOLVING SHB 7537S AND SKA9716Z

ON 15/5/11 AT 1035 hrs ALONG Fort Canning 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 7% GST)	:	\$	<u>1177.00</u>
2.	Loss of Rental for <u>3</u> days @ \$ <u>81.32</u> per day	:	\$	<u>243.96</u>
3.	Loss of Income for _____ days @ \$_____ per day	:	\$	_____
4.	LTA Search	:	\$	<u>6.00</u>
5.	Survey Fee	:	\$	_____
TOTAL		:	\$	<u>1426.96</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 |

Kindly let us have your 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 : 6603 1250 (DID)

Mobile : 9369 1265

Email address : jasminetan@transcabservices.com.sg

Note : Please include my staffs email for any future correspondence.
Andrea.g@transcabservices.com.sg (6603 1260)

Trans-Cab Auto Services P. Ltd

No. 58 Defu Lane 1

Tel: 6287 6666

Fax: 6287 1400

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

Tax Invoice

TO: AXA INSURANCE (S) PTE LTD	INVOICE NO. : INV1111-0041 DATE : 10. November 2011 PO NO. : AAD1105-0144 TERMS : DUE DATE : 10. November 2011 PAGE : 1
ATTENTION:	

NO.	CODE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR COST[LUMP SUM]-SHB7537S;DOA 15.5.11	1	1,177.00	1,177.00
		DISBURSEMENTS [NOT SUBJECTED TO GST]			
2.	7050204	X LTA Search Fee-SHB7537S;DOA 15.5.11	1	6.00	6.00

Total SGD Excl. GST : 1,106.00

GST Amount : 77.00

**** ONE THOUSAND ONE HUNDRED EIGHTY THREE AND 0/100 SGD

Total SGD Incl. GST : 1,183.00

1) All cheques should be crossed and made payable to "Trans-Cab Auto Services P. Ltd"

2) Please quote our Invoice Number during payment.

3) We reserve the right to change 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 falling which it shall be deemed to have been unconditionally accepted.

E.& O. E.

THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE



得運私人有限公司

TRANS-CAB SERVICES PTE LTD

Co. Reg. No: 200308876K

16. May 2011

To Whom It May Concern

Dear Sir / Madam,

Accident on 15/05/11 10:35 AM at Fort Canning 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. SHB7537S. The taxi was hired to WONG PAK KIONG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$81.32 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.

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 SHB7537S and SKA9716Z along Fort Canning Road on 15-05-11 10:35 AM.

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 18 (day) of September 2017

Yours Faithfully

Trans-cab Services Pte Ltd



Jasmine Tan

General Manager

TRANS cab

SHB

No. 007673

[illegible]

Enquire Vehicle & Owner Information (Vehicle No. SKA9716Z As At 15 May 2011 / 10:35:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(LIDAN)SHB7537S

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S8023885D

Owner Name: KOH PENG HUI (XU BINGHUI)

Registered Address Type: HDB / HUDC

Registered Block/House No.: 525

Registered Street Name: BEDOK NORTH STREET 3

Registered Unit No.: # 13 - 446

Registered Building Name: -

Registered Postal Code: 460525

Current Vehicle Details

Vehicle No.: SKA9716Z

Make Description/Model: TOYOTA / MARK X 2.5 A

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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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, 800 X 600 resolution
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Cecilia Chong (LKK Auto)

From: NG Stacey <stacey.ng@axa.com.sg>
Sent: Tuesday, 5 May 2020 11:29 AM
To: Cecilia Chong (LKK Auto)
Cc: CHAN Kian Chuan
Subject: FW: OUR REF: CC3/AXA11009124/Kga3q2-1 *** ACCIDENT INVOLVING SKA 9716Z & SHB 7537S ON 15/05/2011 - C0204816
Attachments: ADJUSTMENT REPORT.pdf; Estimated.pdf; LKK INSPECTION REPORT.pdf; LOD AND OTHER DOCUMENTS.pdf; MANDATE IA DD 04052020.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Hi Cecilia

Approved. Please proceed.

Thanks.

Regards

Stacey Ng | 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

We remain available to serve you during the circuit breaker period. For AXA's COVID-19 updates & initiatives, please visit <https://www.axa.com.sg/covid-19-updates>.

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: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>
Sent: Monday, May 4, 2020 11:06 AM
To: NG Stacey <stacey.ng@axa.com.sg>
Subject: [EXTERNAL] OUR REF: CC3/AXA11009124/Kga3q2-1 *** ACCIDENT INVOLVING SKA 9716Z & SHB 7537S ON 15/05/2011

Dear Stacey,

Kindly refer to attached for the supp documents and let us have your mandate approval soon.

Lkk survey photos will email to you in the next email.

Thanks



Auto
Consultants
Pte Ltd

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

Our ref: CC3/AXA11009124/Krf3
AXA Policy No: P1053145

07/06/2013

KOH PENG HUI
Block 105 Towner Road
#07-394
Singapore 321105

Dear Sir/Madam,

ACCIDENT INVOLVING SKA 9716Z & SHB 7537S ON 15/05/2011

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.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Accordingly your No Claim Discount (NCD – if applicable) may not be preserved.

Please call us if you have further queries.

Yours faithfully,

Zayer
DID: 6749 9635
FAX: 6741 4108
Email: zayer@lkkauto.com

Case Handler

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