

**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 : AAD1605-310

Your Ref : EX999H

Date : 11.January 2019

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5956Z AND EX999H ON 24/05/16 09:20 AM ALONG Toh Tuck Link**

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)                        | \$ | 2,656.74 |
| 2. | Loss of Rental for <u>5</u> days @ \$ <u>132.88</u> per day | \$ | 663.40   |
| 3. | Loss of Income for <u>5</u> days @ \$ <u>50</u> per day     | \$ | 250.00   |
| 4. | LTA Search Fee                                              | \$ | 6.00     |
| 5. | Survey Fee                                                  | \$ | 0.00     |
|    | Total                                                       | \$ | 3,576.14 |

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)

**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 SHC5956Z and EX999H along Toh Tuck Link on 24/05/16 09:20 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 11 (day) of January 2019

Yours Faithfully  
Trans-Cab Services Pte Ltd



Jasmine Tan  
General Manager



1605-310

## AXA THIRD PARTY DIRECT SETTLEMENT

|                         |                   |                                      |
|-------------------------|-------------------|--------------------------------------|
| Vehicle No:             | EX999H (Insd veh) | Model: RENAULT LATITUDE, 2.0 dCi (A) |
|                         | SHC5956Z (TP veh) |                                      |
| Date of Accident/ Time: | 24/05/2016 09:20  |                                      |

|                                                                                                      |                                  |                                                              |                    |
|------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|--------------------|
| Repair Estimate                                                                                      | : \$                             |                                                              |                    |
| 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                                                                                 | : \$                             | 1,650.00                                                     | (Global Sum)       |
| 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: <del>Yes</del> / No BOLA Scenario No: _____ |                    |
|                                                                                                      | 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:

- 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/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.

|                                                                                                                                                                                                                       |                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>Signature of workshop representative / Workshop stamp<br>Name of Representative: <u>NG WAI YIN</u><br>Date: <u>05 OCT 2020</u> | <br>Signature of Witness / Workshop stamp (if applicable)<br>Name of Witness: <u>Amanda Tay</u><br>Date: <u>05/10/20</u> |
| <br>Signature of AXA's surveyor/representative:<br>Name of AXA's surveyor /Representative:<br>Date: <u>08/10/2020</u>              | <br>                                                                                                                     |

**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**

|                                                                                                                           |                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TO:</b><br><b>AXA INSURANCE (S) PTE LTD</b><br>8 SHENTON WAY,#27-01<br>AXA TOWER<br>068811 SINGAPORE<br><br>ATTENTION: | <b>INVOICE NO.</b> : INV1607-081<br><b>DATE</b> : 15. July 2016<br><b>REFERENCE NO</b> : AAD1605-310<br><b>TERMS</b> :<br><b>DUE DATE</b> : 15. July 2016<br><b>PAGE</b> : 1 |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| NO. | CODE    | DESCRIPTION                                   | QTY | UNIT PRICE | AMOUNT   |
|-----|---------|-----------------------------------------------|-----|------------|----------|
| 1.  | 6050101 | REPAIR-SHC5956Z;DOA 24.05.16(PART-BY-PART-16) | 1   | 2,656.74   | 2,656.74 |

**Total SGD Excl. GST :** 2,482.93**7% GST :** 173.81**Total SGD Incl. GST :** 2,656.74

\*\*\*\* TWO THOUSAND SIX HUNDRED FIFTY SIX AND SEVENTY 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

11 January, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 24/05/16 09:20 AM at Toh Tuck Link

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. SHC5956Z. The taxi was hired to TJOENG JOHNNIE 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

**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

24-05-2016

Dear Sir/Madam,

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

| Date In             | Date Out        | Vehicle No.                     |
|---------------------|-----------------|---------------------------------|
| <b>Accident No.</b> | AAD1605-310     | <b>Accident Date</b> 24-05-2016 |
| 26/5/2016 09:45     | 30/5/2016 12:30 | SHC5956Z                        |



**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

**Enquire Vehicle & Owner Information ( Vehicle No. EX999H As At 24 May 2016 / 09:20:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHC5956Z

**Current Owner Details**

Owner ID Type: Singapore NRIC

Owner ID: S1805433G

Owner Name: LEE BOON KEAT

Registered Address Type: HDB / HUDC

Registered Block/House No.: 791

Registered Street Name: CHOA CHU KANG NORTH 6

Registered Unit No.: # 04 - 258

Registered Building Name: -

Registered Postal Code: 680791

**Current Vehicle Details**

Vehicle No.: EX999H

Make Description/Model: MITSUBISHI / LANCER 2.0L MIVEC GLS 6-CVT

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Auto  
Consultants  
Pte Ltd

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

3 AUGUST 2016

**LEE BOON KEAT  
21 LORONG 3 TOA PAYOH  
#19-01  
SINGAPORE 319581**

Dear Sir/Madam,

**OUR REF : CC3/AXA16009808/Khg3  
YOUR REF : EX 999H  
ACCIDENT INVOLVING EX 999H AND SHC 5956Z ALONG TOH TUCK ROAD ON  
24.05.2016**

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 5956Z 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](mailto: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)



Auto  
Consultants  
Pte Ltd

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

- 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](mailto: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](mailto:NurSyafiqah@lkkauto.com)

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