

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6287 7764

Co./GST Reg. No. 200303878K

Our Ref : AAD1605-071

Your Ref : SKP4291K

Date : 21.March 2022

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHF0710H AND SKP4291K ON 04/05/16 02:45 PM ALONG EUNOS 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)	\$	658.05
2.	Loss of Rental for <u>5</u> days @ \$ <u>132.69</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	\$	1,577.45

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. 6287 7764

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 SHF0710H and SKP4291K along EUNOS LINK on 04/05/16 02:45 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 10 (day) of June 2022

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan
General Manager



1605-071

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKP 4291K / (Insd veh)	Model: RENAULT LATITUDE
	SHF 710H / (TP veh)	
Date of Accident/ Time:	04/05/2016	

Repair Estimate	: \$	12,214.83	
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	: \$	600.00 /	GLOBAL SUM
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: _____	
BOLA Liability: 50 (%)		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/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.

Signature of workshop representative / Workshop stamp	Signature of Witness / Workshop stamp (if applicable)
Name of Representative: NG WA YIN	Name of Witness: IRENE TANG
Date: 09 JUN 2022	Date: 09 JUN 2022
	
	
Signature of AXA's surveyor/representative:	
Name of AXA's surveyor /Representative:	
Date: 13/06/2022	

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. : INV1606-153 DATE : 27. June 2016 REFERENCE N : AAD1605-071 TERMS : DUE DATE : 27. June 2016 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0710H;DOA 04.05.16(PART-BY-PART-16)	1	658.05	658.05

Total SGD Excl. GST : 615.00

7% GST : 43.05

**** SIX HUNDRED FIFTY EIGHT AND 5/100 SGD

Total SGD Incl. GST : 658.05

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 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 failing which it shall be deemed to have been unconditionally accepted.

E. & O. E.

THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE

5. May 2016

To Whom It May Concern

Dear Sir / Madam,

Accident on 04/05/16 02:45 PM at EUNOS 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. SHF0710H. The taxi was hired to ANG FONG LING a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$132.68 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

SH SHT 710 H

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
1/5	ANG	139768	338	1708	0400
2/5/16	ONG CHIN Hup	140361	255	0500	1650
2/5	ANG	140361	319	1730	0245
3/5	ONG CHIN Hup	140989	308	0450	1655
3/5	ANG	140989	276	1700	0045
4/5	ONG CHIN Hup	141477	213	0515	1550
4/5	ANG	141477	239	1755	0350
5/5	ONG CHIN Hup	141716		0510	
Arrested on 04.05.2016 @		1445 HRS	sent in on 05.05.2016 @	1420 km	
Discharged on 09 MAY 2016 @		1730 km			

Enquire Vehicle & Owner Information (Vehicle No. SKP4291K As At 04 May 2016 / 14:45:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(CANDY)SHF710H

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S8704367C

Owner Name: ONG YU YAN (WANG YUYAN)

Registered Address Type: HDB / HUDC

Registered Block/House No.: 673A

Registered Street Name: EDGEFIELD PLAINS

Registered Unit No.: # 10 - 599

Registered Building Name: -

Registered Postal Code: 821673

Current Vehicle Details

Vehicle No.: SKP4291K

Make Description/Model: AUDI / A3 SB 1.4 TFSI AMBIENTE

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 14 December 2021 1:24 pm
To: yuyanong@gmail.com
Subject: <STANDARD NOTIFICATION LETTER> OUR REF: CC3/AXA16008447/Kga3k2-1 ***
ACCIDENT INVOLVING SKP 4291K & SHF 710H ON 04/05/2016 ****

Importance: High

14 DECEMBER 2021

ONG YU YAN

Dear Sir/ Mdm

OUR REF : CC3/AXA16008447/Kga3k2-1

YOUR REF : SKP 4291K

**ACCIDENT INVOLVING SKP 4291K AND SHF 710H ALONG/AT EUNOS LINK TURNING INTO
BEDOK RESERVOIR RD ON 04/05/2016**

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

We have received a claim from **TRANS-CAB AUTO SERVICES PTE LTD** acting on behalf of the owner of **SHF 710H** against your motor insurance policy.

Both parties involved have given conflict of version. Based on the circumstances of accident and both parties damage profile, there is no conclusive evidence to substantiate either's parties version. We are of the view that the case would be settled at equal liability.

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 ceciliachong@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)
- Driver's Work Permit
- Employment Letter/ Authorisation letter from your company
- Coloured photographs of accident scene (if any)

- Coloured photographs of damage to all vehicles involved (If any)
- COUNTER CLAIM STATUS AGAINST THIRD PARTY
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- 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 6749 4274 or email us at ceciliachong@lkkauto.com.

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

Cecilia Chong



Case Handler

DID: 6749 4274

FAX: 6741 4108

EMAIL: ceciliachong@lkkauto.com

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

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,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6749-4274 | MAIN: 6256 3561 | EMAIL: CeciliaChong@lkkauto.com FAX: 6741-4108

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



Save the Earth. Print only when necessary.

Print Received Message

This mail is associated with :

***SHF710H (C0382818)**
[SKP4291K]
TP
TRANS-CAB SERVICES PTE LTD
May 4 2016 2:00PM
[ONG, YU YAN]
Trans-cab Auto Services Pte Ltd

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on 23/05/2022 17:22 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$609.05) - SHF710H - Claim Handler: Stacey Ng

Approved:609.05.