

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 : AAD1603-001

Your Ref : SKD4222Z Unknown

Date : 06.March 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

**ACCIDENT INVOLVING SHB9644C AND SKD4222Z Unknown ON 01/03/16 06:30 AM
ALONG AYE (CTE)**

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)	\$	16,321.44
2.	Loss of Rental for <u>18</u> days @ \$ <u>132.68</u> per day	\$	2,388.24
3.	Loss of Income for <u>18</u> days @ \$ <u>50</u> per day	\$	900.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	19,615.68

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 SHB9644C and SKD4222Z Unknown along AYE (CTE) on 01/03/16 06:30 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 6 (day) of March 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



1603-001

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKD 4222Z	(Insd veh)	Model:RENAULT LATITUE - 2.0
	SHB 9644C	(TP veh)	
Date of Accident/ Time:	01/03/2016 / 06:30		

Repair Estimate	: \$	97,847.29	
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	: \$	11,060.00	GLOBAL SUM (ALL IN)
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/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 Name of Representative: <u>NG WAI YIN</u> Date: <u>31 MAR 2021</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Amenda Tay</u> Date: <u>31 03/21</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>31.03.21</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. : INV1603-199 DATE : 31. March 2016 REFERENCE NO : AAD1603-001 TERMS : DUE DATE : 31. March 2016 PAGE : 1
---	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB9644C;DOA 01.03.16(PART-BY-PART-16)	1	16,321.44	16,321.44

Total SGD Excl. GST :	15,253.68
7% GST :	1,067.76
Total SGD Incl. GST :	16,321.44

**** **SIXTEEN THOUSAND THREE HUNDRED TWENTY ONE AND FORTY 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

06 March, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 01/03/16 06:30 AM at AYE (CTE)

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. SHB9644C. The taxi was hired to TAN CHIN GUAN a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate ^{135.68}~~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

01-03-2016

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.	AAD1603-001	Accident Date 01-03-2016
1/3/2016 06:30	18/3/2016 09:00	SHB9644C

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Enquire Vehicle & Owner Information (Vehicle No. SKD4222Z As At 01 Mar 2016 / 06:30:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHB9644C

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1570393H

Owner Name: LAI FOOK MING

Registered Address Type: HDB / HUDC

Registered Block/House No.: 163

Registered Street Name: YUNG PING ROAD

Registered Unit No.: # 07 - 82

Registered Building Name: -

Registered Postal Code: 610163

Current Vehicle Details

Vehicle No.: SKD4222Z

Make Description/Model: NISSAN / SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR

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 © 2016 LTA | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#) | [Rate the Website](#)



Auto
Consultants
Pte Ltd

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

9 March 2016

LAI FOOK MING
BLK 163 YUNG PING ROAD
#07-82
SINGAPORE 610163

Dear Sir/Madam,

OUR REF : CC3/AXA16004071/Kyg3

YOUR REF : SKD 4222Z

**ACCIDENT INVOLVING SKD 4222Z AND SHB 9644C ALONG AYE (CTE) ON
01.03.2016**

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 SHB 9644C against your motor insurance policy.

Basing on the circumstances of the accident reported that your vehicle had rear ended the third party vehicle SHB 9644C. As such, we are of the opinion that we cannot be absolved from 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 cs-a@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 cs-a@lkkauto.com

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

Yours sincerely

Lynn
Case Handler
DID: 6749 5792
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

Print Received Message

This mail is associated with :

***SHB9644C (C0374251)**

[SKD4222Z]

TP

TRANS-CAB SERVICES PTE LTD

Mar 1 2016 6:00AM

[LAI, FOOK MING]

Trans-cab Auto Services Pte Ltd

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on 11/03/2021 10:52 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$11063.75) - SHB9644C - Claim Handler: Chan Kian Chuan

Approved:11063.75.