

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 : AAD1606-293

Your Ref : SHB7523G

Date : 22.November 2017

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD9086C AND SHB7523G ON 23-06-16 04:35 PM ALONG
Resort World Sentosa Taxi Stand**

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)	\$	3,745.00
2.	Loss of Rental for <u>4</u> days @ \$ <u>96.3</u> per day	\$	385.20
3.	Loss of Income for _____ days @ \$ _____ per day	\$	0.00
4.	LTA Search Fee	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	4,130.20

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 SHD9086C and SHB7523G along Resort World Sentosa Taxi Stand on 23-06-16 04:35 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 22 (day) of November 2017

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



1606-293

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 7523G	(Insd veh)	Model:TOYOTA WISH, 1.8 (A)
	SHD 9086C	(TP veh)	
Date of Accident/ Time:	23/06/2016 17:00		

Repair Estimate	: \$	17,538.77	
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	: \$	2,000.00	(GLOBAL SUM)
Payee Name : TRANS-CAB AUTO SERVICES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES [] 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: _____ (%)	Assessed Liability (*): 50 (%)	
* 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: NG WAI YIN

Date: 05 FEB 2021



KSC

Signature of Witness / Workshop stamp (if applicable)

Name of Witness: Amanda Tay

Date: 05/02/21

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: 09/02/2021

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. : INV1607-326 DATE : 30. July 2016 REFERENCE NO : AAD1606-293 TERMS : DUE DATE : 30. July 2016 PAGE : 1
---	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD9086C;DOA 23.06.16(LUMP SUM-16)	1	3,745.00	3,745.00

Total SGD Excl. GST : 3,500.00
7% GST 245.00
Total SGD Incl. GST : 3,745.00

**** THREE THOUSAND SEVEN HUNDRED FORTY FIVE 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

22 November, 2017

To Whom It May Concern

Dear Sir / Madam,

Accident on 23-06-16 04:35 PM at Resort World Sentosa Taxi Stand

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. SHD9086C. The taxi was hired to TAN CHYE HOCK a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$68.48 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

Singapore 569111

Tel No. : 6287 6666

Fax No. : 6281 1400

CO./GST Reg. No. 200303878K

22.11.17

Dear Sir / Mdm

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

Date In	Date Out	Rental Rate	Taxi No.
24-06-16 11:18	27-06-16 16:20	\$ 96.30	SHD9086C

Yours faithfully

TRANS-CAB SERVICES PTE LTD



JASMINE TAN

General Manager

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Monday, 25 July, 2016 11:18 AM
To: claims@transcab.com.sg
Cc: Admin A; Vic (LKKAUTO); carrisalee@ava-ins.com; icewong@ava-ins.com; ireneng@ava-ins.com; foonghon@ava-ins.com
Subject: YOUR REF : SHB 7523G_ACCIDENT INVOLVING SHB 7523G AND SHD 9086C ALONG SENTOSA CASINO CAR PARK ON 23/06/2016

25 July 2016

To: TRANS-CAB SERVICES PTE LTD

Dear Sir/Madam,

OUR REF : CC3/AXA16011913/Khg3
YOUR REF : SHB 7523G
ACCIDENT INVOLVING SHB 7523G AND SHD 9086C ALONG SENTOSA CASINO CAR PARK ON 23/06/2016

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy. Please be informed, there is an excess of S\$5000/- on Third Party claims under your policy. As Insurers, 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 AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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)
- 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to vicalpeh@lkkauto.com or deliver it by hand to AXA Customer Care Centre.

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 authorized driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we 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 the undersigned below at our operating hours 9:00am to 5:30pm or vicalpeh@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@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.

This email may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

View Received Message

This mail is associated with :

***SHD9086C (C0389526)**
[SHB7523G]

TP

TRANS-CAB SERVICES PTE LTD

Jun 23 2016 12:00AM

[TRANS-CAB SERVICES PTE LTD]

Trans-cab Auto Services Pte Ltd

[Reply](#)[Reply All](#)[Mark as Unread](#)[Print Message](#)[Delete Message](#)[Forward](#)

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on **04/02/2021 20:44 PM.**

To LKK_HQ

Subject Alert - Adj Mandate Approved (S\$2065.10) - SHD9086C - Claim Handler: Kitty Teo

Approved:2065.10.

DOCUMENTS SUMMARY

There are no documents.