

**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 : AAD1501-310

Your Ref : SKB1515J

Date : 28.August 2017

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHB9939C AND SKB1515J ON 29-01-15 08:20 PM ALONG Penang 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 of 7% GST)	\$	2,436.56
2.	Loss of Rental for <u>2</u> days @ \$ <u>132.68</u> per day	\$	398.04
3.	Loss of Income for <u>3</u> days @ \$ <u>50</u> per day	\$	150.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	2,990.60

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](mailto:claims@transcab.com.sg) (6603 1259)



Auto  
Consultants  
Pte Ltd

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

Date: 02 OCTOBER 2015

**HR RENOVATION & CONTRACTOR PTE LTD**  
BLK 623 BEDOK RESERVOIR ROAD  
#04-1522  
SINGAPORE 470623

Dear Sir/ Mdm

**OUR REF : CC3/AXA15002022/Kpe3**

**YOUR REF : P1569342**

**ACCIDENT INVOLVING SKB 1515J AND SHB 9939C ALONG PENANG ROAD ON  
29/01/2015**

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 Trans-Cab Auto Services Pte Ltd acting on behalf of the owner of SHB 9939C against your motor insurance policy.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

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 [chewht@lkkauto.com](mailto:chewht@lkkauto.com) within 10 days 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.

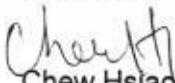
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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 6742 3197 or email us at [chewht@lkkauto.com](mailto:chewht@lkkauto.com).

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

Yours sincerely,



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: [chewht@lkkauto.com](mailto:chewht@lkkauto.com)

Cc AXA Insurance Singapore Pte Ltd  
(Motor Claims Dept)

**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**

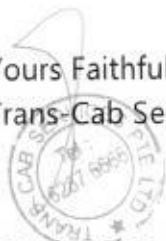
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHB9939C and SKB1515J along Penang Road on 29-01-15 08:20 PM.

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 28 (day) of August 2017

Yours Faithfully

Trans-Cab Services Pte Ltd



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

### Authorization To Act

I, Poh Lai Heng (Hirer), S13128521 (NRIC no.)

hereby authorize Trans-cab Services Pte Ltd to act on my behalf to claim

for my loss of earnings for the accident involving SHB 9939C and

SKB 1515J along Penang Road

on 29-01-15 at 20:20 hrs.

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 30 day of JAN 2015



(Hirer's signature)

Name:- POH LAI HENG

NRIC Number:- S13128521

Address: Blk 463 Tampines Street 44

#09-92 S'pore 520463



redefining / insurance

440 1501-310

CLAIM REF : C0329990  
INSURED : HR RENOVATION & CONTRACTOR PTE LTD

### DISCHARGE VOUCHER

We, **Trans-Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 30.01.15, we are authorised to and do hereby give this discharge for ourselves and on behalf of Trans-Cab Services Pte Ltd and the Hirer, Poh Lai Heng of vehicle no. SHB 9939C.

Now we **Trans-Cab Auto Services Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars **ONE THOUSAND FOUR HUNDRED NINETY** only (**S\$1,490.00**) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. (**SKB 1515J**) arising out of an accident with (**SHB 9939C**) on 29.01.2015.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SKB 1515J** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of Trans-Cab Auto Services Pte Ltd is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SKB 1515J**.

Dated this 29 day of NOV 2017

Signed by \_\_\_\_\_  
(AUTHORISED SIGNATORY)

Company Stamp \_\_\_\_\_

Witness : 190950715  
Name : WONG TAN SIE W KIM  
I/C No : TRANS-CAB AUTO SERVICES PTE LTD  
Address : No. 2 Ang Mo Kio Street 63  
Singapore 569111  
Tel: 6287 6655 Fax: 6287 7764

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)  
8 Shenton Way, #24-01 AXA Tower, Singapore 068811  
Customer Centre #B1-01  
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

**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> <b>AXA INSURANCE (S) PTE LTD</b> 8 SHENTON WAY, #27-01 AXA TOWER 068811 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1502-050 <b>DATE</b> : 26. February 2015 <b>REFERENCE NO</b> : AAD1501-310 <b>TERMS</b> : <b>DUE DATE</b> : 26. February 2015 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB9939C;DOA 29.01.15(PART-BY-PART-15)	1	2,436.56	2,436.56

**Total SGD Excl. GST :** 2,277.16  
7% GST 159.40  
**Total SGD Incl. GST :** 2,436.56

\*\*\*\* TWO THOUSAND FOUR HUNDRED THIRTY SIX AND FIFTY SIX 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

28 August, 2017

To Whom It May Concern

Dear Sir / Madam,

Accident on 29-01-15 08:20 PM at Penang 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. SHB9939C. The taxi was hired to POH LAI HENG 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 FIRST CAPITAL INSURANCE LIMITED on a third party basis at the material time of the accident.
3. Please liaise with us directly far 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**

**28.08.17**

**Dear Sir / Mdm**

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

<b>Date In</b>	<b>Date Out</b>	<b>Rental Rate</b>	<b>Taxi No.</b>
02-02-15 9:50	04-02-15 13:40	\$ 132.68	SHB9939C

**Yours faithfully**

**TRANS-CAB SERVICES PTE LTD**



**JASMINE TAN**

**General Manager**

**Enquire Vehicle & Owner Information ( Vehicle No. SKB1515J As At 29 Jan 2015 / 20:20:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHB9939C

**Current Owner Details**

Owner ID Type: Company

Owner ID: 200918985G

Owner Name: HR RENOVATION &amp; CONTRACTOR PTE LTD

Registered Address Type: HDB / HUDC

Registered Block/House No.: 623

Registered Street Name: BEDOK RESERVOIR ROAD

Registered Unit No.: # 04 - 1522

Registered Building Name: -

Registered Postal Code: 470623

**Current Vehicle Details**

Vehicle No.: SKB1515J

Make Description/Model: MITSUBISHI / OUTLANDER 2.4L 4WD 7 SEATER

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution

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