

**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 : AAD1504-253

Your Ref : SHD3013C

Date : 17.August 2018

**INDIA INT'L INS PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD9586B AND SHD3013C ON 22/04/15 01:15 AM ALONG Bukit Batok Street 23**

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)                        | \$ | 1,765.50 |
| 2. | Loss of Rental for <u>3</u> days @ \$ <u>113.42</u> per day | \$ | 226.84   |
| 3. | Loss of Income for <u>3</u> days @ \$ <u>40</u> per day     | \$ | 80.00    |
| 4. | LTA Search Fee  | \$ | 0.00     |
| 5. | Survey Fee  | \$ | 0.00     |
|    | Total   | \$ | 2,072.34 |

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)

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**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 SHD9586B and SHD3013C along Bukit Batok Street 23 on 22/04/15 01:15 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 17 (day) of August 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

**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>INDIA INTERNATIONAL INSURANCE PTE LTD</b><br>64 CECIL STREET<br>#05-00 IOB BUILDING<br>049711 Singapore<br><br>ATTENTION: | <b>INVOICE NO.</b> : INV1506-001<br><b>DATE</b> : 3. June 2015<br><b>REFERENCE NO</b> : AAD1504-253<br><b>TERMS</b> :<br><b>DUE DATE</b> : 3. June 2015<br><b>PAGE</b> : 1 |
|--|--|

| NO. | CODE    | DESCRIPTION                               | QTY | UNIT PRICE | AMOUNT   |
|-----|---------|---|-----|------------|----------|
| 1.  | 6050101 | REPAIR-SHD9586B;DOA 22.04.15(LUMP SUM-15) | 1   | 1,765.50   | 1,765.50 |

**Total SGD Excl. GST : 1,650.00****7% GST : 115.50****\*\*\*\* ONE THOUSAND SEVEN HUNDRED SIXTY FIVE AND FIFTY SGD ONLY \*\*\*\*****Total SGD Incl. GST : 1,765.50**

- 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

17 August, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 22/04/15 01:15 AM at Bukit Batok Street 23

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. SHD9586B. The taxi was hired to CHEE CHOON CHI a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$113.42 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 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

22-04-2015

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> | AAD1504-253     | <b>Accident Date</b> 22-04-2015 |
| 22/4/2015 11:10     | 24/4/2015 14:15 | SHD9586B                        |

**Yours Faithfully,****Trans-Cab Services Pte Ltd****Jasmine Tan****General Manager**