

Trans-cab Auto Services Pte Ltd

No. 58 Defu Lane 1 Singapore 539498

Tel No. : 6287 6666 Fax No. : 6287 7764

Co./GST Reg. No. 201019626G

Our Reference : PAO 1504 - 329

Your Reference : YM 2899X

Date : 28 JUL 2015

CHINA TAIPING INSURANCE PTE LTD

105 Cecil Street

#18-00 / #19-00 / #16-01/02

The Octagon Singapore 069534

WITHOUT PREJUDICE
BY HAND

Attention : Motor Claims Dept

Dear Sir / Madam

ACCIDENT INVOLVING YM 2899X AND SHB 9714J
ON 28/7/2015 AT 0840 HRS ALONG somerset 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)	:	\$ <u>3259.20</u>
2.	Loss of Rental for <u>5</u> days @ \$ <u>132.68</u> per day	:	\$ <u>663.40</u>
3.	Loss of Income for <u>5</u> days @ \$ <u>100.00</u> per day	:	\$ <u>500.00</u> X
4.	LTA Search Fee	:	\$ <u>6.00</u>
5.	Survey Fee	:	\$ <u> </u>
TOTAL		:	\$ <u>4428.60</u>

We enclose a copy of the following documents for your consideration :-

- | | | | |
|----|---------------------------------|----|---------------------------------|
| a. | GIA report lodged by our driver | d. | Rental rate and mileage records |
| b. | Certificate of Insurance | e. | Authorization To Act |
| c. | Original final repair bil | f. | Survey Report |

Kindly let us have your 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 AUTO SERVICES PTE LTD



JASMINE TAN

General Manager

Note : Please fax or email to claims@transcabservices.com.sg for any future correspondence.



Auto
Consultants
Pte Ltd

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

Our Ref: CC3/CA115007365/Kzm3

24 November 2015

FASTFIXS SYSTEMS PTE LTD

74 Tagore Lane
Singapore 787498

Dear Sir/Madam,

ACCIDENT INVOLVING YM 2899X & SHB 9714J ON 27/04/2015

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by 3/12/2015, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,

Zayer

DID: 6841 2409

FAX: 6741 4108

Email: zayyer@lkkauto.com

Case Handler

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)

AUTHORISATION TO ACT

I/We, TRANS-CAB SERVICES PTE LTD ("the third party claimant") of M. 2
ANG MO KIO STREET 63 S (56911) (address), owner of 84B 92145 (vehicle
no.) hereby authorize TRANS-CAB AUTO SERVICES PTE LTD ("the workshop")
to act for me with respect to my claim for repair costs and/or rental and/or loss of use
("claim") for my vehicle no. 54B 92145 that was damaged pursuant to the accident which
occurred on 27.4.15 (date) along Orchard Gateway Near to the 4 Park Entrance
(location) involving vehicle no/s YM 2899X ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they
deem fit and the workshop is further authorized to receive payment further to settlement of
my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 29 (day) of 7 (month) 20 16 (year)



Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3042241400

Claim No : SNM15D02009C02/9

Claimant : Trans- Cab Services Pte Ltd

Amount : S\$1,935.00

Singapore Dollar One Thousand Nine Hundred and Thirty Five Only

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHB 9714J

Insured Vehicle No. : YM 2899X

Date of Loss : 27/4/2015

Place of Accident : Somerset Road

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : FASTFIXS SYSTEMS PTE LTD

Driver Name : TAN BOON KIAT

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Global Sum S\$ 1,935.00

TOTAL S\$ 1,935.00

Claimant Name : 

NRIC No :

JASMINE TAN SIEW KIM
S7405636I

Signature :

Date :

23 NOV 2017

Trans-Cab Auto Services Pte Ltd

58 Defu Lane 1 Singapore 539498

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

Tax Invoice / Debit Note**TO:****CHINA TAIPING INSURANCE (S) PTE aLTD**

105 Cecil Street

#16-01/02 The Octagon

069534 Singapore

ATTENTION:

INVOICE NO. : INV1505-081

DATE : 22. May 2015

REFERENCE N : AAD1504-329

TERMS :

DUE DATE : 22. May 2015

PAGE : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB9714J;DOA 28.04.15(PART-BY-PART-15)	1	3,259.20	3,259.20

Total SGD Excl. GST : 3,045.98

7% GST : 213.22

**** THREE THOUSAND TWO HUNDRED FIFTY NINE AND 20/100 SGD

Total SGD Incl. GST : 3,259.20

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



得運私人有限公司

TRANS-CAB SERVICES PTE LTD

Co. Reg. No: 200303878K

28. April 2015

To Whom It May Concern

Dear Sir / Madam,

Accident on 27/04/15 11:00 PM at Somerset 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. SHB9714J. The taxi was hired to SHOON POH YIN 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 far 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.

Enquire Vehicle & Owner Information (Vehicle No. YM2899X As At 28 Apr 2015 / 08:40:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROELZ)SHB9714J

Current Owner Details

Owner ID Type: Company

Owner ID: 200000918H

Owner Name: FASTFIXS SYSTEMS PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 74

Registered Street Name: TAGORE LANE

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 787498

Current Vehicle Details

Vehicle No.: YM2899X

Make Description/Model: NISSAN / CABSTAR Y

Insurance Company Name: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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