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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 27/4/2015 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 :-

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|----|---------------------------------|----|---------------------------------|
| 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.