

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 : AAO 1509-291

Your Reference : XB 6433A

Date : 08 DEC 2015

EQ INSURANCE BERHAD

133 Cecil Street

#04-02 Keck Seng Tower

Singapore 069535

Attention : Motor Claims Dept

WITHOUT PREJUDICE
BY HAND

Dear Sir / Madam

ACCIDENT INVOLVING XB 6433A AND SHE 536U
ON 26/9/2015 AT 1605 HRS ALONG Tampines 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>5455.94</u>
2.	Loss of Rental for <u>4</u> days @ \$ <u>132.68</u> per day	:	\$ <u>530.72</u>
3.	Loss of Income for _____ days @ \$ _____ per day	:	\$ _____
4.	LTA Search Fee	:	\$ <u>6.00</u>
5.	Survey Fee	:	\$ _____
TOTAL			\$ <u>5992.66</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.

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:****EQ INSURANCE COMPANY LIMITED**

5 Maxwell Road

#17-00 Tower Block, MND Complex

069110 Singapore

ATTENTION:

INVOICE NO. : INV1510-132**DATE** : 30. October 2015**REFERENCE N** : AAD1509-291**TERMS** :**DUE DATE** : 30. October 2015**PAGE** : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0536U;DOA 26.09.15(PART-BY-PART-15)	1	5,455.94	5,455.94

Total SGD Excl. GST : 5,099.01

7% GST : 356.93

****** FIVE THOUSAND FOUR HUNDRED FIFTY FIVE AND 94/100 SGD**

Total SGD Incl. GST : 5,455.94

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/09/2015 13:12
Date Of Accident	26/09/2015 16:05
Exact Location Of Accident	Tampines Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF536U
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Insured/Policyholder

Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/4584
Cover Note Number	

Driver

Name of Driver	LIM KHENG GUAN (LIN QINGYUAN)
NRIC No	S7402878J
Date Of Birth	04/02/1974
Occupation	Outdoor
Date Of Driving Pass	27/07/1994
Driving Experience	21 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-85060028
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 672A EDGEFIELD PLAINS #14-539
Postcode	821672
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - Hirer
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Address	ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20150928/2029

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB6433A
Vehicle Make/Model/Colour	ISUZU CXZ81K
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

Policyholder's Signature / Date & Time

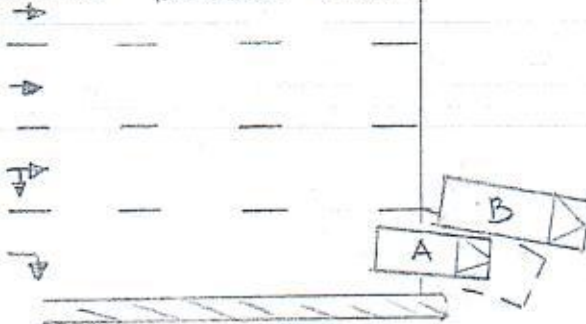
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

TAMPINES

ROAD



A: SHF536U

B: XB6433A

Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20150928/2029

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Report No. T/20150928/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2015 11:55		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: LIM KHENG GUAN			Address: APT BLK 672A EDGEFIELD PLAINS #14-539 SINGAPORE 821672		
ID Type / ID No.: NRIC NO / S7402878J			Contact No.: Home/Office:		Mobile: 85060028
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 04/02/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2015 16:05	Type of Location: T-Junction
Location: Along Road 1 TAMPINES ROAD				
Junction of Defu Lane and Hougang Avenue 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF536U	Car				Slightly Damaged	0
XB6433A	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20150928/2029

CONTINUATION OF REPORT

Driver			
Name	LIM KHENG GUAN	ID No.	S7402878J
Related Vehicle	SHF536U (Car)	Contact No.	85060028
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/09/2015	Date Discharge	28/09/2015
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 26/09/2015 at about 4.05pm, I was driving along Tampines Road. At the junction of Defu Lane and Hougang Avenue 7, traffic light turns red and I stopped my vehicle, SHF536U. After the traffic light turns green I then moved off towards Hougang Avenue 7 however the other vehicle, XB6433A which is on my left was really closed to me and eventually knocked my vehicle by the left side and grazing throughout the right turn towards Hougang Avenue 7. My vehicle sustained badly of scratches and dent marks on the whole of my left side of my vehicle. The lorry did not stopped and drive off. I gave chased and managed to stop the driver and exchange particulars. The other party plead guilty of the damages. I have also installed a vehicle camera in my vehicle and believed to have captured the whole incident.

On 28/09/2015 at about 10 plus, I went to Mount Alvernia Hospital as my hand aching with pain. I was been given 3 days MC from 28/09/2015 to 30/09/2015. I am lodging this report for insurance claims purposes.

Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20150928/2029

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Report No. T/20150928/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Ho Kang Ling <i>Quamir Rizal</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2015 11:55
Officer In Charge Of Case: TP / AEIT / Toh Hoe Sian Jenn Contact No.: 65476185	Classification Of Case: SN 1
Authentication Stamp NP168	<i>[Signature]</i>

Accident Photo



Accident Photo



Accident Photo



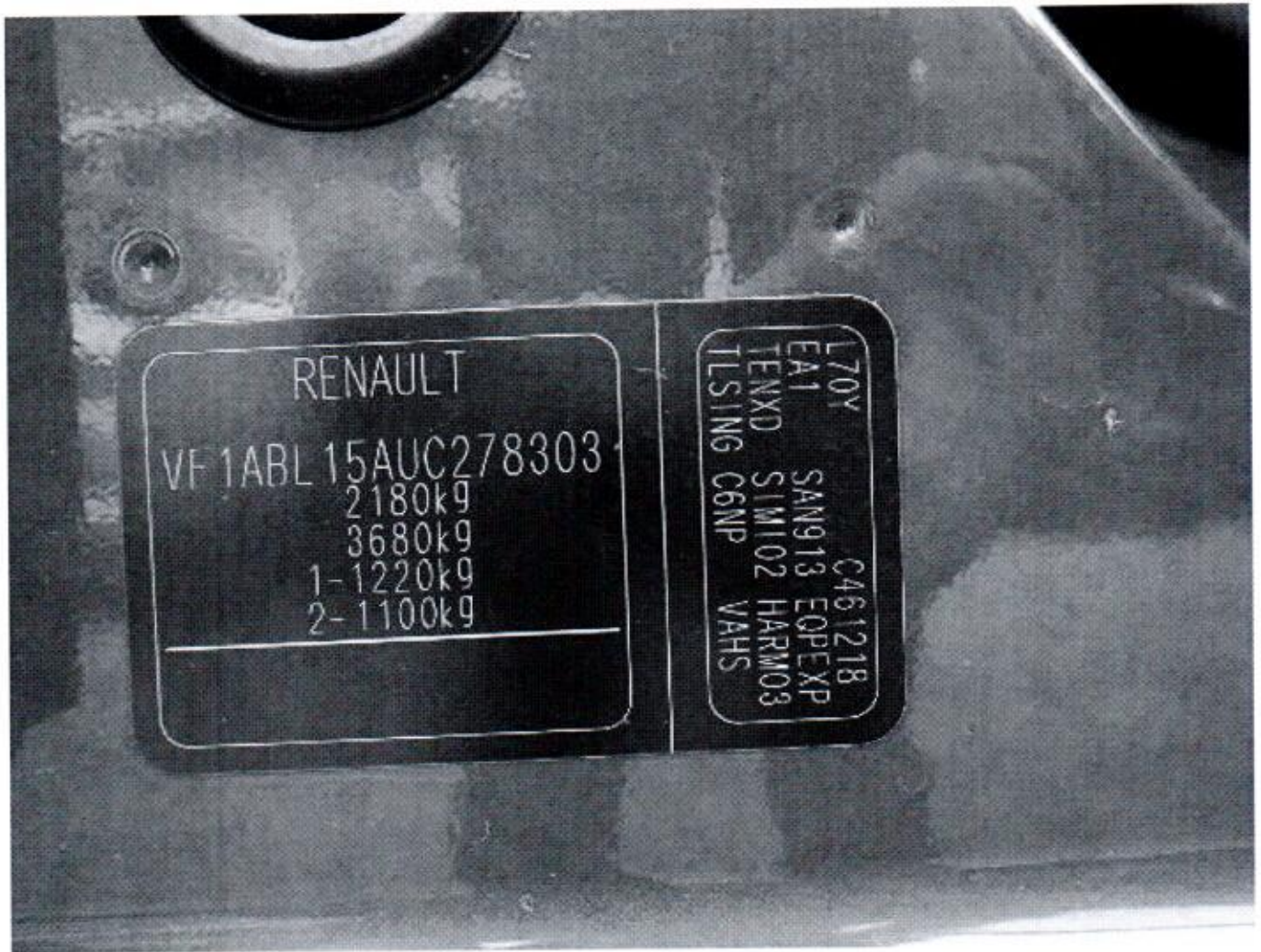
Accident Photo



Accident Photo



Accident Photo





得運私人有限公司

TRANS-CAB SERVICES PTE LTD

Co. Reg. No: 200303878K

28. September 2015

To Whom It May Concern

Dear Sir / Madam,

Accident on 26/09/15 04:05 PM at Tampines 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. SHF0536U. The taxi was hired to LIM KHENG GUAN (LIN QINGYUAN) 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 for 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.

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

Date Issued : 18/11/2014

CERTIFICATE REF.: MZ400A

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY- RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) Rules, 1959 (MALAYSIA)

CERTIFICATE NO : D-I2047359MFSH/ 4584
Vehicle Registration No. : SHF536U
Name of Insured : Trans-Cab Services Pte Ltd
Type of Cover : Third Party
Period of Insurance : 15/11/2014 to 14/11/2015
Insured Estimated Value : \$0.00
Geographical area : Within the Republic of Singapore

Authorised Driver
Any licensed taxi driver.

Persons or Classes of Persons entitled to drive

- Any licensed taxi driver driving on the Insured's order or with their permission.
- Any person provided he is in the Insured's employ and is driving on their order or with their permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use :
Use as a taxi.
Use for social, domestic and pleasure purposes.

The Policy does not cover :-

- Use for racing, pace-making, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Excess : \$5,000.00 each and every accident

*Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

First Capital Insurance Limited
(Approved Insurers)



Authorised Signature

A/C NO. : B0014

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
26.9.15	GUAN (8)	187614		0414	1635
"	X			1651	0100
27.9.15	GUAN (7)			0115	—
"	GUAN			—	—
28.9.15	GUAN (1)	188412		—	134
"					
29.9.15	(2)				
"					
30.9.15	(3)				
Accident on 26.09.2015 @ 16:05 HRS				Sent in on 28.09.2015 @ 1300 HRS	
Discharged on 01 OCT 2015 @ 13:30 HRS					

MILEAGE RECORD BOOK

TRANS
cab
Trans-Cab Services Pte Ltd

SH 1 = 5364

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7402878J



Name

LIM KHENG GUAN
(LIN QINGYUAN)

林庆源

Race

CHINESE

Date of birth

04-02-1974

Sex

M

Country of birth

SINGAPORE

S7402878J

Land Transport Authority

VOCATIONAL LICENCE



Licence No: S7402878J

Name: LIM KHENG GUAN

Issue Date: 17/8/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S7402878J



LIM KHENG GUAN
(LIN QINGYUAN)

Birth Date: 04 Feb 1974

Issue Date: 02 Feb 2010



0015271170



3549225

NRIC No. S7402878J



Date of issue

15-12-2004

Address

APT BLK 420 ANG MO KIO AVENUE 10
#10-1147
SINGAPORE 560420



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description
02 TAXI VL

Issue Date

05/09/2005



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars ≤ 2000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg

PASS DATE

27 Jul 1994



Licence No: S7402878J

AP 420A

Enquire Vehicle & Owner Information (Vehicle No. XB6433A As At 26 Sep 2015 / 16:05:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHF536U

Current Owner Details

Owner ID Type: Company

Owner ID: 200000076M

Owner Name: WAH & HUA PTE LTD

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

Registered Block/House No.: 11

Registered Street Name: KRANJI CRESCENT

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 728656

Current Vehicle Details

Vehicle No.: XB6433A

Make Description/Model: ISUZU / CXZ81K

Insurance Company Name: EQ INSURANCE COMPANY LTD



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