

**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 : AAD1602-346

Your Ref : SJL3926C, SKX4928R

Date : 20.July 2017

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD9301G AND SJL3926C, SKX4928R ON 26/02/16 09:20 AM  
ALONG PIE TOWARDS JURONG**

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)           | \$ | 14,659.00 |
| 2. | Loss of Rental for ____ days @ \$_____ per day | \$ | 2,054.40  |
| 3. | Loss of Income for ____ days @ \$_____ per day | \$ | 0.00      |
| 4. | LTA Search Fee                                 | \$ | 6.00      |
| 5. | Survey Fee                                     | \$ | 0.00      |
|    | Total  | \$ | 16,719.40 |

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

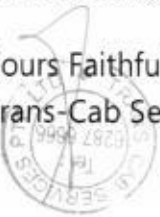
Original final repair bill

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

**30 August 2016**

**TAN YUTING STELLA**

Blk 91 Bedok North Street 4

#06-1523

Singapore 460091

Dear Sir/Madam,

**OUR REF : CC3/AXA16004089/Kb3**

**YOUR REF : SJL 3926C**

**ACCIDENT INVOLVING GZ 9688L AND SKF 6982P AT / ALONG PIE WOODVILLE  
FLYOVER ON 11/25/2016**

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 **M/s TRANS-CAB AUTO SERVICES PTE LTD** acting on behalf of the owner of **SHD 9301G** against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties (3 vehicles chain collision) where your vehicle was the last vehicle, we are of the opinion that we cannot be absolved from liability.

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 [zayyer@lkkauto.com](mailto:zayyer@lkkauto.com) within 10 days from the date of this letter **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



Auto  
Consultants  
Pte Ltd

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

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 AXA's 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 6841 2409 or email us at [zayer@lkkauto.com](mailto:zayer@lkkauto.com)

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

Yours sincerely

Zayer  
LKK Auto Consultants Pte Ltd

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

## TRANS-CAB AUTO SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666 Fax: 6281 1400

GST Reg No. : 201019626G


Co. Reg No. : 201019626G

### Authorization to Act

I LEOW SOON HENG (Hirer), S1476158F (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 SHD 9301G and SJL 3926C along PIE TOWARDS JURONG on 26.02.2016 at 09:20 hrs.

In addition, I also hereby authorize the above payment to be made in favour of Trans-Cab Auto Services Pte Ltd upon settlement.

Dated this 20 day of July 2017



(Hirer's signature)

Name: LEOW SOON HENG

NRIC Number: S1476158F

Address: \_\_\_\_\_

\_\_\_\_\_

**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 SHD9301G and SJL3926C, SKX4928R along PIE TOWARDS JURONG on 26/02/16 09:20 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 20 (day) of July 2017

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan  
General Manager



redefining / insurance

CLAIM REF  
INSURED

: C0373811  
: TAN YUTING STELLA

### DISCHARGE VOUCHER

We, **Trans Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 20.07.17, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Trans Cab Auto Services Pte Ltd** and the Hirer, LEOW SOON HENG of vehicle no. SHD 9301G

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 SIXTEEN THOUSAND SEVEN HUNDRED NINETEEN AND CENTS FORTY ONLY, only (\$\$ 16,719.40 ) 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 ( SJL 3926C ) arising out of an accident with ( SHD 9301G ) on 26.02.16 .
- 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. SJL 3926C 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. SJL 3926C .

Dated this 20 day of FEBRUARY 2019

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

Company Stamp TRANS-CAB AUTO SERVICES PTE LTD

Witness : \_\_\_\_\_  
Name : JASMINE TAN SIEW KIM  
I/C No : S7405636I  
Address : TRANS-CAB AUTO SERVICES PTE LTD  
No. 2 Ang Mo Kio Street 63  
Singapore 569111  
Tel: 6287 6666 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><br><b>AXA INSURANCE (S) PTE LTD</b><br>8 SHENTON WAY,#27-01<br>AXA TOWER<br>068811 SINGAPORE<br><br>ATTENTION: | <b>INVOICE NO.</b> : INV1604-130<br><b>DATE</b> : 27. April 2016<br><b>REFERENCE NO</b> : AAD1602-346<br><b>TERMS</b> :<br><b>DUE DATE</b> : 27. April 2016<br><b>PAGE</b> : 1 |
|---|--|

| NO. | CODE    | DESCRIPTION                               | QTY | UNIT PRICE | AMOUNT    |
|-----|---------|---|-----|------------|-----------|
| 1.  | 6050101 | REPAIR-SHD9301G;DOA 26.02.16(LUMP SUM-16) | 1   | 14,659.00  | 14,659.00 |

|                              |                  |
|------------------------------|------------------|
| <b>Total SGD Excl. GST :</b> | <b>13,700.00</b> |
| 7% GST                       | 959.00           |
| <b>Total SGD Incl. GST :</b> | <b>14,659.00</b> |

**\*\*\*\* FOURTEEN THOUSAND SIX HUNDRED FIFTY NINE 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**

20 July, 2017

To Whom It May Concern

Dear Sir / Madam,

Accident on 26/02/16 09:20 AM at PIE TOWARDS JURONG

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. SHD9301G. The taxi was hired to LEOW SOON HENG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$ 102.72 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with AXA INSURANCE PTE 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



**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

26-02-2016

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>  | AAD1602-346          | <b>Accident Date</b> 26-02-2016 |
| 26/2/2016 9:20:00 AM | 23/3/2016 2:00:00 PM | SHD9301G                        |

**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

**Enquire Vehicle & Owner Information ( Vehicle No. SJL3926C As At 26 Feb 2016 / 09:20:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(CANDY)SHD9301G

**Current Owner Details**

Owner ID Type: Singapore NRIC

Owner ID: S8420569I

Owner Name: TAN YUTING STELLA

Registered Address Type: HDB / HUDC

Registered Block/House No.: 91

Registered Street Name: BEDOK NORTH STREET 4

Registered Unit No.: # 06 - 1523

Registered Building Name: -

Registered Postal Code: 460091

**Current Vehicle Details**

Vehicle No.: SJL3926C

Make Description/Model: HYUNDAI / VERNA 1.4 AUTO

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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