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

: AAD1702-129

Your Ref

: SH8491X

Date

: 07.August 2017

INDIA INT'L INS PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHF0719J AND SH8491X ON 11-02-17 03:47 AM ALONG Havelock 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)	\$	684.80
2.	Loss of Rental for 5 days @ \$_136.26per day	\$	
3.	Loss of Income for _5 _ days @ \$_100 _ per day	¢	631.30
4.	LTA Search Fee	.	500.00
5.	Survey Fee		0.00
		\$	0.00
Total		\$	1,816.10

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 (6603 1259)

Trans-Cab Services Pte Ltd

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 SHF0719J and SH8491X along Havelock Road on 11-02-17 03:47 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 7 (day) of August 2017

Yours Faithfully

rans Cab Services Pte Ltd

Jasmine Tan

General Manager



INDIA INTERNATIONAL INSURANCE PTE LTD

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EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT17020752
Claimant Ref: SHF 719J

TRANS-CAB AUTO SERVICES PTE LTD

We/I, _______("the workshop") hereby confirm that we/I have reached an agreement

with the appointed	Surveyor of India International Insurance Pte Ltd L	KK AUTO CON	SULTANTS PTE LTD_(name
	respect to the amount claimed for S\$ 900.00 (s		
eccinonial), C4	(search fee), vehicle no. SHF 719J that was	damaged pursual	nt to the accident which occurred
	(date) atHAVELOCK RD NEAR MARKET		
vehicle). This is pur	rsuant to the inspection conducted on <u>14/02/2017</u> (da	ite) at "the workshop"	
	, , , , , , , , , , , , , , , , , , , ,	CAB SERVICE	
	cle no. SHF 719J to make the claim as set out in the		
	/her behalf in a manner that we/I deem fit. We/I end	close herein the let	ter of authority given by "the third
party claimant".			
Well further confir	m that we/I will indemnify India International Insuran	so Bto Ltd for all d	amagas lose and/ar ovnansa that
	already incurred in the event that "the third party		
	inst the former for any loss and expenses suffered p		
	the damage to SHF 719J (vehicle no.) as a result		. , , , , , , , , , , , , , , , , , , ,
We/I confirm that	the agreement reached above is in full and final s	settlement of all cl	aims of "the third party claimant"
pursuant to the ac	ccident and that further this settlement is reached on	a without prejudice	e and without admission of liability
basis.			
T	15 (1 %)		
dispute arising out	subject to the application of Singapore law and the S	Singapore Courts ha	ave exclusive jurisdiction over any
dispute arising out	of the same.		
We/I authorize vo	TRAN	IS-CAB AUTO S	SERVICES PTE LTD
	APR .		***************************************
Dated this	day of20 21		
CLAIMANT:	10 SEA	WITNESS:	((LKK))
Signature:	Tel.	Signature:	KSC
	Signed by "the workshop" (with thop)		Signed by appointed Surveyor
Name:		Name:	LKK AUTO CONSULTANTS PTE LTD
NRIC:	NG WAI YIN	NRIC:	199607198R
Address:	TRANS-CAB SERVICES PTE LTD	Address:	51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK
	No. 2 Ang Mo Kio Street 63		#02-25 SINGAPORE 408933
	Singapore 569111		#02-23 SINGAL ONE 400933
Nationality:	Tel: 6287 6666 Fax: 6287 7764	Nationality:	
Occupation:	Acet Officer	Occupation:	

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

TO:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #05-00 IOB BUILDING 049711 Singapore

ATTENTION:

INVOICE NO.

: INV1702-237

DATE

: 28. February 2017

REFERENCE NO: AAD1702-129

TERMS

DUE DATE

: 28. February 2017

PAGE

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NO.	CODE	DESCRIPTION	QТY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0719J;DOA 11.02.17(PART-BY-PART-17)	1	684.80	684.80

Total SGD Excl. GST:

7% GST

640.00

Total SGD Incl. GST:

44.80 684.80

**** SIX HUNDRED EIGHTY FOUR AND EIGHTY 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.

10						
07	August, 2017					
	,					
То	Whom It May Concern					
Dea	ar Sir / Madam,					
Acc	cident on 11-02-17 03:47 AM a	t Havelock Road				
1.	We refer to the above-ment					
	registered owner of the taxi YAN SHENG a registered hire					
	aforementioned accident at				e of occurrence of	uie
2.	Please be advised that the Ta		h AXA INSURANCE I	PTE LTD on a th	ird party basis at th	е
	material time of the accident	t.				
3.	Please liaise with us directly	far any settleme	nt of claims in respe	ct of the said ac	cident.	
				Ro		
Υοι	urs faithfully,					
	mine Tan					
Gei	neral Manager					

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63

Singapore 569111 Tel No. : 6287 6666

Fax No.: 6281 1400

CO./GST Reg. No. 200303878K

07.08.17

Dear Sir / Mdm

Please be informed that the taxi was undergo accident repair in the workshop as follow:-

 Date In
 Date Out
 Rental Rate
 Taxi No.

 11-02-17 5:30
 15-02-17 14:30
 \$ 126.26
 SHF0719J

Yours faithfully
TRANS-CAB SERVICES PTE LTD

JASMINE TAN
General Manager

4/7/2021 Merimen e-Claims

Print Received Message

This mail is associated with:

*SHF719J (MCT17020752) [SH8491X]

TRANS-CAB SERVICES PTE LTD Feb 11 2017 3:00AM [COMFORT TRANSPORTATION PTE LTD]

Trans-cab Auto Services Pte Ltd

India International Insurance Pte Ltd (HQ) (III_SG), sent on 25/02/2021 09:16 AM. From

То LKK HQ

Alert - Adj Mandate Approved (\$\$900.00) - SHF719J - Claim Handler: Zuhaidah Bte Samsuri Subject

Approved:900.00:Pls negotiate @ global \$900 to close matter.