

TO: Hsiao Tong

**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 : AAD1707-067

Your Ref : SDH868Z

Date : 12. February 2018

**CHINA TAIPING INSURANCE**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5003Z AND SDH868Z ON 06/07/17 07:00 PM ALONG TAI THONG CRESCENT**

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)	\$	2,675.00
2.	Loss of Rental for <u>2</u> days @ \$ <u>101.46</u> per day	\$	202.92
3.	Loss of Income for <u>2</u> days @ \$ <u>50</u> per day	\$	100.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	2,983.27

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

Our Ref: CC3/CTI17013414/Kpa3

26 DEC 2017

**NG KIM MING**  
5A KWONG AVENUE  
SINGAPORE 348878

Dear Sir/Madam,

**ACCIDENT INVOLVING SDH 868Z AND SHC 5003Z ON 06/07/2017**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, China Taiping Insurance (Singapore) Pte Ltd to deal with the third party claim against your policy.

Both parties involved have given conflict of version. Based on the circumstances of accident and both parties damage profile, there is no conclusive evidence to substantiate either's parties version. We are of the opinion that the case most likely would be settled at equal liability.

If you have evidence/information to proof that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **08/01/2018**, 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,

CHEW HSIAO TONG  
Case Handler  
DID: 6742 3197  
FAX: 6741 4108  
EMAIL: chewht@lkkauto.com

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

**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 SHC5003Z and SDH868Z along TAI THONG CRESCENT on 06/07/17 07:00 PM.

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 12 (day) of February 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1441561602

Claim No : SNM17D04022C02/8

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$1,700.00

DOLLARS ONE THOUSAND AND FOUR HUNDRED 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. : SHC 5003Z

Insured Vehicle No. : SDH 868Z

Date of Loss : 06/07/2017

Place of Accident : TAI THONG CRESCENT

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 : NG KIM MING

Driver Name : NG EE YANG


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.

(1) Global Sum	S\$ 1,700.00
	=====
TOTAL . . . . .	S\$ 1,700.00
	=====

Claimant Name : TRANS-CAB SERVICES PTE LTD

NRIC No : 200303878K

Signature : 

Date :

02/04/20





**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:****CHINA TAIPING INSURANCE (S) PTE LTD**

3 ANSON ROAD

#15-02 SPRINGLEAF TOWER

079909 SINGAPORE

ATTENTION:

**INVOICE NO.** : INV1708-361**DATE** : 31. August 2017**REFERENCE NO** : AAD1707-067**TERMS** :**DUE DATE** : 31. August 2017**PAGE** : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5003Z;DOA 06.07.17(LUMP SUM-17)	1	2,675.00	2,675.00

**Total SGD Excl. GST :** 2,500.00**7% GST :** 175.00**Total SGD Incl. GST :** 2,675.00**\*\*\*\* TWO THOUSAND SIX HUNDRED SEVENTY FIVE 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**

**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

12 February, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 06/07/17 07:00 PM at TAI THONG CRESCENT

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. SHC5003Z. The taxi was hired to TAN CHENG TONG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$101.46 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

*This is a computer generated print-out. No signature is required.*

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

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06-07-2017

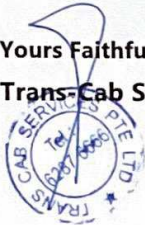
Dear Sir/Madam,

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>	AAD1707-067	<b>Accident Date</b> 06-07-2017
10/7/2017	11/7/2017	SHC5003Z

Yours Faithfully,

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

**Vehicle Insurance Particulars Result**

Vehicle No.	Incident Date/Time	Insurance Company Name
SJW5299H	06 Jul 2017 / 20:55:00	LONPAC INSURANCE BHD
SDH868Z	06 Jul 2017 / 21:00:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD