

**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 : AAD1711-185

Your Ref : SKM9799X

Date : 09.February 2018

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD9158D AND SKM9799X ON 14/11/17 02:00 PM ALONG  
TAMPINES CENTRAL 1 , TAMPINES MALL TAXI STAND**

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)	\$	963.00
2.	Loss of Rental for <u>1</u> days @ \$ <u>98.25</u> per day	\$	98.25
3.	Loss of Income for <u>1</u> days @ \$ <u>50.00</u> per day	\$	50.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	1,116.60

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

13 DECEMBER 2017

TOH HWEE TIANG  
BLOCK 124 TAMPINES STREET 11  
#12-400  
SINGAPORE 521124

Dear Sir/Madam,

OUR REF : CC3/AXA17022070/Kpb3  
YOUR REF : SKM 9799X  
**ACCIDENT INVOLVING SKM 9799X AND SHD 9158D ALONG TAMPINES MALL ON  
14.11.2017**

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 Pte Ltd to deal with the third party claim against your policy.

We have received a claim from TRANS-CAB AUTO SERVICES PTE LTD, acting on behalf of the owner of SHD 9158D against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SHD 9158D while reversing. As such, liability is down against us.

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 full co-operation in the handling of the claim is required and kindly submit the following to [Zaini@lkkauto.com](mailto:Zaini@lkkauto.com) within 10 days from the date of this letter **if not provided at AXA's 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)



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

- 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

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 6256 3561 or email us at [Zaini@lkkauto.com](mailto:Zaini@lkkauto.com).

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

Yours sincerely,

  
Zaini  
Case Handler

DID: 6841 2132

FAX: 6741 4108

Email: [Zaini@lkkauto.com](mailto:Zaini@lkkauto.com)

c.c. AXA Insurance Pte Ltd (AXA)  
(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 SHD9158D and SKM9799X along TAMPINES CENTRAL 1 , TAMPINES MALL TAXI STAND on 14/11/17 02:00 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 9 (day) of February 2018

Yours Faithfully  
Trans-Cab Services Pte Ltd



Jasmine Tan  
General Manager

## 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 Toh Chee Keong (Hirer), S7722604D (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 9158D and SKM 9799X  
along Tampines Mall Taxi Stand.  
on 14/11/2017 at 1400 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 09 day of 02 2018.



(Hirer's signature)

Name: \_\_\_\_\_

NRIC Number: \_\_\_\_\_

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



redefining / insurance

CLAIM REF  
INSURED

: 57M00414  
: TOH HWEE TIANG

### DISCHARGE VOUCHER

We, Trans-Cab Auto Services Pte Ltd confirm that by letter of authorisation dated 09.02.2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of Trans-Cab Services Pte Ltd and the Hirer, TOH CHEE KEONG of vehicle no. SHD91580.

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 One Thousand One Hundred Sixteen and Cents Sixty only (S\$1,116.60) 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. (SKM9799X) arising out of an accident with (SHD91580) on 14.11.2017.
- 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. SKM9799X 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. SKM9799X.

Dated this 26 day of March 2018

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

Company Stamp \_\_\_\_\_

Witness : \_\_\_\_\_

Name : \_\_\_\_\_

I/C No : TRANS-CAB AUTO SERVICES PTE LTD

Address : No. 2 Ang Mo Kio Street 63

Singapore 569111

Tel: 6287 6565 Fax: 6287 7764

**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> <b>AXA INSURANCE PTE LTD</b> 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1712-366 <b>DATE</b> : 29. December 2017 <b>REFERENCE NO</b> : AAD1711-185 <b>TERMS</b> : <b>DUE DATE</b> : 29. December 2017 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD9158D;DOA 14.11.17(LUMP SUM-17)	1	963.00	963.00

<b>Total SGD Excl. GST :</b>	<b>900.00</b>
<b>7% GST :</b>	<b>63.00</b>
<b>Total SGD Incl. GST :</b>	<b>963.00</b>

**\*\*\*\* NINE HUNDRED SIXTY THREE 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

09 February, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 14/11/17 02:00 PM at TAMPINES CENTRAL 1 , TAMPINES MALL TAXI STAND

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. SHD9158D. The taxi was hired to TOH CHEE KEONG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$98.25 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

14-11-2017

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.	Accident Date
14/11/2017	18/11/2017	SHD9158D	14-11-2017

Yours Faithfully,

**Trans-Cab Services Pte Ltd****Jasmine Tan****General Manager**

## Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SLF2370U	16 Nov 2017 / 01:00:00	NTUC INCOME INS CO-OP LTD
SLD6985E	16 Nov 2017 / 04:45:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SKM9799X ✓	14 Nov 2017 / 14:00:00 ✓	AXA INSURANCE PTE LTD
SBT1808B	16 Nov 2017 / 07:55:00	AXA INSURANCE PTE LTD
YN8594E	16 Nov 2017 / 12:50:00	FIRST CAPITAL INS LTD