

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 : AAD1711-220

Your Ref : SJZ1028J

Date : 05.April 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5312G AND SJZ1028J ON 18/11/17 03:15 PM ALONG FARRER ROAD TOWARDS HOLLAND 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)	\$	1,979.50
2.	Loss of Rental for <u>2 1/2</u> days @ \$ <u>101.46</u> per day	\$	253.65
3.	Loss of Income for <u>2 1/2</u> days @ \$ <u>50.00</u> per day	\$	125.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	2,363.50

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)



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

TSO HUNG-TIM SAMUEL
51 MOUNT SINAI DRIVE
#08-11 KUHIO RISE
SINGAPORE 277107

Dear Sir/Madam,

OUR REF : CC3/AXA17022296/Kpa3

YOUR REF : SJZ 1028J

**ACCIDENT INVOLVING SJZ 1028J AND SHC 5312G ALONG FARRER ROAD ON
18.11.2017**

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 SHC 5312G against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SHC 5312G. 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 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)



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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.

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

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

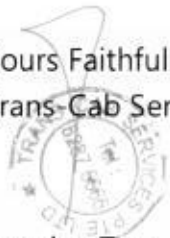
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHC5312G and SJZ1028J along FARRER ROAD TOWARDS HOLLAND ROAD on 18/11/17 03:15 PM.

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 5 (day) of April 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 Kuo Kong Hawk (Hirer), S1182493/E (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 SHC 5312G and SJZ 1028J along Farrer Road towards Holland Road on 18/11/2017 at 1515 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 5th day of April 2018.


(Hirer's signature)

Name: Kuo Kong Hawk

NRIC Number: S1182493/E

Address: Block 139 Yishun Ring Road,
#07-106 S (760139)



redefining / insurance

AAO 1711-220

CLAIM REF : S7M0041Z
INSURED : TSO HUNG-TIM SAMUEL

DISCHARGE VOUCHER

We, **Trans-Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 5th April 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, **Kuo Kong Hawk** of vehicle no. **SHC 5312G**.

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 **TWO THOUSAND THREE HUNDRED SIXTY THREE AND CENTS FIFTY** only (**S\$2,363.50**) 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 (**SJZ 1028J**) arising out of an accident with (**SHC 5312G**) on **18.11.2017**.
- 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. **SJZ 1028Z** 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. **SJZ 1028J**.

Dated this 5 day of SEP 2018

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : 7.
Name : Ng Wai Yin
 : G2815702P
I/C No : TRANS-CAB AUTO SERVICES PTE LTD
Address : No. 2 Ang Mo Kio Street 63
 : Singapore 569111
 : Tel: 6287 6666 Fax: 6287 7764

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Sheraton 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

TO: AXA INSURANCE PTE LTD 8 SHENTON WAY, #27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1801-202 DATE : 31. January 2018 REFERENCE NO : AAD1711-220 TERMS : DUE DATE : 31. January 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5312G;DOA 18.11.17(LUMP SUM-18)	1	1,979.50	1,979.50

Total SGD Excl. GST :	1,850.00
7% GST :	129.50
Total SGD Incl. GST :	1,979.50

**** ONE THOUSAND NINE HUNDRED SEVENTY NINE AND FIFTY 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

05 April, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 18/11/17 03:15 PM at FARRER ROAD TOWARDS HOLLAND 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. SHC5312G. The taxi was hired to KUO KONG HAWK 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

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

18-11-2017

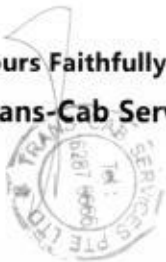
Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
Accident No.	AAD1711-220	Accident Date 18-11-2017
20/11/2017 10:36	22/11/2017 15:30	SHC5312G

Yours Faithfully,


Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJV2725U	20 Nov 2017 / 06:30:00	NTUC INCOME INS CO-OP LTD
 SJZ1028J	18 Nov 2017 / 15:15:00	AXA INSURANCE PTE LTD
SJF5610G	19 Nov 2017 / 20:25:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
GBF5390K	18 Nov 2017 / 13:30:00	NTUC INCOME INS CO-OP LTD
GY5307T	20 Nov 2017 / 08:10:00	LIBERTY INS P L