

**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 : AAD1711-285

Your Ref : SLT4074M, SBT3353H

Date : 17.August 2018

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5911C AND SLT4074M, SBT3353H ON 25/11/17 10:30 AM  
ALONG THOMSON 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)	\$	17,601.50
2.	Loss of Rental for <u>10</u> days @ \$ <u>103.6</u> per day	\$	1,243.20
3.	Loss of Income for <u>12</u> days @ \$ <u>50</u> per day	\$	600.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	19,450.05

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

10<sup>th</sup> May 2018

**TOI LAI YONG**

20 Bedok Rise,  
#11-65,  
Singapore 465411.

Dear Sir/Madam,

**OUR REF : CC3/AXA17022715/Kja3**

**YOUR REF : SLT 4074M**

**ROAD TRAFFIC ACCIDENT INVOLVING SLT 4074M, SKN 4963R, SHC 5911C, SBT 3353H AND SFB 262D ALONG THOMSON ROAD ON 25.11.2017**

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 M/s TRANS-CAB AUTO SERVICES PTE LTD, acting on behalf of the owner of SHC 5911C against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

You are aware that your No-Claim Discount (NCD – if applicable) will be with held for the time being. Pending for final allocation of liability in settlement by our principal AXA Insurance Pte Ltd.

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 7 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 [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) within 7 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)



Auto  
Consultants  
Pte Ltd

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

- 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

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 2132 or email us at [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com).

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

Yours sincerely,

Poh Kin, Chong  
Case Handler  
DID: 6841 2132  
FAX: 6741 4108  
Email: [vicalpeh@lkkauto.com](mailto:vicalpeh@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 SHC5911C and SLT4074M, SBT3353H along THOMSON ROAD on 25/11/17 10:30 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 17 (day) of August 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



redefining / insurance

CLAIM REF : C0461310  
INSURED : TOI LAI YONG

**DISCHARGE VOUCHER**

We, **Trans Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 17.08.18, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Trans Cab Services Pte Ltd** and the Hirer, IBRAHIM BIN MOHAMED SAID of vehicle no: SHC 5911C

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 NINETEEN THOUSAND FOUR HUNDRED FIFTY AND CENTS FIVE ONLY only (S\$ 19,450.05) 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 (SLT 4074M) arising out of an accident with (SHC 5911C) on 25.11.17.
- 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. SLT 4074M 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. SLT 4074M.

Dated this 26 day of OCTOBER 2018

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

Company Stamp TRANS-CAB AUTO SERVICES PTE LTD

Witness : f. lcu  
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> <b>AXA INSURANCE PTE LTD</b> 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1712-316 <b>DATE</b> : 29. December 2017 <b>REFERENCE NO</b> : AAD1711-285 <b>TERMS</b> : <b>DUE DATE</b> : 29. December 2017 <b>PAGE</b> : 1
---	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5911C;DOA 25.11.17(LUMP SUM-17)	1	17,601.50	17,601.50

**Total SGD Excl. GST :** 16,450.00  
**7% GST :** 1,151.50  
**Total SGD Incl. GST :** 17,601.50

\*\*\*\* SEVENTEEN THOUSAND SIX HUNDRED ONE 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

17 August, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 25/11/17 10:30 AM at THOMSON 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. SHC5911C. The taxi was hired to IBRAHIM BIN MOHAMED SAID a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$103.6 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

25-11-2017

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1711-285	<b>Accident Date</b> 25-11-2017
25/11/2017 10:30	7/12/2017 09:00	SHC5911C

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



## Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
FBL9315X	25 Nov 2017 / 06:45:00	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)
* SLT4074M	25 Nov 2017 / 10:30:00	AXA INSURANCE PTE LTD
SJN2351G	25 Nov 2017 / 20:40:00	NTUC INCOME INS CO-OP LTD
GBE5197H	24 Nov 2017 / 14:15:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
WC1791E	24 Nov 2017 / 17:30:00	GREAT EASTERN GENERAL INSURANCE LIMITED