

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 : AAD1712-053

Your Ref : SBR9138J

Date : 05.April 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHD9184C AND SBR9138J ON 05/12/17 05:25 PM ALONG MOUNTBATTEN RD X CRESCENT RD

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) | \$ | 3,317.00 |
| 2. | Loss of Rental for <u>5</u> days @ \$ <u>98.25</u> per day | \$ | 491.25 |
| 3. | Loss of Income for <u>5</u> days @ \$ <u>50.00</u> per day | \$ | 250.00 |
| 4. | LTA Search Fee | \$ | 5.35 |
| 5. | Survey Fee | \$ | 0.00 |
| | Total | \$ | 4,063.60 |

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 (6603 1259)



Auto
Consultants
Pte Ltd

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

08 JANUARY 2018

SUYANTI

97 MARINE PARADE
#10-01 MARINE VIEW MANSION
SINGAPORE 449273

Dear Sir/ Mdm

OUR REF : CC3/AXA17023451/Kpa3

YOUR REF : P1929146 (SBR 9138Y)

**ACCIDENT INVOLVING SBR 9138Y & SHD 9184C ALONG/AT MOUNTBATTEN ROAD
ON 05/12/2017**

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 9184C against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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 intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to chewht@lkkauto.com within 10 days from the date of this letter **if not provided at our 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)
- 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.

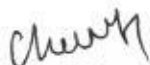
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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 6742 3197 or email us at chewht@lkkauto.com.

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

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

Cc *AXA Insurance 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 SHD9184C and SBR9138J along MOUNTBATTEN RD X CRESCENT RD on 05/12/17 05:25 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 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

Authorization To ActI, Ter You Kiat (Hirer), S 2585 696 A (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 9184C andGBR 9138J along Mountbatten Rd x Crescent Rdon 05-12-17 at 1725 hrs.

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 6 day of Dec 2017
(Hirer's signature)Name:- TER YOU KIATNRIC Number:- S 2585 696 AAddress: Blk 31 Balam Rd# 11-125 S'pore 370031



redefining / insurance

TO: Poh Kin

AA01713-053

CLAIM REF : S7M005BY
INSURED : SUYANTI

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, **Ter You Kiat** of vehicle no. SHD 9184C.

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 **FOUR THOUSAND SIXTY THREE AND CENTS SIXTY** only (**S\$4,063.60**) 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. (**SBR 9138J**) arising out of an accident with (**SHD 9184C**) on 05.12.2017.
- 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. **SBR 9138J** 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. **SBR 9138J**.

Dated this 27 day of Aug 2018

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

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**TO:****AXA INSURANCE PTE LTD**

8 SHENTON WAY, #27-01

AXA TOWER

068811 SINGAPORE

ATTENTION:

INVOICE NO. : INV1801-015**DATE** : 2. January 2018**REFERENCE NO** : AAD1712-053**TERMS** :**DUE DATE** : 2. January 2018**PAGE** : 1

| NO. | CODE | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|-----|---------|---|-----|------------|----------|
| 1. | 6050101 | REPAIR-SHD9184C;DOA 05.12.17(LUMP SUM-18) | 1 | 3,317.00 | 3,317.00 |

Total SGD Excl. GST : 3,100.00**7% GST : 217.00****Total SGD Incl. GST : 3,317.00******** THREE THOUSAND THREE HUNDRED SEVENTEEN 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 05/12/17 05:25 PM at MOUNTBATTEN RD X CRESCENT RD

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. SHD9184C. The taxi was hired to TER YOU KIAT 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

05-12-2017

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. | AAD1712-053 | Accident Date 05-12-2017 |
| 5/12/2017 18:50 | 9/12/2017 16:30 | SHD9184C |

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 06 Dec 2017 / 16:34:55

Receipt Date/Time : 06 Dec 2017 / 16:34:55

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171206-001525

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (\$\$) | GST Amount (\$\$) | Amount After GST (\$\$) |
|-----|--|--------------------------------|-------------------------|-------------------------------|
|-----|--|--------------------------------|-------------------------|-------------------------------|

Result of Insurance Enquiry - SBR9138J

As at 05 Dec 2017/17:25:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SBR9138J

Enquiry Fee

20171206163345953739

5.00 0.35 5.35

Sub-Total 5.00 0.35 5.35

Total Before Rounding 5.00 0.35 5.35

Rounding Difference 0.00

Total Amount Payable 5.35

Paid By

xxxxxxxxxxxxx6243 Credit Card:
Visa/MasterCard 5.35

Total 5.35

Cash Change 0.00

Tendered Amount 5.35

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF