

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 : AAD1712-087

Your Ref : SLJ7522U

Date : 05.April 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5629T AND SLJ7522U ON 09/12/17 04:45 PM ALONG CANTOMENT ROAD TOWARDS KEPPEL 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)	\$	3,317.00
2.	Loss of Rental for <u>4</u> days @ \$ <u>101.46</u> per day	\$	405.84
3.	Loss of Income for <u>4</u> days @ \$ <u>50.00</u> per day	\$	200.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	3,928.19

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

24 JANUARY 2018

TAN SWEE LEONG
BLK 988B BUANGKOK GREEN
#17-73
SINGAPORE 532988

Dear Sir/ Mdm

OUR REF : CC3/ASM17023684/Kpb3
YOUR REF : GA148919/1 (SLJ 7522U)
ACCIDENT INVOLVING SLJ 7522U AND SHC 5629T ALONG/AT JUNCTION OF CANTONMENT ROAD & KEPPEL VIADUCT ON 09/12/2017

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 SHC 5629T against your motor insurance 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. 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.

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.

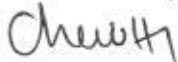
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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 SHC5629T and SLJ7522U along CANTOMENT ROAD TOWARDS KEPPEL ROAD on 09/12/17 04:45 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 November 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, Lim Puay Heng (Hirer), S 1463327 H (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 56297 andSLJ 7522U along Cantonment Rd Towards Keppel Rdon 09-12-17 at 1645 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 11 day of Dec 2017

(Hirer's signature)

Name:- Lim Puay HengNRIC Number:- S 1463327Address: Blk 276 Choa Chu Kang Ave#10-303 680276



redefining / insurance

AA01712-087

CLAIM REF : S7M005ES
INSURED : TAN SWEE LEONG

DISCHARGE VOUCHER

We, **Trans-Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 11/12/2017, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Trans-Cab Services Pte Ltd** and the Hirer, Lim Puay Heng of vehicle no. SHC 5629T.

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 EIGHT HUNDRED** only (**S\$1,800.00**) 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 (SLJ 7522U) arising out of an accident with (SHC 5629T) on 09/12/2017.
- 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. SLJ 7522U 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. SLJ 7522U.

Dated this 8 day of Nov 2018

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : ✓

Name : _____

I/C No : Ng Wai Yin
G2815702P

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

TO: AXA INSURANCE PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1801-208 DATE : 31. January 2018 REFERENCE NO : AAD1712-087 TERMS : DUE DATE : 31. January 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5629T;DOA 09.12.17(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

16 November, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 09/12/17 04:45 PM at CANTOMENT ROAD TOWARDS KEPPEL 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. SHC5629T. The taxi was hired to LIM PUAY HENG 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

09-12-2017

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.	AAD1712-087	Accident Date 09-12-2017
11/12/2017 11:20	14/12/2017 16:10	SHC5629T

Yours Faithfully,

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

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SLN6899T	09 Dec 2017 / 22:25:00	NTUC INCOME INS CO-OP LTD
SLJ7522U	09 Dec 2017 / 16:45:00	AXA INSURANCE PTE LTD
SJP5756S	10 Dec 2017 / 16:20:00	NTUC INCOME INS CO-OP LTD

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