

**Vivian Lau (LKKAUTO)**

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**From:** Chee So Chow <sochow.chee@sg.cntaiping.com>  
**Sent:** Thursday, 28 June, 2018 8:46 PM  
**To:** Vivian Lau (LKKAUTO); Claims Dept of CTI  
**Cc:** Alfred Toh; Joy Irene (LKKAUTO)  
**Subject:** RE: Direct Settlement - Accident Involving SDW4445E (OI: SNM17D07190/C02/5/LKKDS) and SHB9808Y (TP : LKK REF - CC3/CTI17024119/Kwb3) on 18.12.2017

Dear Vivian

Please proceed to settle at S\$3,513.99 as proposed.

Regards

**CHEE SO CHOW**

Deputy Manager  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-02  
Springleaf Tower Singapore 079909  
Co. Reg. No. 200208384E  
DID: 6389 6176  
Fax: 6224 7175 / 6224 7478  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)

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**From:** Vivian Lau (LKKAUTO) [mailto:vivianlau@lkkauto.com]  
**Sent:** Tuesday, March 06, 2018 4:37 PM  
**To:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>  
**Cc:** Alfred Toh <alfred.toh@sg.cntaiping.com>; Joy Irene (LKKAUTO) <JoyIrene@lkkauto.com>  
**Subject:** RE: Direct Settlement - Accident Involving SDW4445E (OI: SNM17D07190/C02/5/LKKDS) and SHB9808Y (TP : LKK REF - CC3/CTI17024119/Kwb3) on 18.12.2017

Your Ref : SNM17D07190/C02/5/LKKDS  
Our Ref : CC3/CTI17024119/Kwb3

Dear Alfred,

**ACCIDENT INVOLVING SDW 4445E AND SHB 9808Y ON 18/12/2017 ALONG CTE TWDS JURONG**

We refer to the above matter

This is a head-to-rear collision.

We did clarify with OI the nature of accident, he agreed to settle and aware of NCD issues.

We have surveyed the vehicle, and relevant supporting documents was enclosed for your perusal.

We seek your approval to offer to TP repairer **Trans-cab Auto Services Pte Ltd** is as follows:

	Amount Claimed	Amount Revised
1. Cost of Repair (+GST)	S\$ 38,145.99	S\$ 3,210.00
2. Loss of Rental (\$ 99.32x 2 days )	S\$ 198.64	S\$ 198.64( Surveyor recommend 2 days)
3. Loss of Income (\$ 50.00 x 2 days)	S\$ 100.00	S\$ 100.00
4. GIA SEARCH	S\$ 5.35	S\$ 5.35
	S\$ 38,449.98	S\$ 3,513.99

**Amount of claim at liability 100% S\$ 3,513.99**

**For your approval please.**

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Jowyn Tay [<mailto:jowyn.tay@sg.cntaiping.com>]

**Sent:** Thursday, 21 December, 2017 6:01 PM

**To:** Shu Pei (LKKAuto) <[shupeil@lkkauto.com](mailto:shupeil@lkkauto.com)>; Vivian Lau (LKKAuto) <[vivianlau@lkkauto.com](mailto:vivianlau@lkkauto.com)>

**Cc:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Joel Goh <[joel.goh@sg.cntaiping.com](mailto:joel.goh@sg.cntaiping.com)>; Joy Irene (LKKAuto) <[JoyIrene@lkkauto.com](mailto:JoyIrene@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>

**Subject:** RE: Direct Settlement - Accident Involving SDW4445E (OI : SNM17D07190/C02/5/LKKDS) and SHB9808Y (TP : LKK REF - CC3/CTI17024119/Kwb3) on 18.12.2017

**Importance:** High

Dear Shu Pei &/or Vivian,

Please refer to the attachments.

Thank you.

Regards,

**Jowyn Tay**

Deputy Claims Executive

Motor Division

Claims Department  
**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #16-00  
Springleaf Tower  
Singapore 079909  
Co. Reg. No. 200208384E  
DID: 6389 6174  
Fax: 6224 7175 / 6224 7478  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[jowyn.tay@sg.cntaiping.com](mailto:jowyn.tay@sg.cntaiping.com)  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)

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**From:** Shu Pei (LKKAuto) [<mailto:shupe@lkkauto.com>]  
**Sent:** Wednesday, 20 December, 2017 5:41 PM  
**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>  
**Cc:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Jowyn Tay <[jowyn.tay@sg.cntaiping.com](mailto:jowyn.tay@sg.cntaiping.com)>; Joel Goh <[joel.goh@sg.cntaiping.com](mailto:joel.goh@sg.cntaiping.com)>; Joy Irene (LKKAuto) <[JoyIrene@lkkauto.com](mailto:JoyIrene@lkkauto.com)>; Vivian Lau (LKKAuto) <[vivianlau@lkkauto.com](mailto:vivianlau@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** Direct Settlement - Accident Involving SDW4445E (OI : CTI - TBA) and SHB9808Y (TP : LKK REF - CC3/CTI17024119/Kwb3) on 18.12.2017

**WITHOUT PREJUDICE**

Dear Joel,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHB 9808Y at M/s Trans-cab Auto Services Pte Ltd.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Our case handler in-charge is Vivian and she can be contacted at DID: 6841 8625.

Thank You.

Best Regards,

**Shu Pei** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366-0055 | email: [shupe@lkkauto.com](mailto:shupe@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**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 : AAD1712-177

Your Ref : SDW4445E

Date : 06.February 2018

**CHINA TAIPING INSURANCE**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHB9808Y AND SDW4445E ON 18/12/17 01:41 PM ALONG CTE TOWARDS CITY**

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)	\$	3,210.00
2.	Loss of Rental for <u>2</u> days @ \$ <u>99.33</u> per day	\$	198.64
3.	Loss of Income for <u>2</u> days @ \$ <u>50</u> per day	\$	100.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	3,513.99

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Certificate of Insurance

Original final repair bill

Rental rate and mileage records

Authorization To Act

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

Our Ref: CC3/CTI17024119/Kwb3

28 December 2017

**Siti Patimah Catering**  
Blk 670C Edgefield Plains  
#11-642  
Singapore 823670

Dear Sir/Madam,

**ACCIDENT INVOLVING SDW 4445E AND SHB 9808Y ON 18/12/2017**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Vivian Lau  
Case Handler  
DID: 6841 8625  
FAX: 6741 4108  
EMAIL: Vivianlau@lkkauto.com

*c.c. China Taiping Insurance (Singapore) 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 SHB9808Y and SDW4445E along CTE TOWARDS CITY on 18/12/17 01:41 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 6 (day) of February 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN1709761700

Claim No : SNM17D07190/C02/5/LKKDS

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$ 3,513.99

Singapore Dollar Three Thousand Five Hundred Thirteen and Cents Ninety Nine Only

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHB 9808Y

Insured Vehicle No. : SDW 4445E

Date of Loss : 18/12/2017

Place of Accident : CTE TWDS JURONG

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : SITI PATIMAH CATERING

Driver Name : HAIRUMBIYAH BINTE GHABI

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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(1) General Damages:	S\$
(2) Cost of Repair/Excess	S\$ 3,210.00
(3) Loss of Use/Rental/Earning	S\$ 198.64
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$ 5.35
(5) Medical Reports/Expenses	S\$
(6) Survey Fees/P.T. Fees	S\$
(7) Cost including Disbursement	S\$
TOTAL . . . . .	S\$ 3,513.99

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Claimant Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_



JASMINE TAN SIEW KIM  
S74056361

12 JUL 2018

Signature : \_\_\_\_\_ Date : \_\_\_\_\_



**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:****CHINA TAIPING INSURANCE (S) PTE LTD**

3 ANSON ROAD

#15-02 SPRINGLEAF TOWER

079909 SINGAPORE

ATTENTION:

**INVOICE NO.** : INV1801-121  
**DATE** : 30. January 2018  
**REFERENCE NO** : AAD1712-177  
**TERMS** :  
**DUE DATE** : 30. January 2018  
**PAGE** : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB9808Y;DOA 18.12.17(LUMP SUM-18)	1	3,210.00	3,210.00

**Total SGD Excl. GST :** 3,000.00  
**7% GST :** 210.00  
**Total SGD Incl. GST :** 3,210.00

**\*\*\*\* THREE THOUSAND TWO HUNDRED TEN 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

06 February, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 18/12/17 01:41 PM at CTE TOWARDS CITY

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. SHB9808Y. The taxi was hired to HO BOON KHENG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$99.32 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

18-12-2017

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.	
<b>Accident No.</b>	AAD1712-177		<b>Accident Date</b> 18-12-2017
18/12/2017	20/12/2017	SHB9808Y	
20/12/2017	1/1/0001	SHB9808Y	

**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**

**Jasmine Tan**

**General Manager**

## Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJN7775J	14 Dec 2017 / 20:40:00	SOMPO INSURANCE SINGAPORE PTE. LTD.
SJK6875B	15 Dec 2017 / 08:50:00	ERGO INSURANCE PTE. LTD.
SLQ1111A	16 Dec 2017 / 12:50:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
SGZ6993A	17 Dec 2017 / 14:20:00	AXA INSURANCE PTE LTD
SDW4445E	18 Dec 2017 / 13:40:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD