

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 : AAD1712-185

Your Ref : SLT2771Y

Date : 08.October 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHB9543K AND SLT2771Y ON 18/12/17 04:20 PM ALONG ANG MO KIO AVENUE 8

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)	\$	3,638.00
2.	Loss of Rental for <u>3</u> days @ \$ <u>77.39</u> per day	\$	232.17
3.	Loss of Income for <u>3</u> days @ \$ <u>50</u> per day	\$	150.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	4,025.52

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

RAYNER TAN CHUN YONG
BLK 452 YISHUN RING ROAD
#07-162
SINGAPORE 760452

Dear Sir/ Mdm

OUR REF : CC3/ASM17024231/Kpa3
YOUR REF : GA282486/1 (SLT 2771Y)
ACCIDENT INVOLVING SLT 2771Y & SHB 9543K ALONG/AT ANG MO KIO AVE 8
TWDS YIO CHU KANG MRT ON 18/12/2017

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 SHB 9543K 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.

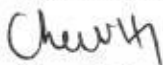
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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 SHB9543K and SLT2771Y along ANG MO KIO AVENUE 8 on 18/12/17 04:20 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 8 (day) of October 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, Sim Kee Boon (Hirer), S 6830300 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 SHB9543K andSLT3771Y along Ang Mo Kio Ave 8on 18-12-17 at 1620 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 19 day of Dec 2017

(Hirer's signature)

Name:- Sim Kee BoonNRIC Number:- S 6830300 AAddress: Blk 778 Woodlands drive 60703-114 730778



redefining / insurance

9901713-185

CLAIM REF : S7M005Z0
INSURED : RAYNER TAN CHUN YONG


DISCHARGE VOUCHER

We, Trans-Cab Auto Services Pte Ltd confirm that by letter of authorisation dated 19/12/2017, we are authorised to and do hereby give this discharge for ourselves and on behalf of Trans-Cab Services Pte Ltd and the Hirer, Sim Kee Boon of vehicle no. SHB 9543K.

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 TWENTY FIVE AND CENTS FIFTY TWO** only (**S\$4,025.52**) 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 2771Y**) arising out of an accident with (**SHB 9543K**) on **18/12/2017**.
- 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. **SLT 2771Y** 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 2771Y**.

Dated this 23  01 2018

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : ✱

Name : Ng Wai Yin

I/C No : 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. : INV1712-381 DATE : 31. December 2017 REFERENCE NO : AAD1712-185 TERMS : DUE DATE : 31. December 2017 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB9543K;DOA 18.12.17(LUMP SUM-17)	1	3,638.00	3,638.00

Total SGD Excl. GST : 3,400.00
7% GST : 238.00
Total SGD Incl. GST : 3,638.00

**** THREE THOUSAND SIX HUNDRED THIRTY EIGHT 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

08 October, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 18/12/17 04:20 PM at ANG MO KIO AVENUE 8

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. SHB9543K. The taxi was hired to SIM KEE BOON a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$77.39 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.
Accident No.	AAD1712-185	Accident Date 18-12-2017
19/12/2017 08:40	22/12/2017 11:00	SHB9543K

Yours Faithfully,

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

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
GBE7G	19 Dec 2017 / 13:10:00	NTUC INCOME INS CO-OP LTD
SLT2774Y2	18 Dec 2017 / 16:20:00	AXA INSURANCE PTE LTD
SLE9800E	18 Dec 2017 / 13:40:00	AVIVA LTD

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