

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 : AAD1801-032

Your Ref : SFG6161X

Date : 27.September 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHF0761K AND SFG6161X ON 01/01/18 02:02 AM ALONG SENTOSA - SILOSO STATION

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)	\$	6,266.67
2.	Loss of Rental for <u>7</u> days @ \$ <u>105.74</u> per day	\$	740.18
3.	Loss of Income for <u>7</u> days @ \$ <u>50</u> per day	\$	350.00
4.	LTA Search Fee	\$	7.45
5.	Survey Fee	\$	0.00
	Total	\$	7,364.30

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)

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Friday, 20 April 2018 4:31 PM
To: 'kumarpillai@globsolsingapore.com'
Cc: Admin A
Subject: ACCIDENT INVOLVING SFG 6161X AND SHF 761K ALONG SENTOSA SILOSO BEACH PICK UP POINT ON 01.01.2018

GNANAKUMAR KANAGASABAPATHY PERIMANAM PILLAI

Policy Holder

Dear Sir,

OUR REF : CC4/ASM18000353/Kja3
YOUR REF : SFG 6161X

ACCIDENT INVOLVING SFG 6161X AND SHF 761K ALONG SENTOSA SILOSO BEACH PICK UP POINT ON 01.01.2018

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 SHF 761K against your motor insurance policy.

Based on the accident reports given by both drivers, a front-to-rear scenario where our vehicle had hit SHF 761K from the rear, liability is down against us.

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 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 joyirene@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)
- 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 the undersigned.

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

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: joyirene@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

Authorization To Act

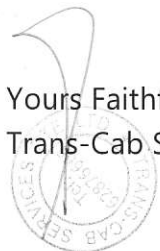
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHF0761K and SFG6161X along SENTOSA - SILOSO STATION on 01/01/18 02:02 AM.

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 27 (day) of September 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



redefining / insurance

CLAIM REF
INSURED

: S8M006EU
: GNANAKUMAR KANAGASABAPATHY PERIMANAM PILLAI

DISCHARGE VOUCHER

We, Trans Cab Auto Services Pte Ltd confirm that by letter of authorisation dated 27.09.18, we are authorised to and do hereby give this discharge for ourselves and on behalf of Trans Cab Services Pte Ltd and the Hirer, ANG CHIN KEE of vehicle no: SHF 761K

Now we Trans Cab Auto Services Pte Ltd for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars SEVEN THOUSAND THREE HUNDRED SIXTY FOUR AND CENTS THIRTY ONLY only (S\$ 7,364.30) 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 (SFG 6161X) arising out of an accident with (SHF 761K) on 01.01.18.
- b) 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. SFG 6161X arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) 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. SFG 6161X.

Dated this 31 day of Jan 2019

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp TRANS-CAB AUTO SERVICES PTE LTD

Witness : _____
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**

TO: AXA INSURANCE PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1809-176 DATE : 27. September 2018 REFERENCE NO : AAD1801-032 TERMS : DUE DATE : 27. September 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0761K; DOA 01.01.18 (PART BY PART-18)	1	6,266.67	6,266.67

Total SGD Excl. GST :	5,856.70
7% GST :	409.97
Total SGD Incl. GST :	6,266.67

**** SIX THOUSAND TWO HUNDRED SIXTY SIX AND SIXTY SEVEN 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

27 September, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 01/01/18 02:02 AM at SENTOSA - SILOSO STATION

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. SHF0761K. The taxi was hired to ANG CHIN KEE a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$105.74 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

01-01-2018

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.	AAD1801-032	Accident Date 01-01-2018
2/1/2018 11:00	8/1/2018 14:30	SHF0761K

Yours Faithfully,

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

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJD1490Y	01 Jan 2018 / 07:05:00	NTUC INCOME INS CO-OP LTD
SLL5377A	31 Dec 2017 / 23:15:00	LIBERTY INS P L
SEG6161X	31 Dec 2017 / 02:02:00	AXA INSURANCE PTE LTD
PC1721R	30 Dec 2017 / 16:00:00	NTUC INCOME INS CO-OP LTD

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OK

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