

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 : AAD1801-088

Your Ref : GBF6548S

Date : 09.April 2018

AIG ASIA PACIFIC INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHD0065Y AND GBF6548S ON 05/01/18 07:19 PM ALONG ADAM 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) | \$ | 214.00 |
| 2. | Loss of Rental for <u>1</u> days @ \$ <u>75.25</u> per day | \$ | 75.25 |
| 3. | Loss of Income for <u>1</u> days @ \$ <u>50</u> per day | \$ | 50.00 |
| 4. | LTA Search Fee | \$ | 7.45 |
| 5. | Survey Fee | \$ | 0.00 |
| | Total | \$ | 346.70 |

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) 67414108

Our Ref: CC3/AIG18000662/Kes3

18 JANUARY 2018

S B AIR-CON SERVICES
105 SIMS AVENUE
CHANCERLODGE COMPLEX
#05-11
SINGAPORE 787429

Dear Sir/Madam,

ACCIDENT INVOLVING GBF 6548S AND SHD 65Y ON 05.01.2018

We refer to the above accident where we are acting for AIG Asia Pacific Insurance 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 7 days from the date of this letter.

Please note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Siti
Case Handler
DID: 6256 3561
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. AIG Asia Pacific 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 SHD0065Y and GBF6548S along ADAM ROAD on 05/01/18 07:19 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 April 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan
General Manager

RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

"We/I, **TRANS-CAB AUTO SERVICES PTE LTD** ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$214.00** (Repair Cost), **S\$125.25** (Loss of Use/Rental), **S\$7.45** (Disbursement) for vehicle no. **SHD 65Y** that was damaged pursuant to the accident which occurred on **05/01/2018** (date) along **ADAM ROAD** (location) involving vehicle no/s **GBF 6548S**.

This is pursuant to the inspection conducted on **09/01/2018** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **TRANS-CAB SERVICES PTE LTD** ("the third party claimant") of vehicle no. **SHD 65Y** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to **SHD 65Y** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 09 (day) of 05 (month) **20** 18 (year)



KSC

Signed by appointed surveyor



Signed by "the workshop" (with chop)

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: AIG ASIA PACIFIC INSURANCE PTE LTD 78 Shenton Way #07-16 CHARTIS Building 079120 Singapore ATTENTION: | INVOICE NO. : INV1802-253 DATE : 28. February 2018 REFERENCE NO : AAD1801-088 TERMS : Net 30 Days DUE DATE : 30. March 2018 PAGE : 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| NO. | CODE | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|-----|---------|-------------------------------------------|-----|------------|--------|
| 1. | 6050101 | REPAIR-SHD0065Y;DOA 05.01.18(LUMP SUM-18) | 1 | 214.00 | 214.00 |

Total SGD Excl. GST : 200.00
7% GST : 14.00
Total SGD Incl. GST : 214.00

****** TWO HUNDRED FOURTEEN 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

09 April, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 05/01/18 07:19 PM at ADAM 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. SHD0065Y. The taxi was hired to LIM KOK HONG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$75.25 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

05-01-2018

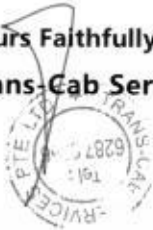
Dear Sir/Madam,

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

| Date In | Date Out | Vehicle No. |
|---------------------|-----------------|---------------------------------|
| Accident No. | AAD1801-088 | Accident Date 05-01-2018 |
| 9/1/2018 09:45 | 10/1/2018 14:30 | SHD0065Y |

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

| Vehicle No. | Incident Date/Time | Insurance Company Name |
|-------------|------------------------|----------------------------------------|
| GBF6352P | 11 Nov 2017 / 15:45:00 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| SLQ8386C | 08 Jan 2018 / 08:10:00 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| SFA509Z | 08 Jan 2018 / 08:40:00 | NTUC INCOME INS CO-OP LTD |
| * GBF6548S | 05 Jan 2018 / 19:20:00 | AIG ASIA PACIFIC INSURANCE PTE. LTD. * |
| SLL2187B | 07 Jan 2018 / 16:00:00 | AXA INSURANCE PTE LTD |