

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 : AAD1801-127

Your Ref : SJR3914E

Date : 05.April 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5272M AND SJR3914E ON 10/01/18 04:55 PM ALONG AYE SLIP ROAD TOWARDS SOUTH BUONA VISTA 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)	\$	13,161.00
2.	Loss of Rental for <u>8</u> days @ \$ <u>103.60</u> per day	\$	828.80
3.	Loss of Income for <u>8</u> days @ \$ <u>50.00</u> per day	\$	400.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	14,395.15

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

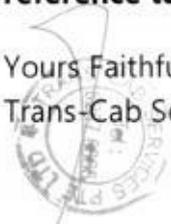
Original final repair bill

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

02 FEBRUARY 2018

STARMIKE5
626 CHOA CHU KANG STREET 62
#05-188
SINGAPORE 680626
ATTN: HR / MANAGEMENT

Dear Sir/Madam,

OUR REF : CC3/ASM18000845/Kka3
YOUR REF : SJR 3914E
ACCIDENT INVOLVING SJR 3914E AND SHC 5272M ALONG NORTH BUONA VISTA ROAD ON 10.01.2018

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 TRANS-CAB AUTO SERVICES PTE LTD, acting on behalf of the owner of SHC 5272M against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SHC 5272M. As such, 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 10 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 Zaini@lkkauto.com within 10 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 us at 6256 3561 or email us at Zaini@lkkauto.com.

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

Yours sincerely,

Zaini
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: Zaini@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(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

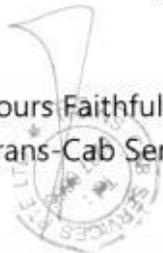
Authorization To Act

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 SHC5272M and SJR3914E along AYE SLIP ROAD TOWARDS SOUTH BUONA VISTA ROAD on 10/01/18 04:55 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 5 (day) of April 2018

Yours Faithfully
Trans-Cab Services Pte Ltd



Jasmine Tan
General Manager

TRANS-CAB SERVICES PTE LTD

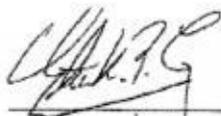
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6281 1400
Co./GST Reg. No. 200303878K

Authorization To Act

I, Tay Kok Pow (Hirer), S13126916 (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 SJC 5272 M and
SJR 3914 E along AYE Slip Rd Towards South Buona Vista Rd
on 10-01-18 at 16.55 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 JAN 2018



(Hirer's signature)

Name:- Tay Kok Pow

NRIC Number:- S13126916

Address: Blk 225 Simei Street

#04-72 S'PirP S20225



redefining / insurance

AA01801-127

CLAIM REF : S8M00724
INSURED : STARMIKES

DISCHARGE VOUCHER

We, **Trans-Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 11.01.2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of Trans-Cab Services Pte Ltd and the Hirer, Tay Kok Pow of vehicle no. SHC 5272M.

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 **FOURTEEN THOUSAND THREE HUNDRED** only (**SS\$14,300.00**) 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 (SJR 3914E) arising out of an accident with (SHC 5272M) on 10/01/2018.
- 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. SJR 3914E 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. SJR 3914E.

Dated this 5 day of SEP 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 #81-01
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. : INV1803-166 DATE : 29. March 2018 REFERENCE NO : AAD1801-127 TERMS : DUE DATE : 29. March 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5272M-DOA 10.01.18(LUMP SUM-18)	1	13,161.00	13,161.00

Total SGD Excl. GST : 12,300.00**7% GST : 861.00****Total SGD Incl. GST : 13,161.00******** THIRTEEN THOUSAND ONE HUNDRED SIXTY ONE 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

05 April, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 10/01/18 04:55 PM at AYE SLIP ROAD TOWARDS SOUTH BUONA VISTA 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. SHC5272M. The taxi was hired to TAY KOK POW a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate ~~\$103.60~~ 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

This is a computer generated print-out. No signature is required.

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

10-01-2018

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.	AAD1801-127	Accident Date 10-01-2018
11/1/2018 09:20	18/1/2018 19:00	SHC5272M

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
PC2561D	10 Jan 2018 / 19:30:00	AXA INSURANCE PTE LTD
*SJR3914E	10 Jan 2018 / 16:55:00	AXA INSURANCE PTE LTD
SFV1616E	10 Jan 2018 / 16:30:00	EQ INSURANCE COMPANY LTD