

To : Joy Irene

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 : AAD1801-212

Your Ref : CB7783G

Date : 26.July 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5791G AND CB7783G ON 18/01/18 07:55 AM ALONG CANBERRA LINK

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)	\$	8,399.50
2.	Loss of Rental for <u>4</u> days @ \$ <u>101.46</u> per day	\$	405.84
3.	Loss of Income for <u>4</u> days @ \$ <u>50</u> per day	\$	200.00
4.	LTA Search Fee	\$	7.45
5.	Survey Fee	\$	0.00
	Total	\$	9,012.79

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

2nd May 2018

REN QUAN TRANSPORT

Block 356 Yishun Ring Road
#08-1828
SINGAPORE 760356

Dear Sirs,

OUR REF : CC3/ASM18001286/Kja3

YOUR REF : CB 7783G

**ROAD TRAFFIC ACCIDENT INVOLVING CB 7783G AND SHC 5791G ALONG SLIP
ROAD OF CANBERRA WAY TOWARDS CANBERRA LINK ON 18.01.2018**

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 Property Damage 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 SHC 5791G against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SHC 5791G. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD – if applicable) may be affected as a result of the claim against your policy. We also wish to advise that there is an excess of **S\$1,500.00** in accordance to your policy.

Our principal, AXA shall keep you informed of when to make the excess payment, which cheque is to be made in favor of "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

As Insurers, AXA 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 intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com, **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)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA's Customer Care Centre.

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 authorized 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 6841 2096 or email us at vicalpeh@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Chong Poh Kin
Case Handler
DID: 6841 2132
FAX: 6741 4108
EMAIL: Vicalpeh@lkkauto.com

Cc Motor Claims Department
AXA Insurance Pte Ltd

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 SHC5791G and CB7783G along CANBERRA LINK on 18/01/18 07:55 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 26 (day) of July 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



redefining / insurance

CLAIM REF : S8M007E8
INSURED : CB 7783G

DISCHARGE VOUCHER

We, **Trans Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 26.7.18, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Trans Cab Auto Services Pte Ltd** and the Hirer, **NEO HOCK BENG** of vehicle no: SHC 5791G

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 NINE THOUSAND TWELVE AND CENTS SEVENTY NINE, only (S\$ 9,012.79) 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 (CB 7783G) arising out of an accident with (SHC 5791G) on 18.01.2018.
- 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. CB 7783G 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. CB 7783G.

Dated this 23 day of 08 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp TRANS-CAB AUTO SERVICES PTE LTD

Witness : [Signature]
Name : JASMINE TAN SIEW KIM
I/C No : S74056361
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. : INV1802-218
DATE : 28. February 2018
REFERENCE NO : AAD1801-212
TERMS :
DUE DATE : 28. February 2018
PAGE : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5791G;DOA 18.01.18(LUMP SUM-18)	1	8,399.50	8,399.50

Total SGD Excl. GST : 7,850.00

7% GST : 549.50

**** EIGHT THOUSAND THREE HUNDRED NINETY NINE AND FIFTY SGD ONLY

Total SGD Incl. GST : 8,399.50

- 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

26 July, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 18/01/18 07:55 AM at CANBERRA LINK

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. SHC5791G. The taxi was hired to NEO HOCK BENG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$101.46 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

18-01-2018

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.	AAD1801-212	Accident Date 18-01-2018
18/1/2018 16:00	22/1/2018 14:00	SHC5791G

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
CB7783G	18 Jan 2018 / 07:55:00	AXA INSURANCE PTE LTD