

**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 : AAD1802-230

Your Ref : CB6840G

Date : 10.April 2018

**CHINA TAIPING INSURANCE**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5623J AND CB6840G ON 23/02/18 02:05 PM ALONG  
UPPER SERANGOON ROAD TOWARDS UPPER ALJUNIED 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)	\$	1,765.50
2.	Loss of Rental for <u>5</u> days @ \$ <u>101.46</u> per day	\$	507.30
3.	Loss of Income for <u>5</u> days @ \$ <u>50</u> per day	\$	250.00
4.	LTA Search Fee	\$	5.35
5.	Survey Fee	\$	0.00
	Total	\$	2,528.15

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](mailto: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

Our Ref: CC3/CTII8003726/Kpb3

14 AUG 2018

**H H COACH BUS**

BLK 175 WOODLANDS STREET 13  
#10-321  
SINGAPORE 730175

Dear Sir/Madam,

**ACCIDENT INVOLVING CB 6840G AND SHC 5623J ON 23/02/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, China Taiping Insurance (Singapore) Pte Ltd to deal with the third party claim against your policy.

We have received a claim from SHC 5623J against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

If you have evidence/information to proof that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by 25/08/2018, after we shall proceed with negotiation with Third Party claimant on the without prejudice basis and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,

CHEW HSIAO TONG  
Case Handler  
DID: 6742 3197  
FAX: 6741 4108  
EMAIL: chewht@lkkauto.com

c.c. *China Taiping Insurance (Singapore) 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 SHC5623J and CB6840G along UPPER SERANGOON ROAD TOWARDS UPPER ALJUNIED ROAD on 23/02/18 02:05 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 10 (day) of April 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan  
General Manager

TC: Asher

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SN1439801703 Claim No : SNM18D01033C02/0/LKKDS  
 Claimant : TRANS-CAB SERVICES PTE LTD  
 Amount : S\$2,376.69  
 DOLLARS TWO THOUSAND THREE HUNDRED SEVENTY SIX AND CENTS SIXTY  
 NINE ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHC 5623J  
 Insured Vehicle No. : CB 6840G

Date of Loss : 23/02/2018  
 Place of Accident : UPPER SERANGOON ROAD TOWARDS UPPER ALJUNIED ROAD

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : H H COACH BUS  
 Driver Name : NG CHUAN HENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	1,765.50
(3) Loss of Use/Rental/Earning	S\$	605.84
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	5.35
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/Towing Fee	S\$	
(7) Cost including Disbursement	S\$	
TOTAL . . . . .	S\$	2,376.69

Claimant Name : TRANS-CAB SERVICES PTE LTD

NRIC No : Ng Wai Yin  
G2815702P

Signature : 

Date : 18 AUG 2019





**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**

<b>TO:</b> <b>CHINA TAIPING INSURANCE (S) PTE LTD</b> 3 ANSON ROAD #15-02 SPRINGLEAF TOWER 079909 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1803-230 <b>DATE</b> : 31. March 2018 <b>REFERENCE NO</b> : AAD1802-230 <b>TERMS</b> : <b>DUE DATE</b> : 31. March 2018 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5623J;DOA 23.02.18(LUMP SUM-18)	1	1,765.50	1,765.50

**Total SGD Excl. GST : 1,650.00****7% GST : 115.50****\*\*\*\* ONE THOUSAND SEVEN HUNDRED SIXTY FIVE AND FIFTY SGD ONLY \*\*\*\*****Total SGD Incl. GST : 1,765.50**

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

10 April, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 23/02/18 02:05 PM at UPPER SERANGOON ROAD TOWARDS UPPER ALJUNIED 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. SHC5623J. The taxi was hired to SEAH BOON CHUAN 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

23-02-2018

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1802-230	<b>Accident Date</b> 23-02-2018
23/2/2018 15:00	27/2/2018 16:00	SHC5623J

Yours Faithfully,

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

## Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
CB6840G	23 Feb 2018 / 14:00:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
SJK9733H	23 Feb 2018 / 02:20:00	NTUC INCOME INS CO-OP LTD

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