

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 : AAD1803-092

Your Ref : SLN3541U

Date : 05.June 2018

CHINA TAIPING INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHD0897M AND SLN3541U ON 10/03/18 02:30 PM ALONG JURONG WEST SWIMMING COMPLEX CARPARK

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)	\$	1,621.05
2.	Loss of Rental for <u>3</u> days @ \$ <u>78.00</u> per day	\$	234.00
3.	Loss of Income for <u>3</u> days @ \$ <u>50.00</u> per day	\$	150.00
4.	LTA Search Fee	\$	7.50
5.	Survey Fee	\$	0.00
	Total	\$	2,012.55

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/CTI18004864/Kdb3

01/07/2019

CHENG HAIDONG
BLK 656C JURONG WEST ST 61
#04-315
SINGAPORE 643656

Dear Sir/Madam,

ACCIDENT INVOLVING SLN3541U AND SHD897M ON 10/03/2018

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) 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 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Jimmy
Case Handler
DID: 6841 2928
FAX: 6741 4108
Email: jimmychen@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 SHD0897M and SLN3541U along JURONG WEST SWIMMING COMPLEX CARPARK on 10/03/18 02:30 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 June 2018

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager



MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : UMPCSN1732331700 Claim No : SHM18D01341C02/1

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$1,600.00
Singapore Dollars One Thousand Six Hundred 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. : SHD 897M
Insured Vehicle No. : SLN 3541U

Date of Loss : 10/03/2018
Place of Accident : JURONG WEST SWIMMING COMPLEX CARPARK

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 : CHENG HAIDONG
Driver Name : CHENG HAIDONG

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) Global Sum	S\$ 1,600.00
TOTAL	S\$ 1,600.00

Claimant Name : Aminda TayNRIC No : 9933511CSignature : forDate : 16/02/20

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: CHINA TAIPING INSURANCE (S) PTE LTD 3 ANSON ROAD #15-02 SPRINGLEAF TOWER 079909 SINGAPORE ATTENTION:	INVOICE NO. : INV1805-178 DATE : 31. May 2018 REFERENCE NO : AAD1803-092 TERMS : DUE DATE : 31. May 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD0897M;DOA 10.03.18(PART-BY-PART-18)	1	1,621.05	1,621.05

Total SGD Excl. GST :	1,515.00
7% GST :	106.05
Total SGD Incl. GST :	1,621.05

****** ONE THOUSAND SIX HUNDRED TWENTY ONE AND FIVE 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 June, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 10/03/18 02:30 PM at JURONG WEST SWIMMING COMPLEX CARPARK

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. SHD0897M. The taxi was hired to NEO KWONG ENG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$78 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

10-03-2018

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.	AAD1803-092	Accident Date 10-03-2018
12/3/2018 09:15	14/3/2018 16:30	SHD0897M

Yours Faithfully,

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

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJG3604H	10 Mar 2018 / 15:05:00	NTUC INCOME INS CO-OP LTD
SGV8408G	11 Mar 2018 / 16:35:00	NTUC INCOME INS CO-OP LTD
SLN3541U	10 Mar 2018 / 14:30:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
SGT6356X	10 Mar 2018 / 11:30:00	NTUC INCOME INS CO-OP LTD

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