

TO: HSIAO TOM

**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 : AAD1803-180

Your Ref : SHA6954H

Date : 28.November 2019

**INDIA INT'L INS PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5657L AND SHA6954H ON 20/03/18 07:30 PM ALONG MIDDLE ROAD TOWARDS VICTORIA STREET**

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)	\$	5,671.00
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	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	6,428.30

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

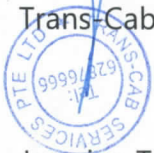
Original final repair bill

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)

**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>INDIA INTERNATIONAL INSURANCE PTE LTD</b> 64 CECIL STREET #05-00 IOB BUILDING 049711 Singapore  ATTENTION:	<b>INVOICE NO.</b> : INV1911-157 <b>DATE</b> : 28. November 2019 <b>REFERENCE NO</b> : AAD1803-180 <b>TERMS</b> : <b>DUE DATE</b> : 28. November 2019 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5657L DOA 20.03.18 (LUMP SUM-19)	1	5,671.00	5,671.00

<b>Total SGD Excl. GST :</b>	<b>5,300.00</b>
<b>7% GST :</b>	<b>371.00</b>
<b>Total SGD Incl. GST :</b>	<b>5,671.00</b>

**\*\*\*\* FIVE THOUSAND SIX HUNDRED SEVENTY 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

12 June, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 20/03/18 07:30 PM at MIDDLE ROAD TOWARDS VICTORIA STREET

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. SHC5657L. The taxi was hired to KOH CHIN LAI 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

**Authorization To Act**

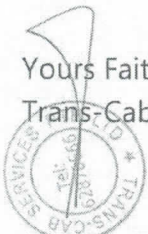
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHC5657L and SHA6954H along MIDDLE ROAD TOWARDS VICTORIA STREET on 20/03/18 07:30 PM.

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 12 (day) of June 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



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

20-03-2018

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1803-180	<b>Accident Date</b> 20-03-2018
20/3/2018 19:30	24/3/2018 15:20	SHC5657L

Yours Faithfully,

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**



## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT18030640  
Claimant Ref: AAD1803-180 (SHC5657L)

We/I, Trans-cab Auto Services Pte Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 3,000.00 (Global Sum) (loss of use/rental), S\$                      (search fee), vehicle no. SHC5657L that was damaged pursuant to the accident which occurred on 20/03/2018 (date) at MIDDLE RD X VICTORIA ST (location) involving vehicle no. SHA6954H (insured vehicle). This is pursuant to the inspection conducted on 22/03/2018 (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. SHC5657L to 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 India International 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 cost of repairs and/or rental and/or loss of use pursuant to the damage to SHC5657L (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims 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.

We/I authorize you to pay the total amount of S\$ 3,000.00 to Trans-cab Auto Services Pte Ltd.

Dated this 24 day of April 2020

#### CLAIMANT:

Signature:

las  
Signed by "the workshop" (with chop)

Name:

Amanda Tay

NRIC:

S933511C

Address:

**TRANS-CAB SERVICES PTE LTD**  
**No. 2 Ang Mo Kio Street 63**  
**Singapore 569111**  
**Tel: 6287 6666 Fax: 6287 7764**

Nationality:

Singaporean

Occupation:

Claim service Assistant

#### WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1  
#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:

