

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 : AAD1804-138

Your Ref : SHA7611R

Date : 02.April 2020

INDIA INT'L INS PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5354K AND SHA7611R ON 13/04/18 11:45 AM ALONG TIONG BAHRU ROAD TAXI STAND

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) | \$ | 2,621.50 |
| 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>50.00</u> per day | \$ | 200.00 |
| 4. | LTA Search Fee | \$ | |
| 5. | Survey Fee | \$ | |
| | Total | \$ | 3,227.34 |

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)

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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 SHC5354K and SHA7611R along TIONG BAHRU ROAD TAXI STAND on 13/04/18 11:45 AM.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

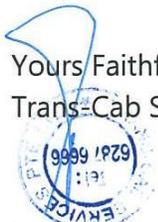
Dated this 31 (day) of May 2018

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager



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: INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #05-00 IOB BUILDING 049711 Singapore ATTENTION: | INVOICE NO. : INV2004-038 DATE : 15. April 2020 REFERENCE NO : AAD1804-138 TERMS : DUE DATE : 15. April 2020 PAGE : 1 |
|--|--|

| NO. | CODE | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|-----|---------|---|-----|------------|----------|
| 1. | 6050101 | REPAIR-SHC5354K;DOA 13.04.18(LUMP SUM-18) | 1 | 2,621.50 | 2,621.50 |

Total SGD Excl. GST : 2,450.00
7% GST : 171.50
Total SGD Incl. GST : 2,621.50

**** TWO THOUSAND SIX HUNDRED TWENTY ONE AND FIFTY 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

31 May, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 13/04/18 11:45 AM at TIONG BAHRU ROAD TAXI STAND

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. SHC5354K. The taxi was hired to ONG PENG HUAT 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

13-04-2018

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. | AAD1804-138 | | Accident Date 13-04-2018 |
| 13/4/2018 13:30 | 16/4/2018 09:00 | SHC5354K | |
| 16/4/2018 09:01 | 18/4/2018 15:00 | SHC5354K | |

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



INDIA INTERNATIONAL INSURANCE PTE LTD
 Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email insure@iii.com.sg
 Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT18040386
 Claimant Ref: AAD1804-138 (SHC5354K)

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) (~~repair cost~~), ~~S\$~~ (~~loss of~~ ~~accidental~~), ~~S\$~~ (~~search fee~~), vehicle no. SHC5354K that was damaged pursuant to the accident which occurred on 13/04/2018 (date) at TIONG BAHRU TAXI STAND (location) involving vehicle no. SHA7611R (insured vehicle). This is pursuant to the inspection conducted on 16/04/2018 (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. SHC5354K 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 SHC5354K (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 23 day of April, 2020

CLAIMANT:

Signature: [Signature]
 Signed by "the workshop" (with chop)
 Name: Amanda Tay
 NRIC: 5933511C
 Address: TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287 7764
 Nationality: Singaporean
 Occupation: claims service Assistant



WITNESS:

Signature: [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: _____

