

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 : AAD1804-230

Your Ref : SJL1096K

Date : 26.July 2018

CHINA TAIPING INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHD0186G AND SJL1096K ON 20/04/18 08:10 PM ALONG YISHUN AVENUE 2

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) | \$ | 3,344.25 |
| 2. | Loss of Rental for <u>3</u> days @ \$ <u>103.60</u> per day | \$ | 310.80 |
| 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 | \$ | 3,812.55 |

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/CTI18007632/Khb3

8th May 2018

LIM YING TOW

Block 504D Yishun Street 51,
#03-138,
Singapore 764504.

Attn: Mr Lim Ying Tow

Dear Sir/Madam,

**ROAD TRAFFIC ACCIDENT INVOLVING SJL 1096K AND SHD 186G AT
YISHUN AVENUE 2 ON 20.04.2018**

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.

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 prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **18/05/2018**, 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,

Pohkin, Chong

Case Handler

DID: 6841 2132

FAX: 6741 4108

Email: vicalpeh@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 SHD0186G and SJL1096K along YISHUN AVENUE 2 on 20/04/18 08:10 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 26 (day) of July 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3111571701 Claim No : SNM18D2071C02/6(THP)
Claimant : TRANS-CAB SERVICES PTE LTD
Amount : S\$3,735.70
DOLLARS THREE THOUSAND SEVEN HUNDRED THIRTY-FIVE AND SEVENTY CENTS 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. : SHD186G
Insured Vehicle No. : SJL1096K

Date of Loss : 20/04/2018
Place of Accident : YISHUN AVENUE 2

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 : LIM YING TOW
Driver Name : YIN ZIANG

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/ Excess | S\$ | 3,344.25 |
| (3) Loss of Use/Rental/Earning | S\$ | 384.00 |
| (4) GIA/Police Reports/ Investigation Results/Search Fees | S\$ | 7.45 |
| (5) Medical Reports/Expenses | S\$ | |
| (6) Survey Fees/P.T. Fees | S\$ | |
| (7) Cost including Disbursement | S\$ | |
| TOTAL | S\$ | 3,735.70 |

Claimant Name : Amanda Tay

NRIC No : S9335571C

Signature : 



Date : 01/04/20