

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 : AAD1804-276

Your Ref : SJV6309H

Date : 27.July 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5053D AND SJV6309L ON 27/04/18 03:15 PM ALONG CLEMENTI AVENUE 6

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)	\$	4,066.00
2.	Loss of Rental for <u>9</u> days @ \$ <u>99.32</u> per day	\$	893.88
3.	Loss of Income for <u>9</u> days @ \$ <u>50.00</u> per day	\$	450.00
4.	LTA Search Fee	\$	7.50
5.	Survey Fee	\$	0.00
	Total	\$	5,417.38

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Certificate of Insurance

Original final repair bill

Rental rate and mileage records

Authorization To Act

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) 62564315

10 AUG 2018

BEENAA RAI

BLK 671 CHOA CHU KANG CRESCENT

#16-367

SINGAPORE 680671

Dear Sir/ Mdm

OUR REF : CC4/ASM18008101/Kpb3

YOUR REF : GA115767 (SVJ 6309L)

**ACCIDENT INVOLVING SVJ 6309L AND SHC 5053D ALONG/AT CLEMENTI AVE 6
BEFORE SLIP ROAD TOWARDS JALAN BOON LAY ON 27/04/2018**

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

We have received a claim from TRANS-CAB AUTO SERVICES PTE LTD acting on behalf of the owner of SHC 5053D against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to chewht@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6742 3197 or email us at chewht@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely


Chew Hsiao Tong
Case Handler
DID: 6742 3197
FAX: 6741 4108
EMAIL: chewht@lkkauto.com

Cc *AXA Insurance 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 SHC5053D and SJV6309L along CLEMENTI AVENUE 6 on 27/04/18 03:15 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 27 (day) of July 2018

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan
General Manager



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6281 1400

Co./GST Reg. No. 200303878K

Authorization To ActI, Lau chye cher (Hirer), S 1718014 B (NRIC no.)hereby authorize Trans-cab Services Pte Ltd to act on my behalf to claim
for my loss of earnings for the accident involving SHC 5053D andSJV 6309L along Clementi Ave 6on 27-04-18 at 1515 hrs.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 27 day of Apr 2018

(Hirer's signature)

Name:- Lau chye cherNRIC Number:- S 1718014 BAddress: Blk 317B Boon Lay Ave#09-251 S(643317)



redefining / insurance

AA01804-576

CLAIM REF : S8M00FVV
INSURED : BEENAA RAI

DISCHARGE VOUCHER

We, Trans-Cab Auto Services Pte Ltd confirm that by letter of authorisation dated 27/04/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of Trans-Cab Services Pte Ltd and the Hirer, Lau Chye Cher of vehicle no. SHC 5053D.

Now we Trans-Cab Auto Services Pte Ltd for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars **FOUR THOUSAND SEVEN HUNDRED FORTY FIVE AND CENTS THIRTY NINE** only (**S\$4,745.39**) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no (**SVJ 6309L**) arising out of an accident with (**SHC 5053D**) on **27/04/2018**.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SVJ 6309L** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of **Trans-Cab Auto Services Pte Ltd** is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. **SVJ 6309L**.

Dated this 2 day of JAN 2019

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : ✓
Name : Ng Wai Yin
I/C No : G2815702P
Address : TRANS-CAB AUTO SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287 7764

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

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: AXA INSURANCE PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1807-107 DATE : 23. July 2018 REFERENCE NO : AAD1804-276 TERMS : DUE DATE : 23. July 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5053D;DOA 27.04.18(LUMP SUM-18)	1	4,066.00	4,066.00

Total SGD Excl. GST : 3,800.00**7% GST :** 266.00**Total SGD Incl. GST :** 4,066.00****** FOUR THOUSAND SIXTY SIX 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

27 July, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 27/04/18 03:15 PM at CLEMENTI AVENUE 6

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. SHC5053D. The taxi was hired to LAU CHYE CHER a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$99.32 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

27-04-2018

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.	AAD1804-276	Accident Date 27-04-2018
27/4/2018 17:20	5/5/2018 17:00	SHC5053D

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJV6309L	27 Apr 2018 / 15:15:00	AXA INSURANCE PTE LTD

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