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 : AAD1805-066
Your Ref : SKU4398K
Date : 05.July 2018

CHINA TAIPING INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHB7874T AND SKU4398K ON 04/05/18 07:00 AM ALONG CLEMENTI ROAD

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)	$	2,728.50
2.	Loss of Rental for 3 days @ $75.25 per day	$	225.75
3.	Loss of Income for 3 days @ $50.00 per day	$	150.00
4.	LTA Search Fee	$	7.50
5.	Survey Fee	$	0.00
	Total	$	3,111.75

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)

LKK 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/CTI18008563/Kea3

27 MAR 2020

ZHU RUILAN
1 JALAN ANAK BUKIT
#06-10 BUKIT TIMAH PLAZA
SINGAPORE 588996

Dear Sir/Madam,

ACCIDENT INVOLVING SKU 4398K AND SHB 7874T ON 04/05/2018

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.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

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 day, 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,

Asher

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@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 SHB7874T and SKU4398K along CLEMENTI ROAD on 04/05/18 07:00 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 5 (day) of July 2018

Yours Faithfully
Trans-Cab Services Pte Ltd

Jasmine Tan
General Manager

AAD1805-066

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3070241600 Claim No : SNM18D02320C02

Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S$1,600.00
DOLLARS ONE THOUSANDS 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. : SHB 7874T
Insured Vehicle No. : SKU 4398K

Date of Loss : 04/05/2018
Place of Accident : CLEMENTI ROAD

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 : ZHU RUILAN
Driver Name : ZHU RUILAN

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 : TRANS-CAB SERVICES PTE LTD NRIC No : 200303878K

TRANS-CAB SERVICES PTE LTD Tel: 62876666

Signature : _____ Date : 30/04/20

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.** : INV1806-205 **DATE** : 30. June 2018 **REFERENCE NO** : AAD1805-066 **TERMS** : **DUE DATE** : 30. June 2018 **PAGE** : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHB7874T;DOA 04.05.18(LUMP SUM-18)	1	2,728.50	2,728.50

Total SGD Excl. GST : **2,550.00**
7% GST : **178.50**
Total SGD Incl. GST : **2,728.50**

****** TWO THOUSAND SEVEN HUNDRED TWENTY EIGHT 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

05 July, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 04/05/18 07:00 AM at CLEMENTI ROAD

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. SHB7874T. The taxi was hired to POH TEN HOO a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate $75.25 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

This is a computer generated print-out. No signature is required.

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

04-05-2018

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.	AAD1805-066		**Accident Date**	04-05-2018
9/5/2018 10:00	11/5/2018 18:00	SHB7874T		

Yours Faithfully,
Trans-Cab Services Pte Ltd

Jasmine Tan
General Manager

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SKU4398K	04 May 2018 / 07:00:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Print OK Save as PDF