

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 : AAD1805-065

Your Ref : GBE8001U

Date : 06.July 2018

CHINA TAIPING INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5660B AND GBE8001U ON 07/05/18 03:40 PM ALONG THOMSON 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) | \$ | 5,617.50 |
| 2. | Loss of Rental for <u>7</u> days @ \$ <u>101.46</u> per day | \$ | 710.22 |
| 3. | Loss of Income for <u>7</u> days @ \$ <u>50.00</u> per day | \$ | 350.00 |
| 4. | LTA Search Fee | \$ | 7.50 |
| 5. | Survey Fee | \$ | 0.00 |
| | Total | \$ | 6,685.22 |

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 SHC5660B and GBE8001U along THOMSON ROAD on 07/05/18 03:40 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 6 (day) of July 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: CHINA TAIPING INSURANCE (S) PTE LTD 3 ANSON ROAD #15-02 SPRINGLEAF TOWER 079909 SINGAPORE ATTENTION: | INVOICE NO. : INV1806-121 DATE : 30. June 2018 REFERENCE NO : AAD1805-065 TERMS : DUE DATE : 30. June 2018 PAGE : 1 |
|---|--|

| NO. | CODE | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|-----|---------|---|-----|------------|----------|
| 1. | 6050101 | REPAIR-SHC5660B;DOA 07.05.18(LUMP SUM-18) | 1 | 5,617.50 | 5,617.50 |

| | |
|------------------------------|-----------------|
| Total SGD Excl. GST : | 5,250.00 |
| 7% GST : | 367.50 |
| Total SGD Incl. GST : | 5,617.50 |

****** FIVE THOUSAND SIX HUNDRED SEVENTEEN 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

06 July, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 07/05/18 03:40 PM at THOMSON 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. SHC5660B. The taxi was hired to TOH BENG 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

07-05-2018

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. | AAD1805-065 | Accident Date 07-05-2018 |
| 8/5/2018 09:28 | 14/5/2018 12:00 | SHC5660B |

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

5/11/2018

Vehicle Insurance Particulars Enquiry

Vehicle Insurance Particulars Result

| Vehicle No. | Incident Date/Time | Insurance Company Name |
|-------------|------------------------|---|
| GBE8001U | 07 May 2018 / 15:40:00 | CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD |

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