

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 : AAD1806-045

Your Ref : SLH5166M

Date : 19.September 2018

AIG ASIA PACIFIC INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5600A AND SLH5166M ON 04/06/18 06:50 PM ALONG MAXWELL ROAD TOWARDS MCE

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)	\$	6,794.50
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</u> per day	\$	200.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	7,407.83

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)

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Monday, 2 July 2018 9:47 AM
To: Eileen Yap
Cc: Admin A; Vivian Lau (LKKAuto); Mei Kwan (LKKAuto)
Subject: ACCIDENT INVOLVING SLH 5166M (LCR) & SHC 5600A ON 04/06/2018 (18:50) ALONG MAXWELL ROAD

02 July 2018

LCRF PTE LTD

Policy Holder

Your Ref: SLH 5166M
Our Ref: CC3/LCR18010713/Kja3

Dear Sir/Madam,

ACCIDENT INVOLVING SLH 5166M (LCR) & SHC 5600A ON 04/06/2018 (18:50) ALONG MAXWELL ROAD

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

We have received a claim from **SHC 5600A** against your insurance policy.

Based on the information on hand, we are of the opinion that we cannot be absolved from liability. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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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

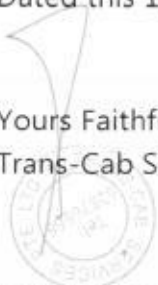
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHC5600A and SLH5166M along MAXWELL ROAD TOWARDS MCE on 04/06/18 06:50 PM.

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 19 (day) of September 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

"We/I, **TRANS-CAB AUTO SERVICES PTE LTD** ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$ 7,400.00** (Global Sum) for vehicle no. **SHC5600A** that was damaged pursuant to the accident which occurred on **4.6.18** (date) along **MAXWELL ROAD TO MCE** involving vehicle no/s **SLH 5166M**

This is pursuant to the inspection conducted on **11.6.18** (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. **SHC5600A** 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 AIG Asia Pacific 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 costs of repairs and/or rental and/or loss of use pursuant to the damage to **SHC 5600A** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim 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.

Dated this 5 (day) of 12 (month) 2018 (year)


Signed by appointed surveyor


Signed by "the workshop" (with chop)

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: AIG ASIA PACIFIC INSURANCE PTE LTD 78 Shenton Way #07-16 CHARTIS Building 079120 Singapore ATTENTION:	INVOICE NO. : INV1808-324 DATE : 31. August 2018 REFERENCE NO : AAD1806-045 TERMS : Net 30 Days DUE DATE : 30. September 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5600A;DOA 04.06.18(LUMP SUM-18)	1	6,794.50	6,794.50

Total SGD Excl. GST : 6,350.00**7% GST :** 444.50****** SIX THOUSAND SEVEN HUNDRED NINETY FOUR AND FIFTY SGD ONLY************Total SGD Incl. GST :** 6,794.50

- 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

19 September, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 04/06/18 06:50 PM at MAXWELL ROAD TOWARDS MCE

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. SHC5600A. The taxi was hired to LOW CHEE SIANG 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

04-06-2018

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.	AAD1806-045	Accident Date 04-06-2018
6/11/2018 08:57	6/14/2018 15:00	SHC5600A

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Vehicle Insurance Particulars Enquiry

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SLH5166M	04 Jun 2018 / 18:50:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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