

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 : AAD1806-157

Your Ref : GBE7606G

Date : 26.September 2018

AIG ASIA PACIFIC INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5790J AND GBE7606G ON 15/06/18 06:13 PM ALONG JURONG WEST STREET 91

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)	\$	2,621.50
2.	Loss of Rental for <u>3</u> days @ \$ <u>101.46</u> per day	\$	304.38
3.	Loss of Income for <u>3</u> days @ \$ <u>50.00</u> per day	\$	150.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	3,083.37

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) 62564315

Our Ref: CC3/AIG18011712/Kda3

06 SEPTEMBER 2019

SPIRAX SARCO PTE LTD
21 CHANGI SOUTH AVE 2
#01-01 SIM SIANG CHOON BUILDING
SINGAPORE 486630

Dear Sir/Madam,

ACCIDENT INVOLVING GBE 7606G & SHC 5790J ALONG/AT JURONG WEST STREET 91 ON 15/06/2018

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

We have received a claim from SHC 5790J against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your favour as it is head to rear collision. 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 note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

CHAN JIA LE
Case Handler
DID: 6749 5792
FAX: 6741 4108
Email: JiaLe@lkkauto.com

*c.c. AIG Asia Pacific 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 SHC5790J and GBE7606G along JURONG WEST STREET 91 on 15/06/18 06:13 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 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\$2,621.50** (Repair Cost), **S\$454.38** (Loss of Use/Rental), **S\$7.49** (Disbursement) for vehicle no. **SHC 5790J** that was damaged pursuant to the accident which occurred on **15/06/2018** (date) along **JURONG WEST STREET 91** (location) involving vehicle no/s **GBE 7606G**. This is pursuant to the inspection conducted on **26/06/2018** (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. **SHC 5790J** 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 5790J** (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 03 (day) of 10 (month) 2019 (year)



KSC

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. : INV1809-079 DATE : 21. September 2018 REFERENCE NO : AAD1806-157 TERMS : Net 30 Days DUE DATE : 21. October 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5790J;DOA 15.06.18(LUMP SUM-18)	1	2,621.50	2,621.50

Total SGD Excl. GST : 2,450.00
7% GST : 171.50
Total SGD Incl. GST : 2,621.50

**** TWO THOUSAND SIX HUNDRED TWENTY ONE 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

26 September, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 15/06/18 06:13 PM at JURONG WEST STREET 91

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. SHC5790J. The taxi was hired to MUHAMMAD IZ KHAIRUL BIN MOHAMED NOOR 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

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

15-06-2018

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.	AAD1806-157	Accident Date 15-06-2018
6/26/2018 10:30	6/28/2018 19:30	SHC5790J

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



Singapore Post Limited
 (Reg. No. 199201023M)
 10 Eunos Road 8
 #08-30 Singapore Post Centre
 Singapore 408600

Tel: 1805
 Fax: 8842 5114
 To check delivery status or to raise an enquiry
 on your registered article(s), please visit
 www.singpost.com

POSTING RECEIPT FOR REGISTERED ARTICLE(S)

- NOTES:
- a) Separate forms are to be used for Insured and Non-Insured Registered Article.
 - b) Please provide all information required and produce this receipt for all enquiries.
 - c) * Please tick, where applicable. It shall be assumed no Advice of Receipt (AR) is required or delivery by air is requested if relevant * is left blank.
 - d) Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
 - e) Please post item(s) at the post office counter according to the sequence stated below.

1. Name & Address of Addressee SPRAX SPRCO PTE LTD 464 TAGORE INDUSTRIAL AVENUE SINGAPORE 787833		AR*: <input checked="" type="checkbox"/> Y () N Insurance*: () Y \$ () N Contents:	By*: () AIR () SUR () N	For Official Use Only (Item numbers are printed in order of posting at count) RA TSN Ref: 1924/168/00032 Date: 17 Jun 2019 RA No: RC11428225396 RC11428224056
2. Name & Address of Addressee BS Car Rental Pte Ltd 45 Macpherson Road B1-00 Singapore 348469		AR*: <input checked="" type="checkbox"/> Y () N Insurance*: () Y \$ () N Contents:	By*: () AIR () SUR () N	

Sender's Agreement
 I have read, understood and agreed to the terms and conditions of posting overleaf. I accept the maximum liability payable for Registered Mail Service and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature _____ Date _____

SINGAPORE POST
 MACPHERSON RD
 GST Reg. Add: SINGAPORE POST CENTRE
 10 EUNOS ROAD 8
 SINGAPORE 408600
 GST Reg. No : M2-0105651-9
 Date: 17 Jun 2019 Time: 10:02:04

Description	Amount(\$)	GST@7%
Ref. No: PSL01/1924/168/0029 Postage Label LOCAL 4 X	2.54	0.66
SUB TOTAL	10.16	0.66

TOTAL AMOUNT 10.16
 GST COLLECTED BY SINGPOST 0.66
 MOP:CASH : \$10.16

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#Zero-rated for GST
 *Exempt
 +Out of Scope
 **Supplier Item
 Price inclusive of 7% GST where applicable
 I have checked & confirmed the product is visually good, functional & performed within expectation.



POSTING RECEIPT FOR REGISTERED ARTICLES(S)

Singapore Post Limited
 (Reg. No. 19297023M)
 10 Eunos Road 8
 #06-30 Singapore Post Centre
 Singapore 408600

Tel: 1605
 Fax: 6842 5114
 To check delivery status or to raise an enquiry
 on your registered article(s), please visit
 www.singpost.com

(Signature)
 8/8

- NOTES:
- a) Separate forms are to be used for Insured and Non-Insured Registered Article.
 - b) Please provide all information required and produce this receipt for all enquiries.
 - c) * Please tick where applicable. It shall be assumed no Advice of Receipt (AR) is required or delivery by air is requested if relevant * is left blank.
 - d) Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
 - e) Please post item(s) at the post office counter according to the sequence stated below.

1. Name & Address of Addressee BS CAR RENTAL PTE LTD 87 Delfin Lane 10 #03-13 Singapore 539219 (SLX 7625H)	AR* : (<input checked="" type="checkbox"/>) Y () N	By* : () AIR () SUR
	Insurance* : () Y \$ () N	() N
Contents:		
AR* : (<input checked="" type="checkbox"/>) Y () N	By* : () AIR () SUR	
Insurance* : () Y \$ () N	() N	
Contents:		
1. Name & Address of Addressee Spirax Sarco Pte. Ltd. 21 Changi South Ave 2 #01-01 Spt Sang Choon Building Singapore 486630 (GBE 7666A)		

For Official Use Only
 (Item numbers are printed in order of posting at counter)
 RA TSN Ref: 1328/225/C0030
 Date: 13 Aug 2019
 RA No: R011001516896
 R011001517096

Sender's Agreement
 I have read, understood and agreed to the terms and conditions of posting overseas. I accept the maximum liability payable for Registered Mail Service and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature _____ Date _____

116

09/2014

SINGAPORE POST
 BUKIT PANJANG
 GST Reg. Add: SINGAPORE POST CENTRE
 10 EUNOS ROAD 8
 SINGAPORE 408600
 GST Reg. No : M2-0105651-9
 Date: 13 Aug 2019 Time: 10:15:29

Description	Amount(S\$)	GST@7%
Ref. No: SSL02/1328/225/C0029		
MF 2ND LOCAL		
4 X 0.37	1.48	0.10
# PS STP \$1.30		
2 X 1.30	2.60	0.00
# POST STP 50C		
2 X 0.50	1.00	0.00

SUB TOTAL	5.08	0.10

TOTAL AMOUNT	5.08	
GST COLLECTED BY SINGPOST		0.10
MOP:CASH	\$5.08	

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Pay any bills on SAM and earn LinkPoints now! Terms & conditions apply

Thank you for visiting Singapore Post

#Zero-rated for GST
 *Exempt
 +Out of Scope
 **Supplier Item
 Price inclusive of 7% GST where applicable
 I have checked & confirmed the product is visually good, functional & performed within expectation.