

**Asher Sng (LKKAUTO)**

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Wednesday, 27 March 2019 2:10 PM  
**To:** claims@transcab.com.sg  
**Cc:** 'Ng Wai Yin'; jasminetan@transcab.com.sg  
**Subject:** ACCIDENT INVOLVING SHC 5095H AND SHC 1412C ON 21/07/2018  
**Attachments:** OI PIR.pdf

Your Ref: AAD1807-206  
Our Ref: CC3/III18013594/Keb3

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Hi Sir/Mdm,

We refer to the above matter.

**ACCIDENT INVOLVING SHC 5095H AND SHC 1412C ON 21/07/2018**

We attached here with a copy of our insured's police investigation result for your easy reference.

Our principal has reiterated that the accident was caused due to the entire negligence of your client driving without a valid driving licence and insurance coverage.

Under such a circumstances, we regret to inform you that we have our principal instruction to deny liability and unable to look into your client's claim.

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

phone: 6841-6051 | email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408565  
Tel +65 6547 6173  
Fax +65 6547 6259  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/48799/2018  
Date : 31 October 2018

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Sir / Madam

**TRAFFIC ACCIDENT INVOLVING SHC4482E, SHC1412C & SHC5095H ALONG CLAYMORE  
ROAD JUNCTION CLAYMORE DRIVE ON 21 JULY 2018 AT OR ABOUT 3.00AM**

I refer to the above accident.

2 We have completed investigation into the case. Our investigation shows that the following offences are disclose;

Against the driver of **SHC1412C**:

a) Driving without reasonable consideration for other persons under Section 65(b) Chapter 276

Against the driver of **SHC5095H**:

a) Driving without a valid license under Section 35(1) Chapter 276

b) Driving without a valid insurance coverage under Section 3(1) Chapter 189

Action has been initiated against the **drivers** for the said offence.

3 If you require any clarification, please contact Investigation Officer Abdul Rahim Salim at tel. 65476227 or via email at [Abdul\\_Rahim\\_Salim@spf.gov.sg](mailto:Abdul_Rahim_Salim@spf.gov.sg).

Yours faithfully

**ABDUL RAHIM**  
for HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE

NP 510

**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 : AAD1807-206

Your Ref : SHC1412C,SHC4482E

Date : 15.November 2018

**INDIA INT'L INS PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5095H AND SHC1412C,SHC4482E ON 21/07/18 03:00 AM  
ALONG CLAYMORE 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)	\$	3,531.00
2.	Loss of Rental for <u>7</u> days @ \$ <u>99.32</u> per day	\$	695.24
3.	Loss of Income for <u>7</u> days @ \$ <u>40</u> per day	\$	280.00
4.	LTA Search Fee	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	4,506.24

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](mailto:claims@transcab.com.sg) (6603 1259)

**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 SHC5095H and SHC1412C,SHC4482E along CLAYMORE ROAD on 21/07/18 03:00 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 15 (day) of November 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**

<b>TO:</b> <b>INDIA INTERNATIONAL INSURANCE PTE LTD</b> 64 CECIL STREET #05-00 IOB BUILDING 049711 Singapore  ATTENTION:	<b>INVOICE NO.</b> : INV1810-304 <b>DATE</b> : 31. October 2018 <b>REFERENCE NO</b> : AAD1807-206 <b>TERMS</b> : <b>DUE DATE</b> : 31. October 2018 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5095H;DOA 21.07.18(LUMP SUM-18)	1	3,531.00	3,531.00

**Total SGD Excl. GST :** 3,300.00  
**7% GST :** 231.00  
**Total SGD Incl. GST :** 3,531.00

**\*\*\*\* THREE THOUSAND FIVE HUNDRED THIRTY ONE 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

15 November, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 21/07/18 03:00 AM at CLAYMORE 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. SHC5095H. The taxi was hired to TEO SAY CHEONG 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

21-07-2018

Dear Sir/Madam,

Please be informed that the taxi was undergo accident repair in the workshop as follow:

Date In	Date Out	Vehicle No.	
<b>Accident No.</b>	AAD1807-206		<b>Accident Date</b> 21-07-2018
7/21/2018 03:00	7/27/2018 14:20	SHC5095H	

Yours Faithfully,

**Trans-Cab Services Pte Ltd****Jasmine Tan****General Manager**