



INDIA INTERNATIONAL INSURANCE PTE LTD
 Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email insure@iil.com.sg
 Fax (65) 62244174 Website www.iil.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19110213
 Claimant Ref: SHD5560B

TRANS-CAB AUTO SERVICES PTE LTD
 We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of Surveyor) with respect to the amount claimed for S\$ 9,900.00 (global sum) (~~repair cost~~), ~~CC~~ (~~loss of use/rental~~), ~~CC~~ (~~search fee~~), vehicle no. **SHD5560B** that was damaged pursuant to the accident which occurred on 08/11/2019 (date) at ECP (location) involving vehicle no. **SHC3401X** (insured vehicle). This is pursuant to the inspection conducted on 12/11/2019 (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. **SHD5560B** to 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 India International 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 cost of repairs and/or rental and/or loss of use pursuant to the damage to **SHD5560B** (vehicle no.) as a result of the accident.

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

We/I authorize you to pay the total amount of S\$ 9,900.00 to **TRANS-CAB AUTO SERVICES PTE LTD**.

Dated this 23 day of July, 2020

CLAIMANT:
 Signature: [Signature]
 Name: Amanda Tay
 NRIC: S933511C
 Address: **TRANS-CAB SERVICES PTE LTD**
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287 7764
 Nationality: Singaporean
 Occupation: claim service Assistant



WITNESS:
 Signature: [Signature]
 Name: **LKK AUTO CONSULTANTS PTE LTD**
 NRIC: 199607198R
 Address: 51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK
#02-25 SINGAPORE 408933
 Nationality: _____
 Occupation: _____



Print Received Message

This mail is associated with :

***SHD5560B (MCT19110213)**

[SHC3401X]

TP

TRANS-CAB SERVICES PTE LTD

Nov 8 2019 7:00PM

[-]

Trans-cab Auto Services Pte Ltd

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 15/07/2020 13:37 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$9932.86) - SHD5560B - Claim Handler: Zuhaidah Bte Samsuri

Approved:9932.86.

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 : AAD1911-080
Your Ref : SHC3401X (COMFORT)
Date : 27.November 2019

INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHD5560B AND SHC3401X (COMFORT) ON 08/11/19 07:15 PM ALONG ECP

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)	\$	8,398.86
2.	Loss of Rental for <u>12</u> days @ \$ <u>113.40</u> per day	\$	1,360.80
3.	Loss of Income for <u>12</u> days @ \$ <u>40</u> per day	\$	480.00
4.	LTA Search Fee	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	10,239.66

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)

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: INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #05-00 IOB BUILDING 049711 Singapore ATTENTION:	INVOICE NO. : INV1911-082 DATE : 26. November 2019 REFERENCE NO : AAD1911-080 TERMS : DUE DATE : 26. November 2019 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD5560B; DOA 08.11.19(PART-BY-PART-19)	1	8,398.86	8,398.86

Total SGD Excl. GST : 7,849.40

7% GST : 549.46

****** EIGHT THOUSAND THREE HUNDRED NINETY EIGHT AND EIGHTY SIX SGD ONLY ******

Total SGD Incl. GST : 8,398.86

- 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

08-11-2019

Dear Sir/Madam,

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

<u>Date In</u>	<u>Date Out</u>	<u>Vehicle No.</u>	
Accident No.	AAD1911-080		Accident Date 08-11-2019
11/8/2019 19:15	11/19/2019 14:35	SHD5560B	

Yours Faithfully,

Trans-Cab Services Pte Ltd



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

27 November, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 08/11/19 07:15 PM at ECP

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. SHD5560B. The taxi was hired to LIM CHOON HOCK a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$113.4 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with 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

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 SHD5560B and SHC3401X (COMFORT) along ECP on 08/11/19 07:15 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 27 (day) of November 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager