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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

Our Ref : AAD1911-224

Your Ref : SHC3934A

Date : 13.December 2019

INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHD9148H AND SHC3934A ON 27/11/19 02:40 PM ALONG SERANGOON CENTRAL

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)	\$	1,769.81
2.	Loss of Rental for <u>3</u> days @ \$ <u>113.40</u> per day	\$	907.20
3.	Loss of Income for _____ days @ \$ _____ per day	\$	0.00
4.	LTA Search Fee	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	2,677.01

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 SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6281 1400

Co./GST Reg. No. 200303878K

Authorization To Act

TEO KIM CHING XXXXX327Z
I, _____ (Hirer), _____ (NRIC no.)

hereby authorize Trans-cab Services Pte Ltd to act on my behalf to claim
SHD9148H

for my loss of earnings for the accident involving _____ and
SHC3934A SERANGOON CENTRAL

_____ along _____
27.11.19 1440
on _____ at _____ hrs.

In addition, we also hereby authorize the above payment to be made in
favour of Trans-cab Auto Services Pte Ltd upon settlement.

27 NOV
Dated this _____ day of _____ 2019



(Hirer's signature)

TEO KIM CHING
Name:- _____

XXXX327Z
NRIC Number:- _____

BLK 363 HOUGANG AVENUE 5
Address: _____

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. : INV1912-022 DATE : 12. December 2019 REFERENCE NO : AAD1911-224 TERMS : DUE DATE : 12. December 2019 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD9148H; DOA 27.11.19(PART-BY-PART-19)	1	1,769.81	1,769.81

Total SGD Excl. GST : 1,654.03**7% GST :** 115.78****** ONE THOUSAND SEVEN HUNDRED SIXTY NINE AND EIGHTY ONE SGD ONLY ********Total SGD Incl. GST :** 1,769.81

- 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

27-11-2019

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.	AAD1911-224	Accident Date 27-11-2019
11/27/2019 16:10	12/4/2019 16:00	SHD9148H

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

13 December, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 27/11/19 02:40 PM at SERANGOON CENTRAL

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. SHD9148H. The taxi was hired to TEO KIM CHING 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 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

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19110693
Claimant Ref: AAD1911-224 (SHD9148H)

We/I, Trans-cab Auto Services Pte Ltd ("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\$ 1,769.81 (repair cost), S\$ 340.20 (loss of use/rental), S\$ — (search fee), vehicle no. SHD9148H that was damaged pursuant to the accident which occurred on 27/11/2019 (date) at Serangoon Central (location) involving vehicle no. SHC3934A (insured vehicle). This is pursuant to the inspection conducted on 03/12/2019 (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. SHD9148H 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 SHD9148H (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\$ 2,110.01 to Trans-cab Auto Services Pte Ltd.

Dated this 16 day of April, 2020

CLAIMANT:

Signature:

for



Signed by "the workshop" (with chop)

Name:

Amanda Tay

NRIC:

S9335511C

Address:

TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287-7764

Nationality:

Singaporean

Occupation:

claims service Assistant

WITNESS:

Signature:



Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:

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 SHD9148H and SHC3934A COMFORT along SERANGOON CENTRAL on 27/11/19 02:40PM.

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 13 (day) of Dec 2019

Yours faithfully,

Trans-cab Services Pte Ltd



Jasmine Tan

General Manager