No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Our Ref

: AAD1912-021

Your Ref

: SHC8933U (COMFORT), GBE856Y, SDS7722G

Date

: 13.December 2019

INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHD0137Z AND SHC8933U (COMFORT), GBE856Y, SDS7722G ON 02/12/19 07:14 AM ALONG ANG MO KIO AVENUE 5 SLIP ROAD TOWARDS CTE

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)	\$ 1,337.50
2.	Loss of Rental for 3 days @ \$ 46.44 per day	\$ 290.97
3.	Loss of Income for 3 days @ \$ 40 per day	\$ 120.00
4.	LTA Search Fee	\$ 0.00
5.	Survey Fee	\$ 0.00
	Total	\$ 1,748.47

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)

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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 SHD0137Z and SHC8933U (COMFORT), GBE856Y, SDS7722G along ANG MO KIO AVENUE 5 SLIP ROAD TOWARDS CTE on 02/12/19 07:14 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 13 (day) of December 2019

Yours Faithfully Trans-Cab Services Pte Ltd

Jasmine Tan General Manager



INDIA INTERNATIONAL INSURANCE PTE LTD.

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19120051 Claimant Ref: SHD 137Z

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	d Surveyor of India Internation				(name
serveyor) with servental). SS 1	respect to the amount cla 00.00 (Lost of Income) vehicle	no SHD 137Z that wa	s damaged pursua	est), S\$ 242.48 ent to the accident wh	(loss of
	(date) at ANG MO KID AVENU				
vehicle). This is po	ursuant to the inspection conduc	ted on 04/12/2019 (d	ate) at "the workshop	T.	
daimant") of veh	at we/i are/am authorized by nicle no. <u>SHD 137Z</u> to make the s/her behalf in a manner tha	he claim as set out in the	above paragraph a	and we/l have full auth	only to settle
they will or have further claim ago	firm that we/l will indemnify to e aiready incurred in the evi ainst the former for any loss to the damage to SHD 137Z	ent that "the third party and expenses suffered	claimant" after the pertaining to cost of	above said agreeme	ent lodges a
	st the agreement reached a accident and that further this				
This agreement in	s subject to the application of it of the same.	f Singapore law and the	Singapore Courts h	ave exclusive jurisdic	tion over any
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ispute arising ou	you to pay the total amount of the same. day of March Lay Signed by "the workshop" Amount TAY	20 70 20 70 With chose 2 70	WITNESS: Signature Name: NRIC:	Signed by appoint LKK Auto Consultar 199607198R	ksc nted Surveyor nts 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

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #05-00 IOB BUILDING 049711 Singapore

ATTENTION:

INVOICE NO.

: INV1912-030

DATE REFERENCE NO : AAD1912-021

: 12. December 2019

TERMS

DUE DATE

: 12. December 2019

PAGE : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD0137Z; DOA 02.12.19(LUMP SUM-19)	1	1,337.50	1,337.50

Total SGD Excl. GST: 1,250.00 7% GST: 87.50 **** ONE THOUSAND THREE HUNDRED THIRTY SEVEN AND FIFTY SGD ONLY Total SGD Incl. GST: 1,337.50

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.

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 02/12/19 07:14 AM at ANG MO KIO AVENUE 5 SLIP ROAD TOWARDS CTE

- 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. SHD0137Z. The taxi was hired to RAYMOND
 YEO ENG YONG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the
 aforementioned accident at a rental rate \$96.99 per day (inclusive of GST).
- 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.

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

02-12-2019

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.	AAD1912-021		Accident Date	02-12-2019
12/3/2019 10:35	12/5/2019 15:00	SHD0137Z		

Yours Faithfully,

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager