



INDIA INTERNATIONAL INSURANCE PTE LTD  
 Co. Reg. No. 199703792K | GST Reg. No. M2-0070006-K  
 64 Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
 Office (65) 63476100 Email insure@ii.com.sg  
 Fax (65) 62244174 Website www.ii.com.sg

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: MC2015/3633/KL  
 Claimant Ref: SHC 5408P

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\$ 1,210.00 (global sum) ~~(repair cost) S\$~~ ~~(loss of materials) S\$~~ ~~(cost of)~~ vehicle no. SHC 5408P that was damaged pursuant to the accident which occurred on 01/12/2015 (date) at LOYANG AVE / PASIR RIS DR 1 TRAFFIC JUNCTION (location) involving vehicle no. SDQ7900U (insured vehicle). This is pursuant to the inspection conducted on 01/12/2015 (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 5408P 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 SHC 5408P (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\$ 1,210.00 to TRANS-CAB AUTO SERVICES PTE LTD.

Dated this 08 day of MAY 2015

CLAIMANT:

Signature:

*Amanda*  
 Signed by "the workshop" (with chop)  
Amanda

Name:

NRIC:

Address:

Nationality:

Occupation:

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

claims Service Assistant

WITNESS:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Signed by appointed Surveyor

LKK AUTO CONSULTANTS PTE LTD

199607198R

51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK

#02-25 SINGAPORE 408933



KSC

**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 : AAD1512-008

Your Ref : SDQ7900U

Date : 02.April 2020

**INDIA INT'L INS PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5408P AND SDQ7900U ON 01/12/15 09:10 AM ALONG Loyang Avenue**

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)	\$	2,080.78
2.	Loss of Rental for <u>2</u> days @ \$ <u>132.68</u> per day	\$	265.36
3.	Loss of Income for <u>2</u> days @ \$ <u>50</u> per day	\$	100.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	2,452.14

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 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> : INV1512-117 <b>DATE</b> : 29. December 2015 <b>REFERENCE NO</b> : AAD1512-008 <b>TERMS</b> : <b>DUE DATE</b> : 29. December 2015 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5408P;DOA 01.12.15(PART-BY-PART-15)	1	2,080.79	2,080.79

**Total SGD Excl. GST : 1,944.66**  
**7% GST : 136.13**  
**Total SGD Incl. GST : 2,080.79**

\*\*\*\* TWO THOUSAND EIGHTY AND SEVENTY NINE 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

02 April, 2020

To Whom It May Concern

Dear Sir / Madam,

Accident on 01/12/15 09:10 AM at Loyang Avenue

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. SHC5408P. The taxi was hired to CHIN TEK SEN a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$132.68 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

**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 SHC5408P and SDQ7900U along Loyang Avenue on 01/12/15 09:10 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 2 (day) of April 2020

Yours Faithfully

Trans Cab Services Pte Ltd



Jasmine Tan

General Manager

**Enquire Vehicle & Owner Information ( Vehicle No. SDQ7900U As At 01 Dec 2015 / 09:10:00 )**

**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: TCS(ROEL)SHC5408P

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S2204885F  
Owner Name: CHANG YU-HWA  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 21  
Registered Street Name: GAMBIR WALK  
Registered Unit No.: -  
Registered Building Name: -  
Registered Postal Code: 538980

**Current Vehicle Details**

Vehicle No.: SDQ7900U  
Make Description/Model: MERCEDES BENZ / S280 AUTO  
Insurance Company Name: INDIA INT'L INS PTE LTD



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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

01-12-2015

Dear Sir/Madam,

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

<b>Date In</b>	<b>Date Out</b>	<b>Vehicle No.</b>
<b>Accident No.</b>	AAD1512-008	<b>Accident Date</b> 01-12-2015
1/12/2015 13:45	2/12/2015 16:40	SHC5408P

**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

## Print Received Message

This mail is associated with :

**\*SHC5408P (MC2015/3633/KL)**  
**[SDQ7900U]**

TP

TRANS-CAB SERVICES PTE LTD

Dec 1 2015 9:00AM

[CHANG YU HWA]

Trans-cab Auto Services Pte Ltd

**From** India International Insurance Pte Ltd (HQ) (III\_SG), sent on 20/04/2020 08:48 AM.  
**To** LKK\_HQ  
**Subject** Alert - Adj Mandate Approved (S\$1219.08) - SHC5408P - Claim Handler: Lalitha Krishnan

Approved:1219.08.