

**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 : AAD1511-014

Your Ref : SKD1048E

Date : 09.April 2019

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHF0724T AND SKD1048E ON 30/10/15 05:55 PM ALONG STILL RD TOWARDS ECP (CHANGI)**

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)	\$	3,947.64
2.	Loss of Rental for <u>6</u> days @ \$ <u>133.75</u> per day	\$	802.50
3.	Loss of Income for _____ days @ \$ _____ per day	\$	0.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	4,756.14

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 Services Pte Ltd**

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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 SHF0724T and SKD1048E along STILL RD TOWARDS ECP (CHANGI) on 30/10/15 05:55 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 9 (day) of April 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager



1511-014

## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKD 1048E (Insd veh)	Model: Renault Latitude (1995cc)
	SHF 724T (TP veh)	
Date of Accident/ Time:	30/10/2015	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	2,200.00	
Payee Name : Trans-cab Auto Services Pte Ltd			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: <del>Yes</del> / No BOLA Scenario No: <u>NIL</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): <u>50</u> (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

## NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>NG WAI YIN</u> Date: <u>05 OCT 2020</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>Amanda Tay</u> Date: <u>05 10/20</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>06/10/2020</u>	

**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>AXA INSURANCE (S) PTE LTD</b> 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1512-133 <b>DATE</b> : 29. December 2015 <b>REFERENCE NO</b> : AAD1511-014 <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-SHF0724T;DOA 30.10.15(PART-BY-PART-15)	1	3,947.64	3,947.64

**Total SGD Excl. GST :** 3,689.38**7% GST :** 258.26**\*\*\*\* THREE THOUSAND NINE HUNDRED FORTY SEVEN AND SIXTY FOUR SGD ONLY \*\*\*\*****Total SGD Incl. GST :** 3,947.64

- 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

09 April, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 30/10/15 05:55 PM at STILL RD TOWARDS ECP (CHANGI)

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. SHF0724T. The taxi was hired to JAI ANGEL NAMA a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$133.75 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with FIRST CAPITAL INSURANCE LIMITED 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

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30-10-2015

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>	AAD1511-014	<b>Accident Date</b> 30-10-2015
21/11/2015 08:30	26/11/2015 16:30	SHF0724T

**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

**Enquire Vehicle & Owner Information ( Vehicle No. SKD1048E As At 30 Oct 2015 / 17:55:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(RC)SHF724T

**Current Owner Details**

Owner ID Type: Singapore NRIC

Owner ID: S0191148A

Owner Name: CHIAM TAT LIANG

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 16E

Registered Street Name: LORONG G TELOK KURAU

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 426185

**Current Vehicle Details**

Vehicle No.: SKD1048E

Make Description/Model: B.M.W. / 523i

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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