

## TRANS-CAB AUTO SERVICES PTE LTD

No. 58 Defu Lane 1 Singapore 539498  
Tel No. : 6287 6666 Fax No. : 6281 1400  
Co./GST Reg. No. 201019626G

Our Ref : AAD1404-075

Your Ref : SGV 9321R

Date : 16 SEPTEMBER 2014

### AXA INSURANCE (S) PTE LTD

GB Building  
143 Cecil Street  
Singapore 069542  
Attention : Claims Department

Dear Sir / Madam

### **ACCIDENT INVOLVING SHB 7855Z AND SGV 9321R ON 5.4.2014 AT 2340HRS ALONG ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE**

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)	:	\$ 7,650.50
2.	Loss of Rental for _____ days @ \$ _____ per day	:	\$ 731.88
3.	Loss of Income for _____ days @ \$ _____ per day	:	\$ 0
4.	LTA Search Fee	:	\$ 0
5.	Survey Fee	:	\$

**TOTAL : \$ 8,382.38**

We enclose a copy of the following documents for your consideration :-

- |    |                                 |    |                                 |
|----|---------------------------------|----|---------------------------------|
| a. | GIA report lodged by our driver | d. | Rental rate and mileage records |
| b. | Certificate of Insurance        | e. | Authorization To Act            |
| c. | Original final repair bill      | f. | 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 AUTO SERVICES PTE LTD

JASMINE TAN  
General Manager  
Tel No. : 6603 1250 (DID)  
Email address : [jasminetan@transcabservices.com.sg](mailto:jasminetan@transcabservices.com.sg)

Note : Please email any further correspondence to [claims@transcabservices.com.sg](mailto:claims@transcabservices.com.sg).  
(6389 6904)

**Trans-Cab Auto Services Pte Ltd**

58 Defu Lane 1 Singapore 539498

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

**Tax Invoice****TO:****AXA INSURANCE (S) PTE LTD**

8 SHENTON WAY, #27-01

AXA TOWER

068811 SINGAPORE

ATTENTION:

INVOICE NO. : INV1406-383

DATE : 30. June 2014

REFERENCE N : AAD1404-075

TERMS :

DUE DATE : 30. June 2014

PAGE : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR (LUMP SUM-14)-SHB7855Z-DOA:5.4.14	1	6,955.00	6,955.00

Total SGD Excl. GST : 6,500.00

7% GST : 455.00

\*\*\*\* SIX THOUSAND NINE HUNDRED FIFTY FIVE AND 0/100 SGD

Total SGD Incl. GST : 6,955.00

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 change 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. &amp; O. E.

THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE



得運私人有限公司

TRANS-CAB SERVICES PTE LTD

Co. Reg. No: 200303878K

8. April 2014

To Whom It May Concern

Dear Sir / Madam,

**Accident on 05/04/14 11:40 PM at SLIP RD FROM BUKIT PANJANG RD TO BKE**

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. SHB7855Z. The taxi was hired to GAY LAM SIN a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$121.98 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with First Capital Insurance 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.



2(TIME)
TO
35
2
353
011
223
4
2306
50
4045
5
4015

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
3/2/14	Wm	10 2 3 2 3	312	5.00	04.00
11/4/14	Wm	20 2 5 8 3	209	4.00	4.00
11/4/14	Yeo Y.C.	20 2 6 7 8	95	1640	2336
21/4/14	Wm	20 2 9 3 7	259	4.00	4.00
21/4/14	Yeo Y.C.	20 3 0 0 3	66	1630	2205
31/4/14	Wm	20 3 3 1 5	312	6.00	6.00
31/4/14	Yeo Y.C.	20 3 4 1 5	100	1615	2330
4/5/14	Wm	20 3 0 8 8	233	4.50	4.06
4/5/14	Yeo Y.C.	20 3 7 1 5	66	1630	2136
5/5/14	Wm	20 4 0 2 2	304	4.00	5.50
5/5/14	Fun	20 4 3 0 4	277	5.00	4.30

[illegible]

## TRANS-CAB AUTO SERVICES PTE LTD

No. 42 Sungei Kadut Street 1 Singapore 729346

Tel: 6287 6666 Fax: 6281 1400

GST Reg No. : 201019626G

Co. Reg No. : 201019626G

### Authorization to Act

I GAY LAM SIN (Hirer), 1154421/6 (NRIC no.) hereby authorize Trans-Cab Services Pte Ltd to act on my behalf to claim for my loss of earnings for the accident involving SHB7855Z and SGV9321R along ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE on 05/04/2014 at 23:40 hrs.

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

Dated this 07 day of April 2014.



(Hirer's signature)



Name: \_\_\_\_\_

NRIC Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_




 Licence Number: **S1154420G**  
 Name: **GAY LAM SIN**  
 Birth Date: **06 May 1956**  
 Issue Date: **29 Jul 2003**  


Land Transport Authority

**VOCATIONAL LICENCE**

Number No: **S1154420G**

Name: **GAY LAM SIN**

Issue Date: **28/3/2008**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1154420G**



4B 7855

05/05/11



**GAY LAM SIN**

倪南生

Race

**CHINESE**

Date of Birth

**06-05-1956**

Sex

**M**

Country of Birth

**SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
**12 May 1977**

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description  
**02 TAXI VL**

Issue Date  
**30/03/2005**




 NRIC No: **S1154420G**  
 Blood Group: **O+** Date of issue: **12-03-1993**  
**APT BLK 23B QUEEN'S CLOSE #02-163**  
**SINGAPORE 141023**  
 NRIC No: **S1154420G** Date: **21-12-2005** No: **5218499**

**Enquire Vehicle & Owner Information ( Vehicle No. SGV9321R As At 05 Apr 2014 / 23:40:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ANDREA)SHB7855Z

**Current Owner Details**

Owner ID Type: Singapore NRIC

Owner ID: S8322376F

Owner Name: SHAFIQ BIN MOHAMED YUNOS

Registered Address Type: HDB / HUDC

Registered Block/House No.: 352

Registered Street Name: UBI AVENUE 1

Registered Unit No.: # 07 - 983

Registered Building Name: -

Registered Postal Code: 400352

**Current Vehicle Details**

Vehicle No.: SGV9321R

Make Description/Model: PROTON / GEN 21.3ATL

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.  
Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution  
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## **LETTER OF DISCHARGE**

We, **Trans-cab Auto Services Pte Ltd** (workshop), hereby agreed and confirmed that we are authorized by the owner of motor vehicle **SHB 7855Z** to accept the sum of \$ **4,200.00** (inclusive of inte alia, damages, interests, loss of use, costs and disbursements) from M/s LKK Auto Consultants Pte Ltd, the authorized surveyors of M/s AXA Singapore Pte Ltd, the Third Party's insurers on this matter.

This acceptance is in full and final settlement of any claim made against **SGV 9321R** pursuant to the road accident which occurred along **ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE.**

We, **Trans-cab Auto Services Pte Ltd** (workshop) are further authorized by the said owner that this settlement is reached on a strictly without prejudice basis on the part of M/s AXA Insurance Singapore Pte Ltd. And or their insured or other person or persons arising out of this said accident.

In consideration of the said payment by the said M/s AXA Singapore Pte Ltd, we, the said authorized workshop, shall fully discharge them from any further claim whatsoever in respect of the said accident.

We also declare that we are authorized by the said owner to receive the said settlement sum and hereby undertake to indemnify M/s AXA Insurance Pte Ltd, against any claim made or which may be made in respect of this matter.



\_\_\_\_\_  
For and on behalf of the owner of  
(SHB 7855Z )  
(workshop stamp and authorized signature)

\_\_\_\_\_  
For and on behalf of M/s AXA  
Insurance Singapore Pte Ltd  
(LKK stamp and authorized signature)



**TRANS-CAB SERVICES PTE LTD**

No. 58 Defu Lane 1 Singapore 539498

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 **SHB 7855Z** AND

**SGV 9321R** along **ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE**  
on

**5.4.2014** at **2340HRS.**

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 **16** day of **SEPTEMBER 2014**

Yours faithfully

TRANS-CAB SERVICES PTE LTD



JASMINE TAN  
General Manager