

**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 : AAD1512-239

Your Ref : SDR2600M

Date : 21.April 2020

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD5218R AND SDR2600M ON 21/12/15 04:00 PM ALONG THOMSON PLAZA DRIVEWAY**

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 <sup>2</sup> days @ \$ <sup>96.30</sup> per day	\$	192.60
3.	Loss of Income for ____ days @ \$ ____ per day	\$	0.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	1,536.10

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 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> : INV1601-093 <b>DATE</b> : 30. January 2016 <b>REFERENCE NO</b> : AAD1512-239 <b>TERMS</b> : <b>DUE DATE</b> : 30. January 2016 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	Repair-SHD5218R;DOA 21.12.15(LUMPSUM-16)	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.

**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

21 April, 2020

To Whom It May Concern

Dear Sir / Madam,

Accident on 21/12/15 04:00 PM at THOMSON PLAZA DRIVEWAY

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. SHD5218R. The taxi was hired to LIM KIM TOH a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$96.3 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 SHD5218R and SDR2600M along THOMSON PLAZA DRIVEWAY on 21/12/15 04:00 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 21 (day) of April 2020

Yours Faithfully

Trans Cab Services Pte Ltd



Jasmine Tan

General Manager



Insurance claim in relation to traffic accident

TCS(RC)SHD5218R

Company

197600657C

YEE HONG PTE LTD

Private Residential (Condo Apt or House) / Shopping / Office Complexes

229

MOUNTBATTEN ROAD

#02-24

MOUNTBATTEN SQUARE

398097

SDR260M

B.M.W. / 730LI AT ABS DIA8 2WD 4DR NAV/HID SR

AXA INSURANCE SINGAPORE PTE LTD

Print  
OK

**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

21-12-2015

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>	AAD1512-239	<b>Accident Date</b> 21-12-2015
12/1/2016 10:00	13/1/2016 17:20	SHD5218R

Yours Faithfully,

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**



## AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SDR 2600M (Insd veh)	Model: TOYOTA WISH (1987cc)
	SHD 5218R (TP veh)	
Date of Accident/ Time:	21/12/2015	


Repair Estimate	: \$	10,646.46	
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)	: \$	750.00	
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  to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp

Name of Representative: Amanda Tay

Date: 30/04/20



Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date: 6 MAY 2020 **Jasmine Tan**

Signature of AXA's surveyor/representative:

Name of AXA's surveyor /Representative:

Date: