

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6287 7764

Co./GST Reg. No. 200303878K

Our Ref : AAD2010-064

Your Ref : SHD7129B (COMFORT)

Date : 06.November 2020

MS' FIRST CAPITAL INSURANCE LIMITED

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD5176C AND SHD7129B (COMFORT) ON 14/10/20 02:00 PM
ALONG CHANGI GENERAL HOSPITAL TAXI STAND**

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)	\$	804.89
2.	Loss of Rental for <u>2</u> days @ \$ <u>112.35</u> per day	\$	224.70
3.	Loss of Income for <u>2</u> days @ \$ <u>50</u> per day	\$	100.00
4.	LTA Search Fee	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	1,129.59

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 Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6287 7764

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 SHD5176C and SHD7129B (COMFORT) along CHANGI GENERAL HOSPITAL TAXI STAND on 14/10/20 02:00 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 6 (day) of November 2020

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

DISCHARGE RECEIPT

CLAIM REFERENCE : D20004247MFSH
ACCIDENT DATE : 14/10/2020-
ACCIDENT LOCATION : CHANGI GENERAL HOSPITAL TAXI STAND
INSURED : COMFORT TRANSPORTATION PTE LTD
INSURED DRIVER : LEE LIANG NGUAN
INSURED VEHICLE : SHD 7129B -
INVOLVED PARTY : SHD 5176C -
SETTLEMENT SUM : \$1,040.00 -

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,

2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT : TRANS-CAB SERVICES PTE LTD

Signature and Date :



WITNESS : IRENE TAN

Signature and Date :

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

TO: MS FIRST CAPITAL INSURANCE LIMITED 36 Robinson Road #16-01 City House 068877 Singapore ATTENTION:	INVOICE NO. : INV2010-162 DATE : 16. October 2020 REFERENCE NO : AAD2010-064 TERMS : DUE DATE : 16. October 2020 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD5176C; DOA 14.10.20(PART-BY-PART-20)	1	804.89	804.89

Total SGD Excl. GST :	752.23
7% GST :	52.66
Total SGD Incl. GST :	804.89

****** EIGHT HUNDRED FOUR AND EIGHTY 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. 6287 7764

Co./GST Reg. No. 200303878K

06 November, 2020

To Whom It May Concern

Dear Sir / Madam,

Accident on 14/10/20 02:00 PM at CHANGI GENERAL HOSPITAL TAXI STAND

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. SHD5176C. The taxi was hired to CHAI YEOW FATT a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$112.35 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. 6287 7764

Co./GST Reg. No. 200303878K

14-10-2020

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.	AAD2010-064	Accident Date 14-10-2020
10/15/2020 13:25	10/16/2020 11:00	SHD5176C

Yours Faithfully,

Trans-Cab Services Pte Ltd**Jasmine Tan****General Manager**

Asher Sng (LKKAUTO)

From: Lim Gan Koon (Chris) <ChrisLim@msfirstcapital.com.sg>
Sent: Monday, 16 August 2021 9:16 AM
To: Asher Sng (LKKAUTO)
Cc: Admin A
Subject: RE: [MANDATE REQUEST] EXPRESS SETTLEMENT VIA LKK // Your ref : D20004247MFSH // ACCIDENT INVOLVING SHD 7129B (OI) AND SHD 5176C (TP) ON 14/10/2020

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Asher,

Pls offer as per below.

Kindly take note that surveyor recommend 1.5 days for duration of repair.

COR - \$804.89
LOR - \$157.50 to \$224.70 (\$105.00 to \$112.35 x 1.5 to 2 days)
LOU - \$75.00 to \$100.00 (\$50.00 x 1.5 to 2 days)
Total - \$1,037.39 to \$1,129.59

Regards.

Chris Lim
Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877
| Tel: 6507 3848 | DID : 6507 3853 | Fax No. : 6507 3849 | Email: ChrisLim@msfirstcapital.com.sg | Company Regn. No. 195000106C

A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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From: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Sent: Friday, 6 August 2021 3:40 pm
To: Lim Gan Koon (Chris) <ChrisLim@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: [MANDATE REQUEST] EXPRESS SETTLEMENT VIA LKK // Your ref : D20004247MFSH // ACCIDENT INVOLVING SHD 7129B (OI) AND SHD 5176C (TP) ON 14/10/2020

Your ref : **D20004247MFSH**
Our ref : CC3/FCI20011233/Kes3q2

Dear Sirs,

ACCIDENT INVOLVING SHD 7129B (OI) AND SHD 5176C (TP) ON 14/10/2020

We refer to the above matter.

The accident occurred when our insured rear ended third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

We seek your approval to offer repairer " **TRANS-CAB AUTO SERVICES PTE LTD** " at **\$ 1,129.59 (all-in)**.

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repairs (w/GST)	\$ 11,109.44	\$ 804.89
2. Loss of Rental (2days x \$112.35)	\$ 224.70	\$ 224.70 (2days x \$112.35)
3. Loss of income (2days x \$50)	\$ 100.00	\$ 100.00 (2days x \$50)
Total	\$ 11,434.14	<u>\$ 1,129.59</u>

Surveyor recommended 3days for repair.

Enclosed here with all the relevant documents for your perusal.

Kindly let us have your approval / instruction.

Please be informed that we are currently deployed to work from home in view of the current COVID-19 situation may reach me at 8839 9816 for any urgent matters.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

email: ashersng@lkkauto.com | fax: 6741-4108 | did: 6841-6051

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.