

Without Prejudice to our driver's Injury claims

OUR REF: 50116312/SHA8617T/DOA/19/08/2024/SO

YOUR REF: -/YP7203E

12 September 2024

To: MOTOR CLAIMS DEPARTMENT LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555

ACCIDENT INVOLVING: SHA8617T AND YP7203E ON 19/08/2024

LOCATION ALONG : JURONG WEST AVE 1, BLK 469 OPEN SPACE, SINGAPORE

We refer to the above mentioned incident with cost of repair and losses outlined as follows:

	Rate Per Day	Repair/ Claims Day	Amo GST	ount Before	GS7		Am GS7	ount After
Cost of Repair	\$ -	8	\$	4,000.00	\$ 3	60.00	\$	4,360.00
Loss Of Rental	\$ 91.69	8	\$	733.52	\$	-	\$	733.52
Loss Of Income	\$ 80.00	8	\$	640.00	\$	-	\$	640.00
LTA/GIA Search Fee	\$ -	0	\$	2.00	\$	0.18	\$	2.18
Towing Fee	\$ -	0	\$	-	\$	_	\$	-
Surveyor Fee	\$ -	0	\$	-	\$	-	\$	-
Total	\$ 171.69	8	\$	5,375.52	\$ 3	60.18	\$	5,735.70

The accident was caused solely by the negligence of your insured/driver, which resulted in the above costs of repair and losses.

Enclosed herewith the relevant documents (where applicable) for your perusal:

Entitio	sed herewith the relevant documents (where	appin	cable) for your perusal.
J	Letter of Demand	J	Mileage Record
J	Repair Bill	J	Rental Invoice
J	Finalised Report	J	Letter of Authority
J	Repair Estimate	J	Satisfaction Voucher
J	Accident Report / Police Report	J	Certificate of Insurance
J	3rd Party Search Fee	J	Towing

City Cab has authorised DING AUTOMOTIVE PTE LTD to claim, correspond, and receive payment on behalf of our client against any Third Party pertaining to the total sum stated above. Please look into our client's claim and revert with your Liability/Offer within 14 days upon receipt of this Letter of Demand.

Your Sincerely, MOTOR CLAIMS DEPT DING AUTOMOTIVE PTE LT TEL: +65 9239 4128

DING AUTOMOTIVE PTE LTD

Business Reg No: 201619222G 30 KALLANG PLACE, #05-05, SINGAPORE 339159

HP: 9239 4128

REPAIR BILL

M/S: LONPAC INSURANCE

DOA: 19/08/2024 REF: YP7203E OIC: --

OUR REF: SHA8617T

12/9/2024 DATE:

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair - SHA8617T	\$ 4,000.00	\$ 4,000.00
_	Simout i	4 4,000.00	4,000.00
			·
_			
	1		
REMARKS:	Job card: 50116312	SUB TOTAL:	\$ 4,000.00
İ	LUMP SUM	GST (9%)	\$ 360.00
		GRAND TOTAL	\$ 4,360.00

Yours faithfully, Authorised Signature of Ding Automotive Pte Ltd



Re: 50116312 / SHA8617T - Finalize Amount & After Repair Photo . (DOA: 19/08/2024)

1 message

Taxis Customer Service <taxiscs@stengg.com>

9 September 2024 at 22:45

To: "Rasul (LKKAuto)" < Rasul@lkkauto.com>

Cc: "claims@dingautomotive.com" <claims@dingautomotive.com>, Kelly Ding <kelly@dingautomotive.com>, "sarah@dingautomotive.com>, "Yan (LKK Auto)" <yan@lkkauto.com>

Hi Rasul,

Noted with thanks.

Thank You Best Regards,

Guang

ng Automotive Pte Ltd

Нр : 93299929 Office : 62657130

From: Rasul (LKKAuto) < Rasul@lkkauto.com> Sent: Monday, September 9, 2024 8:27 AM

To: Taxis Customer Service <taxiscs@stengg.com>

Cc: claims@dingautomotive.com <claims@dingautomotive.com>; Kelly Ding <kelly@dingautomotive.com>;

sarah@dingautomotive.com <sarah@dingautomotive.com>; Yan (LKK Auto) <yan@lkkauto.com>

Subject: Re: 50116312 / SHA8617T - Finalize Amount & After Repair Photo . (DOA: 19/08/2024)

*** WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING. *** Do not click on links or attachments if you are unsure of the source.

Hi Guang,

We will be advising our principal a cost of repair L/S repair limit of \$4,000.00 /- with 07 days of repair before GST, subject to their approval.

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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

Save the Earth. Print only when necessary.

From: Taxis Customer Service <taxiscs@stengg.com>

Sent: Friday, 6 September 2024 9:51 pm

To: Rasul (LKKAuto) < Rasul@lkkauto.com>

Cc: claims@dingautomotive.com <claims@dingautomotive.com>; Kelly Ding <kelly@dingautomotive.com>;

sarah@dingautomotive.com <sarah@dingautomotive.com>

Subject: 50116312 / SHA8617T - Finalize Amount & After Repair Photo . (DOA: 19/08/2024)

Without Prejudice

TO :

ESTIMATE REPORT

1ST Quotation

FAX NO:

19/08/2024 16:17

JOB-NO:

50116312

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT:

65533880

Page 1 of 2

ADDRESS:

383 SIN MING DRIVE SINGAPORE 575717 0 64739522

VEHICLE DETAILS

LICENSE NO:

SHA8617T

TRANS:

AUTO

CHASSIS: ENGINE:

KMHLB41UMGU089120

HYUNDAI / i40 MAKE / MODEL:

OWNER'S INSURER:

MS First Capital Insurance Limited

D4FDGU707360

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

QUOTED DISCOUNT DISC PRICE REV IND SUR.DISP DESCRIPTION COSTS QTY PRICE **LABOUR** 1 STRAIGHT AND PANEL BEAT ACCIDENT 1.00 900.00 0.00 Bon AREA 2 RUST PROOFING 1.00 80.00 0.00 3 SUNDRIES 1.00 60.00 0.00 DIAGNOSTIC(CLEAR FAULT CODE) & CHECK 1.00 180.00 0.00 WIRING & LIGHTING SYSTEM

1.00 150.00 5 R&R RADIATOR & CONDENSOR & TURBO 0.00 INTERCOOLER 6 VACUUM & TOP UP AIR COND GAS R-134A 1.00 150.00 0.00 7 ADJUST HEADLAMP AIM 1.00 80.00 0.00 8 CONDUCT 4 WHEEL ALIGNMENT & 1.00 150.00 0.00 BALANCING 9 RESPRAY FRONT BUMPER 1.00 250.00 0.00 10 RESPRAY FRONT BUMPER TOW CAP 1.00 100.00 0.00

11 RESPRAY FRONT FENDER RH 250.00 1.00 0.00 12 RESPRAY FRONT BONNET 1.00 250.00 250.00 0.00 TOTAL: 2,600.00 0.00 2,600.00 MATERIALS 1 FRONT BUMPER TOM 1.00 599.68 119.94 479.74 2 FRONT BUMPER RETAINER RH C/A 1.00 48.32 9.66 38.66 L

FRONT BUMPER RADIATOR GRILLE 1.00 1,110.10 222.02 888.08 4 FRONT BUMPER RADIATOR GRILLE LOGO X1.00 142.84 28.57 114.27 FRONT BUMPER RADIATOR GRILLE 121.77 24.35 97.42 CHROME MOULDING 560 1.00 138.22 27 64 110.58

6 FRONT BUMPER RADIATOR GRILLE UPPER COVER -7 FRONT BUMPER TOW CAP 1.00 28.92 5.78 23.14 L 8 FRONT BUMPER FOG LAMP COVER RH 1.00 178.55 35.71 142.84 9 FRONT BUMPER TOP GARNISH X 1.00 125.30 25.06 100.24 10 FRONT FENDER RH 1.00 659.50 131.90 527.60

11 FRONT FENDER INNER LINER RH MIS 1.00 185.12 37.02 148.10 12 FRONT SUPPORT PANEL (M) 1.00 962.87 192.57 770.30 13 WIPER TANK de/ 1.00 96.42 19.28 77.14 14 WIPER TANK MOTOR 🗲 1.00 68.43 13.69 54.74 15 WIPER TANK CAP 1.00 15.22 3.04 12.18 1,446.48 L

16 HEADLAMP RH 🕼 1.00 1,808.10 361.62 17 FRONT BONNET 4+ 1.00 1,812.68 362.54 18 FRONT WHEEL CAP RH 1.00 265.50 53.10

G-STAR-WI-ET-001-02-Rev00

1,450.14

212.40

L

L

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
19 FRONT BUMPER CLIP SET 🆊 🧸	1.00	55.00	0.00	55.00	S	Υ	30
20 FRONT BUMPER TOP GARNISH (35.00	0.00	35.00	s	Y	Ž
21 FRONT FENDER INNER LINER CI	LIP SET RH	45.00	0.00	45.00	S	Y	30
22 RADIATOR COOLANT	1.00	60.00	0.00	60.00	s	Y	40
TOTAL:		8,562.54	,673.49	6,889.05		,	
OTAL PARTS & LABOUR :		11,162.54	1,673.49	9,489.05			
EXCESS/LOADING:S\$ 0.00							
No. Of Day:	47						
RE-SURVEY: BEFORE AFTER APPART-BY-PART OF LUMP SUM							
DATE OF SURVEY: 20 / 1	18 124						
BURVEYED BY:	sul	·					
CONTACT NO: 900 LVO	f FAX NO	·					
NOTE: LUMP SUM AMOUNT WO 00190078	JLD BE REVISED IF S	SUPPLEMEN	IT REPAIR IS	S REQUIRED			
Ding Auto User 1							
ESTIMATOR STA AUTOCENTRE							
TEL: FAX:							

Lamp Sum Lahour = \$ 1810 S/N=\$100 Parts=\$ 5178.42 Ltstp=\$ 7088,42 -20% Us =\$5670.74

Agreed COR=\$ 4000,00

SA1K248J0006 / Aspectus Consultancy Pte Ltd ENTRY DATE & TIME: 19/08/2024 13:00 (SGT) SUBMITTED BY: Flash Reporting VERSION: 1 (19/08/2024 13:00 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for Investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission 19/08/2024 13:00 (SGT) Reported by Actual Driver Date of Accident 19/08/2024 02:00 (SGT) Exact Location of Accident Jurong West Ave 1, Singapore Additional Location Information **BLK 469 OPEN SPACE CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SHA8617T**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CITYCAB PTE LTD Company Reg No 1XXXXX839G Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-93535935 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hvundai Model Variant 1.7 CRDI F/L AT ABS AIRBAG 4DR Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto . 1685 Vehicle Fuel Diesel First Regisration Date Chassis no KMHLB41UMGU089120 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-24101860MFCT

Name of Driver	LIM POH HIAP (LIN BAOXIE)
NRIC No	SXXXX897E
Date Of Birth	02/05/1978
Occupation	Outdoor
Driving Pass Date	17/08/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS
Gender	Male
Alt. Phone Number	(Phone) +65-93535935
Email Address	fluores for O. I. a. d
Address	fleetsafety@cdgtaxi.com.sg
Address complement	BLK 463 JURONG WEST STREET 41 # 01-562
Postcode	640463
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
***************************************	-
Insurance Company of Other Vehicle Owned by Driver	-
CENEDAL INCOMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	n
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name Translator's ID	-
Translator's phone number	
Translator's email	-
riginal language used in the statement	
Alginarianguage about in the statement	
DETAILS OF POLICE ACTION	
TIPE CONTROL OF THE C	
Mas the conident reported to the police?	No
Was the accident reported to the police?	No No
Was notice of intended Prosecution given? If yes, against whom?	No
ii yes, against wildin?	-
CIRCUMSTANCES OF ACCIDENT	
496 JURONG WEST AVENUE 1 OPEN SPACE CARPARK WHEI VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATI	A BEARING REGISTRATION NUMBER (SHA8617T) ALONG BLK IN COME BACK TO VEHICLE A THERE WAS SOME DAMAGE TO ION NUMBER (YP7203E) THAT WAS REVERSING INTO PARKING BHT SIDE BUMPER PORTION. NO INJURIES WERE PRESENTED
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP7203E
Vehicle Manufacturer	Mitsubishi
Vehicle Model	CANTER FEB21CR3SDEB
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	_
Address	_
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyhelder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that;

- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may are permeted to collect, use, disclose and/or process my personal data/personal information set, out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers), who have insured vehicle(s) involved in this accident fall insurers the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (f) processing, handling anti/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (iii) investigating the accident and/or my claims,
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(Collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their Intro-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.





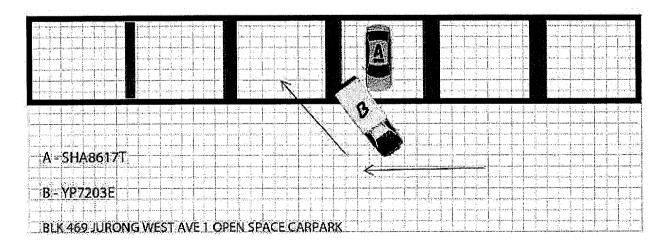
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre:

Sketch Plan

19/08/2024 -- 1100HRS



Describe Circumstances of the Accident

ON THE 19/08/2024 AT ABOUT 0200HRS I PARKED VEHICLE A BEARING REGISTRATION NUMBER (SHA8617T) ALONG BLK 496 JURONG WEST AVENUE 1 OPEN SPACE CARPARK WHEN COME BACK TO VEHICLE A THERE WAS SOME DAMAGE TO VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (YP7203E) THAT WAS REVERSING INTO PARKING LOT ACCIDENTALLY COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE BUMPER PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Oriver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

19/08/2024 - 1100HRS

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

YP7203E

Date of Accident

19/08/2024 ##

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	Lonpac Insurance Bhd
Period of Insurance	10/08/2024 - 09/08/2025
Requested By	Hashim (Ding Auto Pte Ltd)
Requested Date	19/08/2024 08:59

Payment details

Request Amount: **\$\$2** GST Amount: **\$\$0.18**

Total Amount Due (GST Inclusive): \$\$2.18

General Insurance Association

Records Management Centre GST Registration No: **M400017735**

				0					2 5	MILLEAGE	HOURS OPERATED (TIME)	ATED (TIME)	
DATE	DESCRIPTION		MILL	EAGE	ODON	MILLEAGE ODOMETER READING	KEAL	ING	-	I KAVELLED (KM)	FROM	TO	Γ
19/88/24	VEHICLE ACCIDENT (IN)	_	0	_	M	6	0	_			08:15 Hrs		
12/8192	VEHICLE ACCIDENT (OUT))	0		2	0	0	7				14:31	
													
													1
													Γ
									_				1
													
VEHICLE NUM	VEHICLE NUMBER: SHA 8617 7						Ħ	ER/D	HIRER/DRIVER SIGN:	IGN:	Ju Ju		
REMARKS:													
į													

Our Ref: C

CC24080338

Date: 20 August 2024



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

19/08/2024

@ 02:00 hrs

ALONG

JURONG WEST AVE 1,BLK 469 OPEN SPACE

CARPARK

INVOLVING

YP7203E

We refer to the above-mentioned accident and wish to inform that CityCab Pte Ltd is the registered owner of the taxi bearing vehicle registration number SHA8617T (the "Taxi"). The Taxi was hired to LIM POH HIAP (LIN BAOXIE) IC NO SXXXX897E a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$99.94 per day (inclusive of GST).

Please be advised that the Taxi was insured with MS First Capital Insurance Ltd on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Fleet Insurance Team Asset Management

This is a computer generated letter. No signature is required.

LETTER OF AUTHORITY

Accident involving SHA 8611 &_	
along 496 Jurong West Ave 1	Carpark.
of vehicle No. SHA 8617 T May Ms Lim Poh Hiap authorize Ding Automotive Pte Ltd of correspond, negotiate and settle re	Number 199502839G registered owner which was rented to Hirer/Driver NRIC SXXXX 897 E , hereby on this date /9/08/24 to submit, my/our claim for cost of repair and reaccident and without prejudice of our
Ding Automotive Pte Ltd should be n	settlement amount by third party with nade in favour of Ding Automotive Pte arded to them as full and final discharge
Owner Signature/Co.Chop	Authorized Workshop
So Call Phil	# TEN NO 2016192220 5
Hirer/Driver Signature	
Lu	

Satisfaction Voucher

Date: 19/08/2024		
MS First Capital Insurance Limited		
Attention: MOTOR CLAIMS DEPT 26 A(iG*24 i	4.5
Dear Sir/Madam LIM 130 L LIAP		
I/We hereby acknowledge having received from ST Engineering Mobility Services Pte		
Ltd 31 Corporation Road, Singapore 649825, my/our vehicle number SHA8617T		
which has been repaired to my/our satisfaction and acceptance. I/We admit that		
the payment of SGD account for such repairs is in full discharge		
of my/our claim upon the corporation under the policy number D-24101860MFCT		
reference claim number 50116312 in respect of the damage caused to the		
said vehicle in an accident that occurred thereto or about the 19/08/2024		
at ALONG 496 JURONG WEST AVE 1 CA		
Dated this day of,201 Company Stamp if applicable	7	
Signature:		
NRIC No: SXXXX 897E		
Name: CityCab PTE LTD (Fleet)		
Address: 383 SIN MING DRIVE SINGAPORE 575717 0		

Form G-STAR-WI-FC-005-01- Rev00



MS First Capital Insurance Limited www.msfirstcapital.com.sg (UEN 195000106C GST Reg. No. M2-0001676-9)

Date Issued

: 12/12/2023

Certificate Ref.: MZ400A

CERTIFICATE OF INSURANCE (MASTER CI)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO.

D-24101860MFCT

Index Mark and Registration

Number of Vehicle

All CityCab taxis operating in the Republic of Singapore.

Name of Insured

CityCab Pte Ltd

Coverage

Third Party Fire and Theft

Effective date of the Commencement of

Insurance for the purpose of the Act

01/01/2024

Date of Expiry of Insurance

31/12/2024

Excess: As stated in the Policy. Excess amounts are subject to GST.

Persons or Classes of Persons entitled to drive

a) Any licensed taxi driver driving on the Insured's order or with their permission.

b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use:

Use as a taxi.

Use for social, domestic and pleasure purposes.

The Policy does not cover

Use for racing, pace-making, reliability trial or speed-testing.

Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

> MS First Capital Insurance Limited (Approved Insurers)

> > Authorised Signature

A/C NO.:

B0101