

OUR REF: 50116290/SHB2324Y/DOA/06/08/2024/KD

YOUR REF: SNF3923U/--

Without Prejudice to our driver's Injury claims

30 August 2024 To: MOTOR CLAIMS DEPARTMENT INDIA INTERNATIONAL INSURANCE 64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711

ACCIDENT INVOLVING: SHB2324Y AND SNF3923U ON 06/08/2024

LOCATION ALONG : JALAN BUKIT MERAH, SINGAPORE

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

	Rate Per Day	Repair/ Claims Day	Amount Before GST	GST 9%	Amount After GST
Cost of Repair	\$ -	8	\$ 3,600.00	\$ 324.00	\$ 3,924.00
Loss Of Rental	\$ 105.48	8	\$ 843.84	\$ -	\$ 843.84
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	\$ 185.48	8	\$ 5,085.84	\$ 324.18	\$ 5,410.02

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:

J	Letter of Demand	J	Mileage Record
1	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	3 rd 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 L

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:

INDIA INTERNATIONAL INSURANCE

DOA: 06/08/2024 REF: SNF3923U

OIC: LKK

OUR REF:

DATE:

SHB2324Y

30/8/2024

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost Of Repair - SHB 2324Y	\$ 3,600.00	\$ 3,600.00
REMARKS:	Job Card: 50116290	SUB TOTAL:	\$ 3,600.00
	LUMP SUM	GST (9%)	\$ 324.00
		GRAND TOTAL:	\$ 3,924.00

Yours faithfully,

Authorised Signature of Ding Automotive Pte Ltd

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 06/08/2024 17:10 (SGT) Reported by **Actual Driver** Date of Accident 06/08/2024 11:15 (SGT) Exact Location of Accident Jalan Bukit Merah, Singapore dditional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2324Y

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) +65-96471159 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Toyota Model Prius HYBRID 1.8 CVT Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Taxi Transmission Auto CC 1798 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	SOON CHIN THOR SXXXX402G 20/04/1959 Outdoor 22/09/1977 3 Valid 46 YEARS AND 11 MONTHS Male (Phone) +65-96471159 fleetsafety@cdgtaxi.com.sg BLK 368 CORPORATION DRIVE #08-455 610368 No Hirer No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
ype of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear 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?	- Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
PASSENGER 1	
Name Gender	UNKNOWN Male
DETAILS OF POLICE ACTION:	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON 060824 AT ABOUT 1115HRS I WAS DRIVING WITH VEHICL FROM JALAN BUKIT MERAH TOWARDS TO REDHILL FOR DR TRAFFIC LIGHT JUNCTION SUDDENLY VEHICLE B BEARING PORTION OF VEHICLE A. NOBODY WAS INJURED DURING TO	REGISTRATION NUMBER SNF3923U COLLIDED ONTO REAR
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	SNF3923U
Vehicle Manufacturer	Toyota
Vehicle Model	NOAH HYBRID 1.8X CVT
Vehicle Variant	
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	GAN TIONG SOON
NRIC No	SXXXX153D
Contact Number	(Phone) +65-87743931
Address	BLK 164C RIVERVALE CRESCENT #05-278
Address complement	-
Postcode	543164
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 Policyholder and/or the Authorized Driver.
- 3. 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.
- 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. 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 in my workshop and the General Insurance Association of Singapore ("GIA") may are permitted 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 insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident and insurers in the collectively referred to as the "Insurers"), the insurers involved in the Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (ii) investigating the accident and/or my claims.
- [ii] carrying out and/or dealing with my instructions or responding to any enquiries by ma.
- (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 third-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.

(If driver is not the p

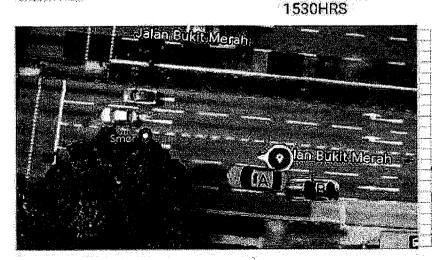
Folicyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date

6 AUG 2024

Witnessed by Reporting Centre Personnel



A - SHB2324Y

B - SNF3923U

JALAN BUKIT MERAH

Describe Circumstances of the Accident

ON 060824 AT ABOUT 1.115HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER SHB2324Y ENROUTE FROM JALAN BUKIT MERAH TOWARDS TO REDHILL FOR DROP OFF MY PASSENGER, WHILE WAITING STATIONARY AT TRAFFIC LIGHT JUNCTION SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SNF3923U COLLIDED ONTO REAR PORTION OF VEHICLE A. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

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

Policyholder's Signature / Date &

Time

Driver's Signature (If driver is not the policyholder) / Date & Time 6 AUG 2024

1530HRS

Witnessed by Reporting Centre Personnel

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SNF3923U

Date of Accident

06/08/2024 苗

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	India International Insurance
Period of Insurance	
Requested By	
Requested Date	06/08/2024 14:34

Payment details

Request Amount: **\$\$2**

GST Amount: \$\$0.18

General Insurance Association

Records Management Centre GST Registration No: M400017735

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

1/1

		1			_		
ATED (TIME)	TO		13:21				
HOURS OPERATED (TIME)	FROM	13:15Hrs					
MILLEAGE	I KAVELLED (KM)						
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		∞	80				
	DESCRIPTION	VEHICLE ACCIDENT (IN)	ı				
	DATE	72/80/90	42/8/21				

Vehicle number: 5/48.2324 Y

REMARKS:

HIRER/DRIVER SIGN:



		•
	:	

Our Ref: CC24080096

Date: 07 August 2024



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

06/08/2024 @

@ 11:15 hrs

ALONG

JALAN BUKIT MERAH.

INVOLVING

SNF3923U

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 SHB2324Y (the "Taxi"). The Taxi was hired to SOON CHIN THOR IC NO SXXXX402G a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$114.97 per day (inclusive of GST).

\$105.48 (WO 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 SHB 2324Y 8	
along J/n Bkf Merah	
of vehicle No. SHB 234 Y Mr/Ms Soon Chin Thorauthorize Ding Automotive Pte Ltd correspond, negotiate and settle	eg Number 199502839G registered owner which was rented to Hirer/Driver NRIC SXXXX 402 6 , hereby to submit my/our claim for cost of repair and pove accident and without prejudice of our
Ding Automotive Pte Ltd should be	l settlement amount by third party with e made in favour of Ding Automotive Pte warded to them as full and final discharge
Owner Signature/Co.Chop	Authorized Workshop
Hirer/Driver Signature	<i>∨</i>
A Company of the Comp	

Satisfaction Voucher

13AUG'24 13:\$1

Date: 06/08/2024							
MS First Capital Insurance Limited							
Attention: MOTOR CLAIMS DEPT							
Dear Sir/Madam							
Soon Chin Thor							
I/We hereby acknowledge having received from ST Engineering Mobility Services Pte							
Ltd 31 Corporation Road, Singapore 649825, my/our vehicle number SHB2324Y							
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 50116290 in respect of the damage caused to the							
said vehicle in an accident that occurred thereto or about the 06/08/2024							
at ALONG JLN BKT MERAH							
Dated this day of,201 Company Stamp if applicable							
Signature:							
NRIC NO: SXXXX 4602 G							
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

All CityCab taxis operating in the Republic of Singapore.

Number of Vehicle

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

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

(2) 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