

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:

Elicio:	seu nerewith the relevant documents (wi	iere appin	abie ioi your perusar.	
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 LYI

TEL: +65 9239 4128

# **LETTER OF AUTHORITY**

Accident involving SAB 23244 & SNF	3923 U on 06/08/24
along J/n Bkt Merah	
	•
I/We, City Cab Pte Ltd_NRIC/ Co.Reg Number of vehicle No. SHB 2324Y which Mr/Ms_Soon Chin Thor NF	was rented to Hirer/Drive: RIC <u>SXXXX 4</u> 02 6 hereby
authorize <b>Ding Automotive Pte Ltd</b> on this correspond, negotiate and settle my/our uninsured losses arising from the above accidedriver's injury claim.	date <u>06/08/24</u> to submit r claim for cost of repair and
I/We further authorize that agreed settlem Ding Automotive Pte Ltd should be made in Ltd and that the said payment be forwarded of my/our claims.	n favour of <b>Ding Automotive Pt</b> e
Owner Signature/Co.Chop	Authorized Workshop
THE POST OF THE PO	# JONO 714.
Hirer/Driver Signature	



#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

\_\_\_ ("the workshop") hereby confirm that we/l have reached an agreement

# **EXPRESS SETTLEMENT**

# DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MFL2024D0009176 Claimant Ref: SHB2324Y

We/I, DING AUTOMOTIVE PTE LTD

with the appointed Surveyor of India International Insurance Pt	e LtdLKK Auto C	onsultants Pte Ltd (name
of Surveyor) with respect to the amount claimed for S\$ 3	3,924.00 (repair o	
use/rental), S\$ 2.18 (search fee), vehicle no. SHB2324Y	that was damaged pursu	ant to the accident which occurred
on _06/08/2024 (date) at JALAN BUKIT MERAH		lving vehicle no. SNF3923U (insured
vehicle). This is pursuant to the inspection conducted on07/08/20	024 (date) at "the worksho	p".
We/I confirm that we/I are/am authorized by the owner	CITYCAB PTE LTE	("the third party
claimant") of vehicle no. SHB2324Y to make the claim as set of		
the matter on his/her behalf in a manner that we/l deem fit.	We/I enclose herein the I	etter of authority given by "the third
party claimant".		
Will College C		
We/I further confirm that we/I will indemnify India International		
they will or have already incurred in the event that "the thir further claim against the former for any loss and expenses s		
of use pursuant to the damage to SHB2324Y (vehicle no.) as		or repairs and/or rental and/or loss
(10.11.51.51.51.51.51.51.51.51.51.51.51.51.	a room or the addition.	
We/I confirm that the agreement reached above is in full ar	nd final settlement of all	claims of "the third party claimant"
pursuant to the accident and that further this settlement is rea		
basis.		-
This agreement is subject to the application of Singapore law a	and the Singapore Courts	nave exclusive jurisdiction over any
dispute arising out of the same.		
	DING AUTOMOT	
We/I authorize you to pay the total amount of S\$ 4,944.54	to DING AUTOMOT	IVE PTE LTD
Dated this 99 day of October 20 24	Without Pr	ejudice
Dated this day of	to our driver's	
CLAIMANT:		
Signature:	WITNESS:	((LKK))
Signature: Signed by "the workshop" (With chop)	Signature:	Signed by appointed Surveyor
COM IN DIA		
	Name:	LKK Auto Consultants Pte Ltd
NRIC: CXXXX 3557	NRIC:	199607198R
Address: 30, callay Mac	Address:	51 Ubi Avenue 1
705-055339119		#02-25 Paya Ubi Ind. Park S(408933)
Nationality:	Nationality:	
Occupation:	Occupation:	d S
	Cocapation.	

## DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G 30 KALLANG PLACE, #05-05, SINGAPORE 339159. Tel: 9239 4128

## TAX INVOICE

INVOICE I-002567 INDIA INTERNATIONAL INSURANCE PTE LTD DATE 09/10/2024 **IOB BUILDING** GST REG NO : 201619222G 64 CECIL STREET #04-05 **TERMS** C.O.D. SINGAPORE 049711 SNF 3923U PO NO **SHB 2324Y OUR REF** ATTN: Motor Claims Department 1 of 1 **PAGE** 

IEL .	FAX .		PAGE	•	1011
ITEM NO.	DESCRIPTION		QUANTITY	UNIT PRICE	AMOUNT
1.	Cost Of Repair - SHB 2324Y		1	3,600.00	3,600.00
2.	Loss Of Rental (w/o GST)		7	105.48	738.36
3.	Loss Of Income (w/o GST)		7	40.00	280.00
4.	Search Fee		1	2.00	2.00
		,			
REMARKS :			SUB TOTAL	:	4,620.36
Job Card: 50116290 Your Ref: MFL2024D0009176 / SNF 3923U		Without Projudice	GST 9%	:	324.18
OIC : Chew	Hsiao Tong LKK Auto	Without Prejudice to our driver's Injury claim	TOTAL SGD	:	4,944.54
DOA: 06/08	3/2024	to our driver's injury claim	O/S BALANC	:	

#### PAYMENT DETAILS

BANK ACCOUNT NAME: BANK TRANSFER:

DING AUTOMOTIVE PTE LTD UOB BANK 348-307-6922

PAYNOW TO UEN:

201619222G



**Authorised Signature** 

Customer Signature

I have inspected and hereby confirmed that the job done and the amount due herein are entire to my satisfaction



**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	Hashim (Ding Auto Pte Ltd)
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

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 (W/O 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.

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

Vehicle number: 5482324 Y

REMARKS:

HIRER/DRIVER SIGN:



(1)	(8)	(1	

No record

# **Claim Audit**

	AIL		
lo. On	Audit	Remarks	Ву
07 Aug 1 2024 15:13	Clm Dtl Modified	Claimant's Name: -> CITYCAB PTE LTD. Claimant's ID: -> 199502839G.	[A] HOW MEI KWAN
07 Aug 2 2024 15:13	Clm Veh Model Changed	(201861) TOYOTA PRIUS 1.8 HYBRID CVT (A).	[A] HOW MEI KWAN
07 Aug 3 2024 15:13	Clm Created	Reg No: SHB2324Y. Acct Date: 2024/08/06. Claim Type: TP. Insurer: India International Insurance Pte Ltd (HQ). TP Insurer: MS First Capital Insurance Ltd (HQ). Workshop: Ding Automotive Pte Ltd (HQ)	[A] HOW MEI KWAN
07 Aug 4 2024 15:13	Adj Co Assigned	LKK Auto Consultants Pte Ltd (HQ):	[A] HOW MEI KWAN
07 Aug 5 2024 15:13	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2024/08/19	[A] HOW MEI KWAN
07 Aug 6 2024 15:13	Adj Mandate Set	Approved:0.00.Reinsp:Adj decides.	[A] HOW MEI KWAN
07 Aug 7 2024 15:13	Label Added	(30653):Direct Settlement.	[A] HOW MEI KWAN
07 Aug 8 2024 15:13	Adj Adjuster Assigned	[None] -> MOHD RASUL	[A] HOW MEI KWAN
08 Aug 9 2024 11:49	Clm Dtl Modified	Insured Name: -> COMFORTDELGRO RENT A CAR PTE LTD. Insured ID: -> 198105775H.	[A] HOW MEI KWAN
08 Aug 10 2024 13:18	Adj Mandate Request	Cur.Req:0.00:PODS LIABILITY: 100% INSURED DRIVER REAR-ENDED TP.	[A] CHEW HSIA TONG
11 Aug 11 2024 22:00	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date: $2024/08/19$ . Mandate Remarks: Liability is clear in TP favour. Pls proceed with DS. Thank you.	[I] Loganathan S/O Agoram
11 Aug 12 2024 22:00	Adj Mandate Set	Approved:0.00:Liability is clear in TP favour. Pls proceed with DS. Thank you.	[I] Loganathar S/O Agoram
24 Sep 13 2024 15:35	Adj Rpt Initiated		[A] JOANNE LEI KHANG MIN
24 Sep 14 2024 15:35	Clm Dtl Modified	Claim Conclusion: -> 3.	[A] JOANNE LEI KHANG MIN
24 Sep 15 2024 15:35	Clm Dtl Modified	JPJ Reg. Date: -> 2017/09/28.	[A] JOANNE LEI KHANG MIN
24 Sep 16 2024 15:35	Clm Details Notified		[A] JOANNE LEI KHANG MIN
25 Sep 17 2024 08:51	Adj Mandate Request	Cur.Req: $5090.02$ : Liability: $100\%$ *Quantum: $$5,090.02$ (all-in). Pls refer to adjuster report for details. *For your approval please.	[A] CHEW HSIA TONG
26 Sep 18 2024 11:09	Adj Mandate Set	Approved:5090.02.	[I] Loganathan S/O Agoram

ACTIVITY

Merimen Billing for this case - Transaction History									
Bill Ref No	Bill Date	Bill Type	Acc Type	Acc Name	Co Name (Branch)	Ref 1	Ref 2	Amount	
3215290	08 Aug 2024 09:43:14	TP Case (Insurer)	Motor	LKK Auto Consultants Pte Ltd	India International Insurance Pte Ltd (HQ)	SHB2324Y	SNF3923U	12.00	
3241593	24 Sep 2024 15:35:53	OD/TP Case (Adjuster)	Motor	LKK Auto Consultants Pte Ltd	LKK Auto Consultants Pte Ltd (HQ)	SHB2324Y	SNF3923U	12.00	