Poh Kin (LKKAuto)

From:

Michelle <accounts@dingauto.sg>

Sent:

Thursday, 3 January 2019 3:33 PM

To:

Poh Kin (LKKAuto)

Cc:

Kenneth Ding; Kelly Ding; Ding Ding Auto; Alex; Ah Soon; Chan Carlor; You jingfeng;

Dd hashim

Subject:

(REF: CC4/ASM18012747/T1wa3) BILLING FOR SAH9710A TP CLAIMS AGAINST

SJR4731J ON 11/7/2018

Attachments:

SHA9710A (REPAIR INVOICE).pdf; SHA9710A.pdf

Dear Claims Officer,

REF: CC4/ASM18012747/T1wa3

Please see attached supporting document to claims against your insured.

We have completed the repair, driver has collected the vehicle and your surveyor has finalize the repair at \$15000 - total 16 days repair job.

We would like to claim for our insured as per following:

Total Number of days: 18 (due to weekend)

Repair Cost: \$15000 + 7% = \$16050

Loss of Rental: $$105.61 \times 18 = 1900.98

Loss of Income : $$80 \times 18 = 1440

LTA Search Fee: \$1.87 + 7% = \$2

Total: \$19392.98

Kindly revert back with an offer so that we can close the case as soon as possible.

Yours Sincerely, Michelle Fang 92394128

Ding Automotive Pte Ltd

NOTE !!!

All mailed letter & cheque payment is to be mailed to our main office address: BLOCK 10 #01-20 SIN MING INDUSTRIAL EST. SEC C

SINGAPORE 575645

Virus-free. www.avast.com



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

15 October 2018

Ow Yeong Yoon Kwai 17 Saraca Terrace Singapore 805477

Dear Sir/ Mdm

OUR REF

: CC4/ASM18012747/T1wa3

YOUR REF

: SJR 4731J

ACCIDENT INVOLVING SJR 4731J & SHA 9710A ALONG YCK RD ON 11/07/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **DING AUTOMOTIVE Pte Ltd** acting on behalf of the owner of SHA 9710A against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. You intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to Vivianlau@lkkauto.com within 7 days if not provided at our reporting centre. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us 6841 8625 or email us at Vivianlau@lkkauto.com

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vivian Lau

Case Handler DID: 6841 8625 FAX: 6741 4108

EMAIL: Vivianlau@lkkauto.com

c.c. AXA Insurance Pte Ltd (Motor Claims Dept)

LETTER OF AUTHORITY

ACCIDENT INVOLVING SHA 9710 A & SJR 4731J on J 11 7 18.

4 THONG KUAN CHAI NRIC NO. S 1512438 E of citycab pte ltd owner/ hirer of the Vehicle Registration

No. SHA 9710 A hereby authorize Ding Automotive Pte

Ltd to submit, correspond, negotiate and settle my claim for cost of repair and uninsured losses arising from the above accident.

I further authorize that agreed settlement sum for cost of repair, loss of income and rental, survey report fee, third party vehicle insurance particulars enquiry fee etc. Be made in favour of the **Ding Auto motive Pte Ltd** and that the said payment be forwarded to them as full and final discharge of my claim.

SIGNED BY:

DATE.

12/7/18



Without Prejudice to our driver's Injury Claim

CLAIM REE

: S8M0009P

INSURED

: OW YEONG YOON KWAI

DISCHARGE VOUCHER

We/I <u>CITYCAB PTE LTD</u>, Co Reg No. 199502839/G) hereby agree to accept the sum of dollars [eighteen thousand six hundred fifty only] (S\$ 18,650.00) paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. <u>SJR 4731J</u> as a result of an accident along junction of Yio Chu Kang Road and Begonia Road on 11th July 2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SHA 9710A.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. <u>SJR 4731J</u> in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. <u>SJR 4731J.</u>

	Dated this	lb	day of	January	2018
Claimant	's Signature		SITY CAR OF		PANA
NRIC no.	/ Company Stamp	•	19950189	That	
Occupati	on/ Business	:			nut.
Address		*			···
Telephor	ie No.			and the state of t	WEN NO.
Witness's	Name	*	Michelle	Fang	201619222G
Witness's	Signature	;	fo		
Witness's	NRIC No.		7FP4F10P2		

DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645 Tel: 6452 1208 Fax: 6452 0614

TAX INVOICE

AXA INSURANCE PTE LTD I-000489 INVOICE 8 SHENTON WAY #27-01, AXA TOWER DATE 03/01/2019 SINGAPORE 068811 GST REG NO 201619222G TERMS PONO SJR4731J ATTN: SHA9710A **OUR REF** TFI . FAX . PAGE

TEL ; FAX:	PAGE	*	1 07 1
ITEM NO. DESCRIPTION	QUANTITY	NITPRICE	AMOUNT
1. Repair Cost - SHA9710A	1	15,000.00	15,000.00
REMARKS : EPAIR COST FOR SHA9710A	SUB TOTAL GST	:	15,000.0 1,050.0
P CLAIM AGAINST SJR4731J	TOTAL SGD		16,050.0
	DEPOSIT	1.0	

FOR DING AUTOMOTIVE PTE

Authorised Signature

Customer Signature
I have inspected and hereby confirmed that
the job done and the amount due heretiare entire to my satisfaction.

Our Ref: CC18070321

Date: 12 July 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

11/07/2018 @ 21:50 hrs

ALONG

JUNCTION OF YIO CHU KANG ROAD & BEGONIA

ROAD

INVOLVING

SJR4731J

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 SHA9710A (the "Taxi"). The Taxi was hired to THONG KUAN CHAI IC NO S1512438E a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$113.00 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

Christine Tay Assistant Manager, Fleet Safety

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

\$105.60/day

HOURS OPERATED (TIME) 21:50 MILEAGE TRAVELLED (KAN) Accident Reporting (IN) 5 8 6 2 6 4 Accident Reporting (OUT) < 8 6 2 6 5 MILEAGE READING Accident Reporting (IN) NAME OF DRIVER DATE 11/7/18 28/7/18

SHA 9710A

X Magain



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-18-106869

Date of Request:

12/07/2018

Your Ref No:

Online Purchase

Ding Auto Pte Ltd Blk 10, #01-20

Sin Ming Industrial Estate Sector C

Singapore 575645

Dear Sir/Madam,

Enquiry Date

12/07/2018

Enquiry By

You Jing Feng

TP Vehicle No.

SJR4731J

Accident Date

11/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJR4731J	AXA Insurance Pte Ltd	24/02/2018-06/01/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-18-106869

Date of Request:

12/07/2018

Your Ref No:

Online Purchase

Ding Auto Pte Ltd Blk 10, #01-20 Sin Ming Industrial Estate Sector C Singapore 575645

Dear Sir/Madam,

Enquiry Date

12/07/2018

Enquiry By

You Jing Feng

TP Vehicle No.

SJR4731J

Accident Date

11/07/2018

DESCRIPTION	AMOUNT (S\$)	
TP Insurer Enquiry	1.87	
GST Amount	0.13	
Total Amount Due (GST Inclusive)	2.00	

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[X] GIRO [] Cash [] Cheque