

OUR REF : TP/SHC7101K/AD /29/09/2018/ DD HASHIM  
YOUR REF : SLW5939X  
24 December 2018

Motor Claims Department  
AXA INSURANCE PTE LTD  
8 SHENTON WAY #24-01  
AXA TOWER SINGAPORE 068811

ACCIDENT INVOLVING: SHC7101K AND SLW5939X on 29/09/2018  
LOCATION ALONG: THOMSON RD TOWARDS PIE

We refer to the above matter.

|                     | Rate per day | Repair days | AMOUNT BEFORE GST | GST 7%   | AMOUNT AFTER GST |
|---------------------|--------------|-------------|-------------------|----------|------------------|
| Cost of Repair      | \$0.00       | 5           | \$3,050.00        | \$213.50 | \$3,263.50       |
| Loss of Use /Rental | \$111.47     | 5           | \$557.35          | \$0.00   | \$557.35         |
| Loss of Income      | \$80.00      | 5           | \$400.00          | \$0.00   | \$400.00         |
| Medical Fee         | \$0.00       | 0           | \$0.00            | \$0.00   | \$0.00           |
| LTA/GIA Search Fee  | \$0.00       | 0           | \$1.87            | \$0.13   | \$2.00           |
| Surveyor Fee        | \$0.00       | 0           | \$0.00            | \$0.00   | \$0.00           |
| Total               | \$191.47     | 5           | \$4,009.22        | \$213.63 | \$4,222.85       |

The accident was caused solely by the negligence of your insured and as a result, We had incurred the following costs of repair and losses of our insurer:

Enclosed are copies of the following documents for your perusal:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Original Photocopy Survey Report (Estimate) | <input checked="" type="checkbox"/> Letter of Authority      |
| <input checked="" type="checkbox"/> GIA/ Police Report                          | <input checked="" type="checkbox"/> Discharge Voucher        |
| <input checked="" type="checkbox"/> LTA Search Slip                             | <input checked="" type="checkbox"/> Certificate of Insurance |
| <input checked="" type="checkbox"/> Confirmed Finalize&Liability Copy           | <input checked="" type="checkbox"/> Letter of Demand         |

Our insurer has authorized DING AUTOMOTIVE PTE LTD to deal with the repair and accept payment in relation to the claim for repairs or loss of use and execute documents on behalf of insurer.

Please look into our client's claim soonest possible.

Yours sincerely  
DING AUTOMOTIVE PTE LTD  
DD HASHIM  
HP: 81160811  
Office: 6452 1208  
Fax: 6452 0614



Auto  
Consultants  
Pte Ltd

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

28 NOVEMBER 2018

**CHOO HUAT AIK**  
33 MAYFLOWER ROAD  
SINGAPORE 568622

Dear Sir/Madam,

**OUR REF : CC4/ASM18017915/T1jb3**  
**YOUR REF : SLW 5939X**

**ACCIDENT INVOLVING SLW 5939X / SHC 7101K / OTHERS ALONG THOMSON ROAD ON 29.09.2018**

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 Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s DING AUTOMOTIVE PTE LTD acting on behalf of the owner of SHC 7101K against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, where your vehicle was involved in a four (4) vehicle chain collision and was the last vehicle.

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 10 days from the date of this letter. Your 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 [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) within 10 days from the date of this letter **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)



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

- 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

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 AXA's 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 at 6256 3561 or email us at [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com).

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

Yours sincerely,



Joy Irene  
Case Handler

DID: 6841 2409

FAX: 6741 4108

Email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com)

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

# LETTER OF AUTHORITY

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**ACCIDENT**

**INVOLVING** SHC7101K & SLN5939X **ON** 29 Sept 2018.

I, Ng Hock Lye **NRIC NO.** 81655722F of  
citycab pte ltd owner/ hirer of the Vehicle Registration  
No. SHC7101K 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 Automotive Pte Ltd** and that the said  
payment be forwarded to them as full and final discharge of  
my claim.

**SIGNED BY:**

73

**DATE:**

2 Oct 2018



redefining Insurance

Without Prejudice  
to our driver's Injury Claim

CLAIM REF : SBM00KV2  
INSURED : CHOO HUAT AIK

DISCHARGE VOUCHER

We/I CITYCAB PTE LTD CO REG NO. 199502839G hereby agree to accept the sum of dollars [ THREE THOUSAND SEVEN HUNDRED FORTY FIVE ONLY ] (\$\$ 3,745.00 ) 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. [ SLW 5939X ] as a result of an accident along [ THOMSON ROAD ] on [ 29/09/2018 ] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [ SHC 7101K ].

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. [ SLW 5939X ] 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. [ SLW 5939X ].

Dated this 05 day of 03 2019

Claimant's Signature : CITYCAB PTE LTD

NRIC no./ Company Stamp : CO REG NO. 199502839G

Occupation/ Business :

Address :

Telephone No. :

Witness's Name : DD HASHIM

Witness's Signature : [Signature]

Witness's NRIC No. : G8537451L

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)  
8 Shenton Way, #24-01 AXA Tower, Singapore 068811  
Customer Centre #B1-01  
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

**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**8 SHENTON WAY #27-01, AXA TOWER  
SINGAPORE 068811ATTN : MOTOR CLAIMS DEPARTMENT  
TEL : FAX :**INVOICE** : I-000562  
**DATE** : 05/03/2019  
**GST REG NO** : 201619222G  
**TERMS** : C.O.D.  
**PO NO** : SLW5939X  
**OUR REF** : SHC7101K  
**PAGE** : 1 of 1

| ITEM NO.   | DESCRIPTION  | QUANTITY           | UNIT PRICE | AMOUNT          |
|--|--|--------------------|------------|-----------------|
| 1.   | COST OF CLAIM-ALL IN<br>COR,LOR,LOI&3RD PARTY SEARCH FEE | 1                  | 3,500.00   | 3,500.00        |
| <b>REMARKS :</b><br>50111003<br>TP CLAIMS AGAINST SLW5939X UNDER AXA INSURANCE<br>OIC:MS JOY<br>D.O.A:29.09.2018 |  | <b>SUB TOTAL</b>   | :          | 3,500.00        |
|  |  | <b>GST</b>         | :          | 245.00          |
|  |  | <b>TOTAL SGD</b>   | :          | <b>3,745.00</b> |
|  |  | <b>DEPOSIT</b>     | :          |                 |
|  |  | <b>O/S BALANCE</b> | :          |                 |

FOR DING AUTOMOTIVE PTE LTD

Authorised Signature

Customer Signature

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

Our Ref: CC18090877



Date: 08 October 2018

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

|             |                                |
|-------------|--------------------------------|
| ACCIDENT ON | 29/09/2018 @ 16:40 hrs         |
| ALONG       | ALONG THOMSON ROAD TOWARDS PIE |
| INVOLVING   | SLW5939X, JRL3736, SKH8516D    |

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 **SHC7101K** (the "Taxi"). The Taxi was hired to **NG HOCK LYE IC NO S1655722F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** 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.

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RECORDS MANAGEMENT CENTRE

**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-18-152431  
Date of Request: 02/10/2018

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 02/10/2018  
Enquiry By Noor Hadiana Hereini Binti Hashim  
P Vehicle No. SLW5939X  
Accident Date 29/09/2018

**Enquiry Result**

| TP Vehicle No. | Insurer               | Period of Insurance   | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SLW5939X       | AXA Insurance Pte Ltd | 23/02/2018-22/02/2019 | 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.

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**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-18-152431  
Date of Request: 02/10/2018  
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 02/10/2018  
Enquiry By Noor Hadiana Hereini Binti Hashim  
P Vehicle No. SLW5939X  
Accident Date 29/09/2018

| 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:  
Date:  
☒ GIRO ☐ Cash ☐ Cheque