

DING AUTOMOTIVE PTE LTD

Without Prejudice to our driver's Injury claim

Blk 10 #01-20 Sin Ming Industrial Est Sec C Singapore 575645

OUR REF: 50111240/TP/ SHA9261D/AD/17/12/2018/DD HASHIM (REVISED) YOUR REF: SH6843C/--

29 June 2019

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

ACCIDENT INVOLVING: SHA9261D AGAINST SH6843C ON 17/12/2018

LOCATION ALONG : CTE TOWARDS ORCHARD ROAD

We refer to the above matter:

	Rate Per Day	Repair/ Claims Day	Amount Before GST	GST 7%	Amount After
Cost of Repair	\$ -	18	\$ 3,293.92	\$ 230.57	
Loss Of Rental	\$ 117.00	18	\$ 2,106.00		\$ 3,524.49
Loss Of Income	\$ 80.00	18	\$ 1,440.00	\$ -	\$ 2,106.00 \$ 1,440.00
LTA/GIA Search Fee	\$ -	0	\$ 6.96	\$ 0.49	\$ 7.45
Towing Fee	\$ -	0	\$ 210.00	s -	* ******
Surveyor Fee	\$ -	0	s .	¢	
Total	\$ 197.00	18	\$ 7,056.88	\$ 231.06	\$ 7,287.94

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

Enclosed are copies of the following documents for your perusal:

0	Repair Estimate		
0		0	Discharge Voucher
	GIA Report/Accident Police Report	0	Certificate Of Insurance
0	LTA 3rd Party Search Fee	-	Certificate of insurance
0	Mileage Record	0	Final Bill/Repair Tax Invoice
0	Rental Invoice	0	Confirmation Finalize/Liability Email Copy
9		0	Letter Gf Demand
9	Letter Of Authority	0	

Our insurer has authorized DING AUTOMOTIVE PTE LTD to deal with the claim in this accident case and also to receive and deal/negotiate with all payment as stated above. Please look into our client's claim and revert soonest as possible.

Your Sincerely, DD HASHIM DING AUTOMOTIVE PTE LTD HP:81160811 FAX:64520614

DING AUTOMOTIVE PTE LTD

Blk 10 Sin Ming Industrial Estate Sector C #01-20

> Singapore 575645 Tel: 6452 1208 Fax: 6452 0614

TO :

ESTIMATE REPORT 1ST Quotation

FAX NO:

27/12/2018 16:41

JOB-NO: 50111240

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE

64739522

SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHA9261D

TRANS: AUTO

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 Do

CHASSIS: KMHC851CVKU107267

JOB-CODE: TP

OWNER'S INSURER: MS First Capital Insurance Limited

SA: Ding Auto User 2

ENGINE: G4LEJU080154

CLAIM DETAILS

DESCRIPTION	QTY	COSTS	MARK UP	MARKUP PRICE	IND	SUR.DISP	REV
LABOUR			_	FRICE			PRICE
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,500.00	0.00	1,500.00		Y	Soo
2 RESPRAY FRONT BUMPER	1.00	230.00	0.00	230.00			200
3 RESPRAY REAR BUMPER	1.00	230.00	0.00	337253		Y	
4 RESPRAY REAR BUMPER GARNISH	1.00	230,00	0.00	230.00		Υ.	200
5 RESPRAY REAR FENDER RHS	1.00	230.00	0.00	230.00		Y	100
6 TOWING SERVICE	1.00	160.00	0.00	100000000000000000000000000000000000000		Υ.	200
7 REMOVE & REFIT SPARE TYRE & CAR PET & SIDE TRIM	1.00	120.00	0.00	160.00 120.00		Y -	40.
TOTAL:		2,700.00	0.00	2,700.00			
MATERIALS				A-17-0-0-0-0		S-	
REAR BUMPER	1.00	0.00	0.00	0.00		23	2.2
REAR BUMPER FOG LAMP ASSY	1.00	0.00	0.00	0.00		Υ -	CM-
REAR BUMPER LOWER CENTER MOULDING	1.00	0.00	0.00	0.00		Υ -	<u>A</u>
REAR BUMPER RETAINER LH	1.00	0.00	0.00	0.00		Υ _	Y X
REAR BUMPER RETAINER RH	1.00	0.00	0.00	0.00		Υ_	NU/
REAR BUMPER CENTER GARNISH	1.00	0.00	0.00	0.00		Υ_	ver
REAR TOWING CAP	1.00	0.00	0.00	0.00		Υ _	and/
REAR BUMPER REFLECTOR LH	1.00	0.00	0.00	0.00		Υ _	X
REAR BUMPER REFLECTOR RH	1.00	0.00	0.00	0.00		Υ _	out-
REAR BUMPER LOWER COVER	1.00	0.00	0.00	0.00		Υ _	w
REAR BUMPER SIDE COVER LH	1.00	0.00	0.00	0.00		Υ _	X
REAR BUMPER SIDE COVER RH	1.00	0.00	0.00			Υ	al-
REAR REVERSE SENSOR SET IONIQ	1.00	0.00	0.00	0.00		Υ	7.
REAR SMARTKEY ANTENNA	1.00	0.00	0.00	0.00		Y	?
REAR BUMPER REINFORCEMENT	1.00	0.00	0.00	0.00		Υ	K
REAR BUMPER REINFORCEMENT BRACKET	1.00	0.00	0.00	0.00		Y -	2
REAR BUMPER REINFORCEMENT BRACKET LH	1.00	0.00	0.00	0.00		Υ_	<u>;</u>
REAR BUMPER REINFORCEMENT LOWER BRACKET X3	1.00	0.00	0.00	0.00		Υ_	?
REAR END PANEL	1.00	0.00	0.00	0.00		1975	,
REAR FENDER RHS	1.00	0.00	0.00	0.00		Υ	_
REAR BUMPER CLIP SET	1.00	0.00	0.00	0.00		Y _4	87
REAR CENTER GARNISH CLIP & SCREW	1.00	0.00	0.00	0.00		-	ne /
FRONT WHEEL CAP LHS	1.00	0.00	0.00	0.00		Y _ V	4/
FRONT WHEEL CAP RHS	1.00	0.00	0.00	0.00		Y _ 6	ing-

G-STAR-WI-ET-001-02-RevoorRefer Velio

DESCRIPTION		QTY	COSTS	MARK UP	MARKUP PRICE	IND	SUR.DISP	REV
25 REAR WHEEL CAP LHS		1.00	0.00	0.00	0.00		0.000000000000	PRICE
TOTA	Lt		0.00	0.00	0.00		Υ.	_a1/
TOTAL PARTS & LABOUR :			2,700.00	0.00	2,700.00		,	
EXCESS/LOADING:S\$ 0.	00						,	
No. Of Day:	Ç							
RE-SURVEY: BEFORE/AFT PART BY-PART OR LUMP	ER PAINTING							
DATE OF SURVEY: 27	12/1	8	V2 1	_				
SURVEYED BY:	Taufel	~	_ ` W	p'				
CONTACT NO:	2495749	FAX NO:						
NOTE: LUMP SUM AMOUN	T WOULD BE RE	VISED IF S	UPPLEMENT	REPAIR IS F	REQUIRED			
Ding Auto User 2					ando.o	om	*	
ESTIMATOR								
STA AUTOCENTRE								
	AX:							

Add Repar Rm Cap RHS 1 276.80 -20% =\$ 221.44

Labour \$ 1660 SN \$ 60 Parts \$ 1759.36 = L+S+P\$ 3515.36

Bear LIKE officer, .

Frue burger and rim cap damage Please refer Vedio Clip.



Blk 27 Marine Crescent Ville #10-01 Singapore 440027 Co. Reg. No. 53152603L HP: 900 900 92 Email: jim.koh@hotmail.com Website: http://www.gaoexpresstowing.sg

CA	SH SALE/WORK ORDER	No. 157136
實號 Messrs: _ ding Auto	mative	Date: 24 12 (6
車號 Vehicle No: SHA 92614		Jump Start/Changing of battery Tyre Replacement Accident/Breakdown
Time (day/night): 1025	Contact No:	Multi/Basement
Location: Sl Corporation 到To: 31 Corporation	> Topound > 31 Gopation	With Load/Cargo Box King Doby Transport Charge
Cash \$: \$ 120	其他 Others:	Low Body Kit Door Opening Service
經手人 Authorised By:	Tow Truck Lun GBR POJ	Crane Up/Winch Out Collect Doc/Key
注意本公司對所拖之車輛,在進行 Note: Vehicle is towed at owner's risk. Th other misdemeanour to your vehicle whi	中如有任何損失或破壞,一概由車主自行負責。 e company accepts no responsibility for damages or st being towed.	■ Repo ■ Woodlands and Tuas Checkpoint #6+50+30



Blk 27 Marine Crescent VIIIe #10-01 Singapore 440027 Co. Reg. No. 53152603L HP: 900 900 92 Email: jim.koh@hotmail.com Website: http://www.gaoexpresstowing.sg

	CASH SALE/WORK ORDER	No. 156195
實號 Messrs: qing Aud	tourstive	Date: D((2) (P
車號 Vehicle No: SHA 9261	d ^{車型} Model No: H (ievic	Jump Start/Changing of battery Tyre Replacement
時間(日)夜) Time (day/night): (553)	705 Contact No: 92356426	Accident/Breakdown Multi/Basement
b Location: Carotoment	Rd Junction Keppel	With Load/Cargo Box King Dolly
To 31 Corpored		Transport Charge
Cash \$: \$90	其他 Others:	Low Body Kit Door Opening Service
継手人 Authorised By: Jun	Tow Truck Lun GOF 90 J	Crane Up/Winch Out Collect Doc/Key
注意本公司對所拖之車輛,在進	行中如有任何損失或破壞,一概由車主自行負責。 k. The company accepts no responsibility for damages or	Repo Woodlands and Tuas Checkpoint



Traffic Police 10 Ubi Avenue 3 Singapore 408885 Tel +65 6547 6246 www.police.gov.sg

Our Ref

: TP/IP/69395/2018

Date

: 21/12/2018

Comfort Transportation Pte Ltd 383 Sing Ming Drive Singapore 575717

Dear Sir / Madam.

TOW FROM CTE ON 17/12/2018 NOTICE FOR VEHICLE (TAXI SHA9261D) COLLECTION

Please collect the above vehicle at Traffic Police Vehicle Pound located at 517 Airport Road, Singapore 539942 within 30 working days from the date of this notice. The Duty Officer at Traffic Police Vehicle Pound can be contacted at 6280 7841. The collection hours are:

Day of week	Operational hours
Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00pm
. desday to 1 riday	2.00 pm to 4.00 pm

- You have to make your own arrangements to remove your vehicle at your own cost. If you are authorising someone else to collect the vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'.
- 3 Take note that the vehicle must be collected within 30 working days from the date of this notice or storage fee will be levied as follows:

Type of vehicle	Storage fee per day
Motorcycle/Scooter	\$20/-
Motorcar	\$40/-
Others	\$80/-

4 Traffic Police will proceed to dispose the vehicle if it remains unclaimed after 30 working days from the date of this notice. Should you require further clarification, please contact the undersigned at telephone number 6547 6213 or email at Yeo Chun Jian@spf.gov.sq.

Yours faithfully,

JERRY YEO INVESTIGATION OFFICER TRAFFIC POLICE

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 Authorised 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
- 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

	ACCIDENT STATEMENT .	
Date Of Report	18/12/2018 15:45	
Date Of Accident	17/12/2018 20:00	
Exact Location Of Accident	ALONG CTE TOWARDS ORCHARD ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA9261D	
Insured/Policyholder		
Name Of Registered Owner	CITYCAB PTE LTD	
Co Reg No	199502839G	
Email Address	NOEMAIL	
Mobile Phone No	and the same of th	
Alternative Phone No	OFFICE-65508768	
Vehicle Particulare		

Vehicle Particulars

Manufacturer HYUNDAI

Model IONIQ HYBRID-1.6 GLS DCT (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number D-18088937MFSH

Cover Note Number

Driver

Name of Driver TAY YONG LEE NRIC No. S0116511I Date Of Birth 05/06/1949 Occupation OUTDOOR Date Of Driving Pass 14/04/1975

Driving Experience 43 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93239789

Fax Number Contact Number

EMail Address NOEMAIL

APT BLK 19 TECK WHYE LANE #12-41 Address

SINGAPORE

680019

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - RELIEF

Insurance Company of Driver's Own Vehicle

2

NO

YES

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20181218/2042 & SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE NOT SUITABLE

Was there any audio recorded?

Details of Witness 1

Name UNKNOWN Phone Number 84608808

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6843C Vehicle Make/Model/Colour 140 (BULE)

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY YONG LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHA9261D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

REPUBLIC OF SINGAPORE IDENTIFY CARD NO. S0164739C



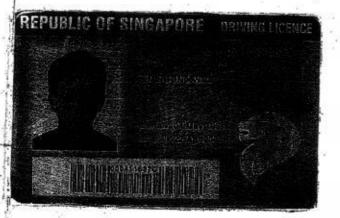


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Date of Stell
04-05-1951 M
Country of Sieth

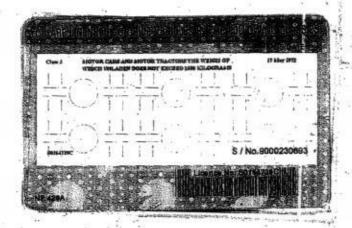
SINGAPORE

S01647390









This gard is not transferable and a the property of the Land Transport.

Authority (LTA), itemust be surrandered to LTA on request if found, please return to LTA all Sin Ming Drive; Singapore; 575701.

Type Describition: Issue Date 12 TAXI VI. 03706/1992

Vehicle No: SIA 92610 (Hirer) Relief

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO 1165111





TAY YONG LEE @CHING YONG LEE @ NG AH

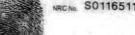
鄭永蓮

Race CHINESE

Date of Birth Sex 05-06-1949 F

S0116511





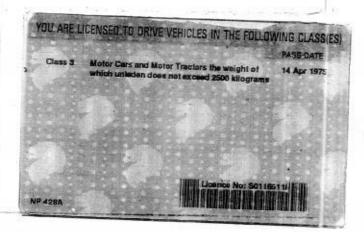
Date of issue 08-06-1999

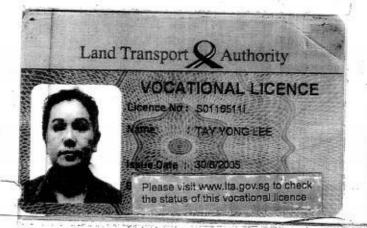
APT BLK 19 TECK WHYE LANE #12-41 SINGAPORE 680019

NRIC No: S01185111

Date: 06-02-2003 No: 3821546







This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Description

TAXI VL

Issue Date

05/07/1999



Vehicle No: <u>≤</u> }	A92610	(Hirer	(Relief)
	- 1- 1	-	1.4

Reporting Date: 18 1 12/18 Time: 14:40hrs

Accident Date: 17/12/18 Time: 20:00 hrs

[OD / TP / WC / Cash] [PG: 0] [SPD: 15 Km/H]

Daniel Yan 65476252 8460 8868

4360/

Mileage: unkown - In To conquel

77-20-	- 12		C-1
[HP: 93239789	I Dalonchas	Candidan Al-	
1.00.1	"I fancaritet.	Condition Clear	Kaining / other

][Road surface: Wet P

Dry /	Other:	1

[Location: Along CTE towards orchard Road. TP1: Number Plate SH 6843 C Name:

NRIC:

TP2: Number Plate Name:

TP3: Number Plate

Name: NRIC:

2.4

[Withness:

I [HP:

] [Tow: Y/N]

NRIC:

SKETCH PLAN

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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

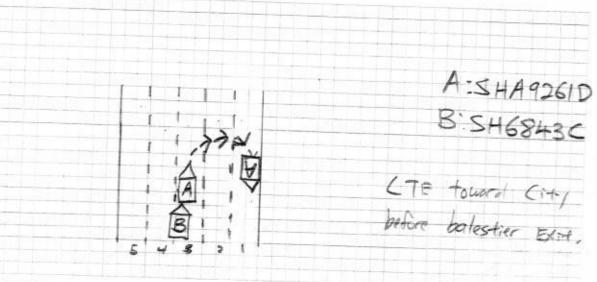
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - processing, handling 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;
 - (iii) 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 involve 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

鄭河進

Driver's Signature (If driver is not the policyholder) Date & Time: 101111 18 14

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Refer	to	Police	report	7/2018,712/2042)	
				36 		
CLARATION						

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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20181218/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 18/12/2	me Report 018 11:58	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A CONTRACTOR OF THE PARTY OF TH	
Name of Informant: TAY YONG LEE			Address: APT BLK 19 TECK WHYE I	ANE #12-41 SINGAPORE 680019	
ID Type / ID No.: NRIC NO / S0116511I			Contact No.: Home/Office:	PASSENCEMBRIL ASPERTANCE	
National SINGAP	Nationality: SINGAPORE CITIZEN		Email:	Mobile: 93239789	
Sex: Male	Age: 69	Date of Birth: 05/06/1949	Type of Informant:		
Race: Chinese		8	Language: Institution / School Nam		
Occupati Taxi drive			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road	
Location: Along Road 1 CENTRAL EX	PRESSWAY		17/12/2018 20:0	V	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
The state of the s				Traffic Volume:	
Traffic Flow: One Way Type of Collision		Traffic Control: Traffic Light - Wor	kina	Traffic Volume: Heavy	

Vehicle No.	Туре	Make	Model	0-1-	1983 V 1880 V 18	
SHA9261D	Taxi		CONTRACTOR OF STREET	Color	Condition	No of Passenger
011/02010	Taxi	HYUNDAI	A E IO NIQ HEV 1.6 DCT	Yellow		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Padastrian Commit
	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20181218/2042

CONTINUATION OF REPORT

Name	TANGNE	STORY WITH THE STORY	市工程在一人包括斯林				
Name	TAY YONG LEE			ID No	ο,	S0116511I	
Related Vehicle	SHA9261D (Taxi)				V-10-00		
Tomore	- ISSO (Taxi)			Conta	act No.	93239789	
Hospital/Clinic	lospital/Clinic TAN TOCK SENG HOSPITAL						
16 NY 62 2777218	WIN TOOK SENG	TOCK SENG HOSPITAL		Class Drivin Licen	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	17/12/2018		Dot- Di		/ Date		
No. of Days grant	ted Medical Leave	Am	Date Disc	harge	17/12	/2018	
- ajo giain	od Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

ON 17/12/2018 @ AROUND 8 PM, I WAS DRIVING ALONG CTE WHEN SUDDENLY, THERE WAS AN IMPACT FROM THE REAR OF MY CAR AND MY CAR SPUN FOR ABOUT 2 ROUNDS. ALL THE CARS BEHIND ME STOPPED THEIR VEHICLES IMMEDIATELY. SOME PASSERBYS CAME OVER TO ASSIST ME IN CALLING FOR THE AMBULANCE AS I WAS STILL IN SHOCK FROM THE COLLISION.

THE AMBULANCE AND POLICE CAME SHORTLY AFTER AND I WAS CONVEYED BY THE AMBULANCE TO TAN TOCK SENG HOSPITAL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181218/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / ,ZENG ZI CONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2018 11:58
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200 Authentication Stamp	SINGAPORE POLICE FORCE
NP168	Signature:



Traffic Police 10 Ubl Avenus 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 6259 www.police.gov.sq

Our Ref

: TP/IP/69395/2018

Date

: 1 April, 2019

TAY YONG LEE BLK 19 TECK WHYE LANE #12-41 SINGAPORE 680019

Dear Sir/Madam

ACCIDENT INVOLVING SHA9261D & SH6843C ALONG CTE (AYE) ON 17 DECEMBER 2018 AT 2016 HRS

I refer to the above accident.

- 2. Please be informed that we have completed our investigations which revealed that the driver of SH6843C had committed an offence of Inconsiderate Driving under Section 65(a) of the Road Traffic Act, Chapter 276. Action has been initiated against the said driver for the said offence.
- 3. If you have any queries, please contact the Investigation Officer, Daniel Yan at 65476252 or via email at Daniel_Yan@spf.gov.sg

Yours faithfully

Perlin Choing
for Head Investigation
Traffic Police
Singapore Police Force



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

18 Dec 2018 / 19:22:37

Receipt Date/Time :

18 Dec 2018 / 19:22:36

Tax Invoice/Receipt

Receipt No.: ITNET-00000-181218-003189

Previous Receipt No. :

S/N Item Description/ Business Transaction Reference No.		Amount Before	GST Amount	Amount After GST
Result of Insurance Enquiry - SH6843C As at 17 Dec 2018/20:00:00 Insurance Co: INDIA INT'L INS PTE LTD 1 Insurance Enquiry - SH6843C		GST (S\$)	(S\$)	(S\$)
Enquiry Fee 20181218192141139095		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7,49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			.4537
	xxxxxxxxxxxx000x0979	Credit Card		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

DATE	NAME OF DRIVER	MILEAGE READING	GE RE	ADING	έD	MILEAGE	HOUNS OF	HOUNS OPERATED (TIME)
						(NOV)	FROM	tot
17/12/2018	Accident Reporting (IN)	1	43601	0	-		20:00	
8/1/2019	Accident Reporting (DUT)	7	43607	0	7			1700
			-					
				-		= -		,
					-			
el .				T	+		-	
		-		1	+	- The state of the		
		-		+	+			
	2			+	1	-	1	-
			-	+	+			
	1	-	-	+	+		-	

SH492610

1/07/1/1

Our Ref: CC18120523

Date: 12 January 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

17/12/2018 @ 20:00 hrs

ALONG

ALONG CTE TOWARDS ORCHARD ROAD

INVOLVING

SH6843C

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 SHA9261D (the "Taxi"). The Taxi was hired to LIM SOON KWOOI IC NO S0164739C a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.19 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.

LETTER OF AUTHORITY

Accident involving	18 <u>3/14</u>	1000 8 2	76545C	_ on //	11-12018 along
CTE TOU	DARIS	ORCHARD	ROAD	/	,

I/We, City Cab Pte Ltd_NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHA926/D which was rented to Hirer/Driver Mr/Ms_Lim_Soc Kwool NRIC SO164739C, hereby authorize Ding Automotive Pte Ltd on this date 18/12/2018 to submit, correspond, negotiate and settle my/our claim for cost of repair and uninsured losses arising from the above accident and without prejudice of our driver's injury claim.

I/We further authorize that agreed settlement sum for cost of repair, loss of income and rental, survey report fee or any legal fee, third party vehicle insurance particulars enquiry fee etc., be made in favour of Ding Automotive Pte Ltd and that the said payment be forwarded to them as full and final discharge of my/our claims.

Owner Signature/Co.Chop

Hirer/Driver Signature

3 JAN 19 15:58 + 1 Hours to replace \$ D Card

Satisfaction Voucher

	01/2019	
MS First C	Capital Insurance Limited	
Attention:	MOTOR CLAIMS DEPT	
Dear Sir/M	1m Soon Kwoof	
/We hereb	by acknowledge having received from Singapore Tech	nologies Kinetics
.td.,249 Ja	alan Boon Lay, Singapore 619523, my/our vehicle numl	ber <u>SHA9261D</u>
vhich has	been repaired to my/our satisfaction and acceptance.	I/We admit that
he paymer	nt of SGD account for such repairs is in fi	ull discharge
and the state of t		
f my/our c	laim upon the corporation under the policy number	D-18088937MESH
	claim upon the corporation under the policy number	
eference c	elaim number 50111240 in respect of the dama	age caused to the
eference c	e in an accident that occurred thereto or about the	
eference c	elaim number 50111240 in respect of the dama	age caused to the
eference c	claim number 50111240 in respect of the damage in an accident that occurred thereto or about the CTE TOWARDS ORCHARD Ro	age caused to the 17/12/2018
eference c aid vehicle t <u>ALONG</u>	claim number 50111240 in respect of the damage in an accident that occurred thereto or about the CTE TOWARDS ORCHARD Ro	age caused to the
eference of aid vehicle t <u>ALONG</u> Dated this	claim number 50111240 in respect of the damage in an accident that occurred thereto or about the GCTE TOWARDS ORCHARD RI	age caused to the 17/12/2018
eference of aid vehicle it ALONG Dated this Signature:	claim number 50111240 in respect of the damage in an accident that occurred thereto or about the GCTE TOWARDS ORCHARD RI	age caused to the 17/12/2018
eference of aid vehicle it ALONG Dated this Signature: NRIC No:	claim number 50111240 in respect of the damage in an accident that occurred thereto or about the GCTE TOWARDS ORCHARD RI	age caused to the 17/12/2018
reference cosaid vehicle	claim number 50111240 in respect of the damage in an accident that occurred thereto or about the GCTE TOWARDS ORCHARD RI	age caused to the 17/12/2018

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

First Capital Insurance Limited

Company Reg. No. 195000106C GST, Reg. No. M2-0001676-9

Date Issued

12/10/2017

CERTIFICATE REF.: MZ400A

CERTIFICATE OF INSURANCE (MASTER)

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-18088937MFSH

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

01/01/2018

Date of Expiry of insurance

31/12/2020

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

Limitations as to use :

Use as a taxl.

Use for social, domestic and pleasure purposes.

The Policy does not cover

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.

Excess: All Claims \$2,000,00 each and every accident

*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).

> First Capital Insurance Limited (Approved Insurers)

> > Authorised Signature

A/C NO. :

B0101

DING AUTOMOTIVE PTE LTD BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645 Tel:6452 1208 Fax:6452 0614

FINAL BILL

M/S: INDIA INTERNATIONAL INS

ACCIDENT DATE:17/12/2018

REF:----

OIC:MS JOY LKK

OUR REF:

SHA9261D

DATE:

29/6/2019

ITEM NO.	DESCRIPTION	U	NIT PRICE		AMOUNT
1	Repair Cost	\$	3,293.92	\$	3,293.92
2 3	LTA/Merimen Search Fee	\$	6.96	\$	6.96
3	Loss of Rental (w/o GST)	1,350	0.70	-	0.90
	[117.00X18]	S	2,106.00	\$	2,106.00
4	Loss of Income (w/o GST)		-,,,,,,,,,	- T	2,100.00
	[80X18]	\$	1,440.00	\$	1,440.00
5	Towing Fee	\$	210.00	\$	210.00
6	Surveyor Fee	\$	1.50	\$	210.00
REMARKS:		SUB T	OTAL:	\$	7,056.88
		7% G	1000	\$	231.06
				\$	7,287.94

Yours faithfully,

Authorise Signature of Units Automotive Pte Ltd