

**DING AUTOMOTIVE PTE LTD****OUR REF : 50111353/ TP/SHA827G/AD /23/01/2019/ DD HASHIM****YOUR REF : SLC5428J/ --****19 February 2019****Motor Claims Department****AXA INSURANCE****8 SHENTON WAY, #24-01****AXA TOWER, 068811 SINGAPORE****ACCIDENT INVOLVING: SHA827G AND SLC5428J on 23/01/2019****LOCATION ALONG: SIN MING DRIVE TOWARDS 383 SIN MING DRIVE****We refer to the above matter.**

	Rate per day	Repair days	AMOUNT BEFORE GST	GST 7%	AMOUNT AFTER GST
Cost of Repair	\$ -	6	\$ 4,100.00	\$ 287.00	\$ 4,387.00
Loss of Rental	\$ 109.60	6	\$ 657.60	\$ -	\$ 657.60
Loss of Income	\$ 80.00	6	\$ 480.00	\$ -	\$ 480.00
LTA/GIA Search Fee	\$ -	0	\$ 1.87	\$ 0.13	\$ 2.00
Towing Fee	\$ -	0	\$ -	\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 189.60	6	\$ 5,239.47	\$ 287.13	\$ 5,526.60

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:**

☺	Repair Estimate	☺	Discharge Voucher
☺	GIA/Police Accident Report	☺	Certificate Of Insurance
☺	LTA 3rd Party Search Fee	☺	Letter Of Demand
☺	Mileage Record	☺	Repair Tax Invoice/Final Bill
☺	Rental Rates Confirmation	☺	Confirmation Finalize&Liability Email Copy
☺	Letter Of Authority	☺	

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**

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

24/01/2019 10:39

OWNER'S PARTICULARS

JOB-NO: 50111353

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA0827G

TRANS: AUTO

CHASSIS: KMHLB41UMEU061574

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4FDEU449439

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	800.00	0.00	800.00		600 Y	300
2 R&R CONDENSOR AND RADIOTR .AND REFILL AIRCON GAS	1.00	150.00	0.00	150.00		Y	120
3 R&R TYRE AND RIM	1.00	120.00	0.00	120.00		Y	30
4 FRONT WHEEL ALIGNMENT AND BALANCING	1.00	120.00	0.00	120.00		Y	80
5 CHECK WIRING	1.00	150.00	0.00	150.00		Y	30
6 RUSH PROOFING	1.00	150.00	0.00	150.00		Y	30
7 SPRAY PAINTING ON FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
8 SPRAY PAINTING ON FRONT FENDER	1.00	250.00	0.00	250.00		Y	200
9 SPRAY PAINTING ON BONNET	1.00	250.00	0.00	250.00		Y	X
TOTAL:		2,240.00	0.00	2,240.00			

MATERIALS

1 FRONT BUMPER	1.00	599.68	119.94	479.74	L	Y	de
2 FRONT BUMPER RETAINER RH	1.00	42.32	8.46	33.86	L	Y	re
3 HEAD LAMP RH LOWER BRACKET	1.00	68.32	13.66	54.66	L	Y	9
4 HEAD LAMP RH	1.00	1,808.10	361.62	1,446.48	L	Y	as
5 FRONT FENDER RH	1.00	659.50	131.90	527.60	L	Y	bt
6 FRONT FENDER RH INNERSHIELD	1.00	185.12	37.02	148.10	L	Y	de
7 FRONT RIM CAP RH	1.00	250.00	50.00	200.00	L	Y	ent
8 SUPPORT PANEL	1.00	962.67	192.53	770.14	L	Y	9
9 FRONT BUMPER CLIPS	1.00	35.00	0.00	35.00	S	Y	re
10 FRONT FENDER RH INNER SHIELD CLIP	1.00	35.00	0.00	35.00	S	Y	re
11 FRONT FENDER ADS STICKER	1.00	180.00	0.00	180.00	S	Y	re
12 FRONT TYRE RH	1.00	350.00	0.00	350.00	S	Y	X
TOTAL:		5,175.71	915.13	4,260.58			

TOTAL PARTS &amp; LABOUR : 7,415.71 915.13 6,500.58

EXCESS/LOADING:\$ \$ 0.00

No. Of Day:

RE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: \$ \$

DATE OF SURVEY: 24 / 1 / 19

Labour \$1290.00

S/V \$250.00

Parts after Discount \$3605.92

Total \$ 5145.92 - 201

= 4116.74

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
-------------	-----	--------------	----------	------------	-----	----------	-----------

SURVEYED BY: T. Smith

CONTACT NO: 07705 7705 FAX NO: \_\_\_\_\_

sure/lean to do  
wp

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

## 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 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. 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 Report	23/01/2019 16:31
Date Of Accident	23/01/2019 14:30
Exact Location Of Accident	ALONG SIN MING DRIVE TOWARDS 383 SIN MING DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA827G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (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?	NO
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	TAN YIAN SZE
NRIC No	S1354679G
Date Of Birth	16/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96224640
Fax Number	
Contact Number	

Address BLK488 SEGAR ROAD #15-574

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### 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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO ACCIDENT REPORT

#### 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? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC5428J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address


Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1354679G**





Name  
**TAN YIAN SZE**

Race  
**CHINESE**


Date of birth  
**16-05-1959**

Country/Place of birth  
**SINGAPORE**


Sex  
**M**

5378331

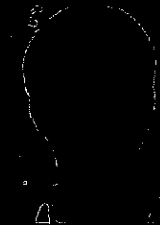


NRIC No. **S1354679G**




Date of issue  
**05-11-2014**

Address  
**APT BLK 488 SEGAR ROAD  
 #15-574  
 SINGAPORE 670488**



16 May 1959  
 16-05-1959




**DRIVER'S LICENCE**

Class 3 Motor Cars and Motor Tractors of weight not exceeding 2500 kilograms which do not carry more than 9 passengers  
 20 Jul 1979

Class 4 Heavy Motor Cars and Motor Tractors of weight not exceeding 2500 kilograms which do not carry more than 9 passengers  
 15 Dec 1980

Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which does not exceed 250 kilograms  
 12 Feb 1983

NRIC No. **S1354679G**



**Land Transport Authority**

**VEHICLE LICENCE**



**SHAB276**

**16 May 1959**


**16-05-1959**

**16 May 1959**

**16-05-1959**

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

Type	Description	Issue Date
02	TAXI VL	09/07/1993



Vehicle No: SHAB276 (Hirer / Relief)

Reporting Date: 23/1/19 Time: 15:40 hrs

Accident Date: 23/1/19 Time: 14:30 hrs

[OD / TP / WC / Cash] [PG: 0] [SPD: 5 Km/H]

[HP: 96224640] [Weather Condition: Clear / Raining / other: ] [Road surface: Wet / Dry / Other: ]

[Location: Sing Ming Drive]

TP1: Number Plate SLC 5428J Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_

TP2: Number Plate \_\_\_\_\_ Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_

TP3: Number Plate \_\_\_\_\_ Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_

[Witness: \_\_\_\_\_] [HP: \_\_\_\_\_] [Tow: Y/N]

## Accident Sketch Plan Pg. 1

### 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.
3. Information provided must be as truthful and accurate as possible. Any wilful 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 centre and to copies of the report being made available aforesaid.

#### 8. 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) of:
  - (i) 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:
  - (i) 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.

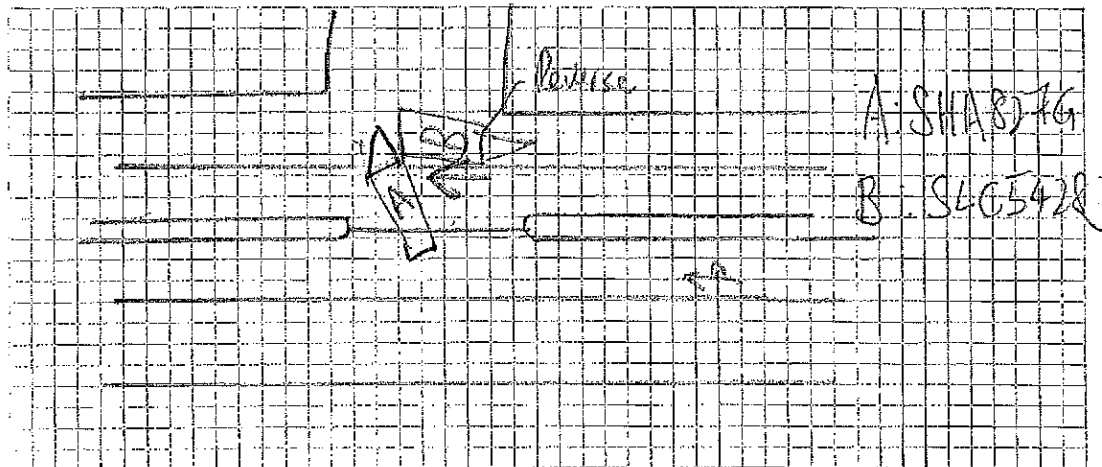
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/1/19 around 1430 HRS, I was driving along Sin Ming Drive toward 383 Sin Ming Drive, while I turning into 383 Sin Ming Drive, suddenly the vehicle SLC 5428J Reverse hit my vehicle

### 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:

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



**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-19-013566

Date of Request: 23/01/2019

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 23/01/2019  
Enquiry By You Jing Feng  
TP Vehicle No. SLC5428J  
Accident Date 23/01/2019

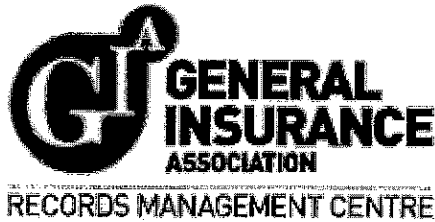
**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLC5428J	AXA Insurance Pte Ltd	06/08/2018-05/08/2019	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-19-013566

Date of Request: 23/01/2019

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 23/01/2019  
Enquiry By You Jing Feng  
TP Vehicle No. SLC5428J  
Accident Date 23/01/2019

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



Our Ref: CC19010686



Date: 14 February 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 23/01/2019 @ 14:30 hrs  
ALONG ALONG SIN MING DRIVE TOWARDS 383 SIN MING  
DRIVE  
INVOLVING SLC5428J

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 **SHA0827G** (the "Taxi"). The Taxi was hired to **TAN YIAN SZE IC NO S1354679G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** per day (inclusive of GST).

~~\$109.60~~  
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 SHA827G & SLC5428J ON 23/1/19.

I, Tan Yee Sze NRIC NO. S1354679G of  
citycab pte ltd owner/ hirer of the Vehicle Registration  
No. SHA 827G 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:

Tan Yee Sze

DATE:

23/1/19

## Satisfaction Voucher

Date: 28/01/2019

MS First Capital Insurance Limited

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

S135 Tan Yian Sze

28 JAN '19 11:39

+ 1.5 Hour

1309

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHA0827G

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-18088937MFSH

reference claim number 50111353 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 23/01/2019

at SIN MING DRIVE

Dated this day of \_\_\_\_\_, 201 \_\_\_\_\_.

Signature: 

NRIC No: Tan Yian Sze

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE  
SINGAPORE 575717 0

Company Stamp if applicable

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: AXA INSURANCE

ACCIDENT DATE :23/01/2019

REF:--

OIC:MR VICALPEH

OUR REF : SHA827G

DATE : 19/2/2019

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Repair Cost	\$ 4,100.00	\$ 4,100.00
2	LTA/Merimen Search Fee	\$ 1.87	\$ 1.87
3	Loss of Rental (w/o GST) [109.60X06]	\$ 657.60	\$ 657.60
4	Loss of Income (w/o GST) [80X06]	\$ 480.00	\$ 480.00
<b>REMARKS :</b>		SUB TOTAL :	\$ 4,101.87
		7% GST	\$ 287.13
		GRAND TOTAL :	\$ 5,526.60

Yours faithfully,

Authorise Signature of Ding Automotive Pte Ltd

**ACCIDENT INVOLVING SHA827G AND SLC5428J ON 23/01/2019  
ARRANGE SURVEY**

**Taxis Customer Service** to: Motor.survey

Wed 23 Jan 2019 06:22 PM

Cc : ACCOUNTS, ADMIN, carlor.chan, "Dd hashim"

From: Taxis Customer Service/KAS/CBG/ST Kinetics  
To: Motor.survey@axa.com.sg  
Cc: ACCOUNTS@DINGAUTO.SG, ADMIN@DINGAUTOMOTIVE.COM.SG,  
carlor.chan@dingauto.sg, "Dd hashim" <dd.hashim@dingauto.sg>

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.]

[We encourage everyone to do his / her part in helping to preserve the environment. Kindly refrain from printing this email unless it is absolutely necessary.]

Dear Officer ,

Please arrange surveyor come onto Survey SHA827G ASAP

The vehicle SHA827G already in 31 Corporation Road 649825 .



SAS2541326.PDF Invoice SHA827G - SLC5428J.html

Thanks

Best Regards

Ding Automotive Pte Ltd  
Guang  
Hp : 62657130 / 94669828

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

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]



**50111353/SHA827G- Finalize Amount & After Repair Photo .**

Taxis Customer Service to: sur, AsherSng, admin-a, cs-a, Sat 09 Feb 2019 04:09 PM  
taufikh

Cc "ACCOUNTS@DINGAUTO.SG",  
"ADMIN@DINGAUTOMOTIVE.COM.SG",  
"Carlor.chan@dingauto.sg", "Dd hashim"

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.]

[We encourage everyone to do his / her part in helping to preserve the environment. Kindly refrain from printing this email unless it is absolutely necessary.]

Dear Officer ,

Please see below for the finalize according to our conversion to finalize for SHA827G

Kindly check the attach after paint

Total Repair - 04 Days

L/S REPAIR

Labour - \$1290.00

Special Netts - \$250.00

Parts after discount 20% =\$3605.92

Final Amount L+S+P =\$5145.92

Finalize Amount - 20% =\$4116.74

Please help to close this case ASAP

Thanks

Best Regards

Ding Automotive Pte Ltd

JING FENG

Hp : 62657130

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



Scanned Documents.pdf IMG\_9139.jpg IMG\_9133.jpg IMG\_9134.jpg IMG\_9135.jpg IMG\_9136.jpg



Dd hashim &lt;dd.hashim@dingauto.sg&gt;

**50111353/SHA827G- Finalize Amount & After Repair Photo .**

3 messages

taxiscs@stengg.com &lt;taxiscs@stengg.com&gt;

Sat, Feb 9, 2019 at 3:40 PM

To: sur@lkkauto.comashersng, admin-a@lkkauto.com, cs-a@lkkauto.com

Cc: "ACCOUNTS@DINGAUTO.SG" &lt;ACCOUNTS@dingauto.sg&gt;, "ADMIN@DINGAUTOMOTIVE.COM.SG"

&lt;ADMIN@dingautomotive.com.sg&gt;, "Carlor.chan@dingauto.sg" &lt;Carlor.chan@dingauto.sg&gt;, Dd hashim

&lt;dd.hashim@dingauto.sg&gt;

Dear Officer ,

Please see below for the finalize according to our conversion to finalize for SHA827G

Kindly check the attach after paint

Total Repair - 04 Days

L/S REPAIR

Labour - \$1290.00

Special Netts - \$250.00

Parts after discount 20% =\$3605.92

Final Amount L+S+P =\$5145.92

Finalize Amount - 20% =\$4116.74

Please help to close this case ASAP

Thanks

Best Regards

Ding Automotive Pte Ltd

JING FENG

Hp : 62657130

NOTE !!!

All mailed letter &amp; cheque payment is to be mailed to our main office address :

BLOCK 10 #01-20

SIN MING INDUSTRIAL EST. SEC C

SINGAPORE 575645

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**15 attachments**IMG\_9139.jpg  
856KIMG\_9133.jpg  
758K

 **Scanned Documents.pdf**  
242K

**taxiscs@stengg.com** <taxiscs@stengg.com>

Mon, Feb 11, 2019 at 11:39 AM

To: "Taufikh (LKKAuto)" <Taufikh@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>, SUR <sur@lkkauto.com>, "Vic (LKKAuto)" <vicalpeh@lkkauto.com>, ACCOUNTS@dingauto.sg, CARLOR.CHAN@dingauto.sg, KELLY.DING@dingauto.sg, ADMIN@dingautomotive.com.sg, KENNETH.DING@dingauto.sg, dd.hashim@dingauto.sg

Dear Taufikh

Ok Confirm

Thanks  
Jing Feng

From: "Taufikh (LKKAuto)" <Taufikh@lkkauto.com>

To: Taxis Customer Service/KAS/CBG/ST Kinetics@ST Engineering, "SUR" <sur@lkkauto.com>

Cc: "Vic (LKKAuto)" <vicalpeh@lkkauto.com>, "Admin A" <admin-a@lkkauto.com>

Date: Mon 11 Feb 2019 11:27 AM

Subject: RE: 50111353/SHA827G- Finalize Amount & After Repair Photo .

**\*\*\*WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.\*\*\***

Hi Jing Feng,

COR I/s\$4100 , 4 days.

Regards

Taufikh

Lkk Auto

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[attachment "Scanned Documents.pdf" deleted by Taxis Customer Service/KAS/CBG/ST Kinetics]

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