

Poh Kin
Without Prejudice
to our driver's Injury claim

DING AUTOMOTIVE PTE LTD
OUR REF: 50111545/TP/SHA8200L/AD/05/04/2019/HAILEY
YOUR REF: YP7133Z/-----
27 APRIL 2019

MOTOR CLAIMS DEPARTMENT
AXA INSURANCE
8 SHENTON WAY, #24-01
AXA TOWER, 068811 SINGAPORE

ACCIDENT INVOLVING: SHA8200L AGAINST YP7133Z ON 05/04/2019
LOCATION ALONG: PIONEER ROAD NORTH
We refer to the above matter:

	Rate per day	Repair/ Claim days	AMOUNT BEFORE GST	GST 7%	AMOUNT AFTER GST
Cost of Repair	\$ -	7	\$ 5,800.00	\$ 406.00	\$ 6,206.00
Loss Of Rental	\$ 105.30	7	\$ 737.10	\$ -	\$ 737.10
Loss Of Income	\$ 80.00	7	\$ 560.00	\$ -	\$ 560.00
LTA/GIA Search Fee	\$ -	0	\$ 1.87	\$ 0.13	\$ 2.00
Towing Fee	\$ -	0		\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 185.30	7	\$ 7,098.97	\$ 406.13	\$ 7,505.10

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:

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

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,
HAILEY
DING AUTOMOTIVE PTE LTD
OFFICE:64521208
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:
 06/04/2019 16:02
 JOB-NO: 50111545
 Page 1 of 2

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880
 ADDRESS: 383 SIN MING DRIVE 64739522
 SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHA8200L TRANS: AUTO CHASSIS: KMHLB41UMGU079804
 MAKE / MODEL: HYUNDAI / I40 ENGINE: D4FDEU461361
 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
LABOUR							
1 TO RUST PROOFING ON ACCIDENT AFFECTED AREAS	1.00	150.00	0.00	150.00		Y	30
2 TO TEST WATER LEAK & CHECK BOOTLID LAMP LIGHTING	1.00	80.00	0.00	80.00		Y	20
3 REMOVE & REFIX REAR BOOTLID COMPONENT	1.00	150.00	0.00	150.00		Y	60
4 REMOVE & REFIX REVERSE SENSOR & CHECK WIRING	1.00	80.00	0.00	80.00		Y	30
5 RESPRAY BOOTLID & REVERSE SENSOR	1.00	400.00	0.00	400.00		Y	200
6 RESPRAY REAR BUMPER & REAR BUMPER DIFFUSER	1.00	500.00	0.00	500.00		Y	300
7 RESPRAY END PANEL & SPARE TYRE PANEL	1.00	500.00	0.00	500.00		Y	200
8 TO REPAIR REAR FENDER LH & REAR FENDER RH, STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	2,000.00	0.00	2,000.00		Y	800
TOTAL:		3,860.00	0.00	3,860.00			\$2040.00

MATERIALS

1 BOOTLID	1.00	1,681.40	336.28	1,345.12	L	Y	bt
2 BOOTLID WEATHERSTRIP	1.00	138.55	27.71	110.84	L	Y	cut
3 BOOTLID EMBLEM-LOGO	1.00	32.67	6.53	26.14	L	Y	new
4 BOOTLID EMBLEM-I 40	1.00	38.55	7.71	30.84	L	Y	new
5 BOOTLID EMBLEM-CRDI	1.00	36.50	7.30	29.20	L	Y	new
6 BOOTLID INSULATOR	1.00	223.21	44.64	178.57	L	Y	X
7 BOOTLID LAMP LH	1.00	565.60	113.12	452.48	L	Y	new
8 BOOTLID LAMP RH	1.00	565.60	113.12	452.48	L	Y	X
9 BOOTLID LOCK CATCH	1.00	38.48	7.69	30.77	L	Y	X
10 BOOTLID LOCK	1.00	228.80	45.76	183.04	L	Y	bt
11 BOOTLID HINGE LH	1.00	165.88	33.18	132.70	L	Y	Ry
12 BOOTLID HINGE RH	1.00	165.88	33.18	132.70	L	Y	Ry
13 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	new
14 REAR BUMPER REINFORCEMENT	1.00	438.40	87.68	350.72	L	Y	new
15 REAR BUMPER REINFORCEMENT BRACKET LH	1.00	110.33	22.07	88.26	L	Y	bt
16 REAR BUMPER REINFORCEMENT BRACKET RH	1.00	110.33	22.07	88.26	L	Y	bt
17 REAR BUMPER SPONGE	1.00	150.15	30.03	120.12	L	Y	X
18 REAR BUMPER RETAINER LH	1.00	49.14	9.83	39.31	L	Y	new
19 REAR BUMPER RETAINER RH	1.00	49.14	9.83	39.31	L	Y	X

DING AUTOMOTIVE PTE LTD
Blk 10 Sin Ming Industrial Estate Sector C
#Q1-20

CLAIM Details 575645

Tel: 6452 1208 Fax: 6452 0614

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
20 REAR BUMPER REFLECTOR LH	1.00	42.50	8.50	34.00	L	Y	cut
21 REAR BUMPER REFLECTOR RH	1.00	42.50	8.50	34.00	L	Y	X
22 REAR BUMPER DIFFUSER	1.00	253.40	50.68	202.72	L	Y	cut
23 END PANEL	1.00	629.95	125.99	503.96	L	Y	R7
24 END PANEL TOP GARNISH	1.00	215.45	43.09	172.36	L	Y	X
25 END PANEL INNER	1.00	565.22	113.04	452.18	L	Y	R7
26 SPARE TYRE PANEL	1.00	852.80	170.56	682.24	L	Y	X
27 BOOTLID REG-GARNISH	1.00	774.50	154.90	619.60	L	Y	de
28 BOOTLID REG-GARNISH CHROME	1.00	184.23	36.85	147.38	L	Y	cut
29 REAR TAIL LAMP LH	1.00	565.50	113.10	452.40	L	Y	av
30 REAR TAIL LAMP RH	1.00	565.50	113.10	452.40	L	Y	X
31 BOOTLID STICKER-COMFORTDELGRO BOOKING 65521111	1.00	120.00	0.00	120.00	S	Y	ng
32 BOOTLID INSULATOR CLIP SET	1.00	35.00	0.00	35.00	S	Y	ne 20
33 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	Y	ne 30
34 REAR BUMPER RUBBER PROTECTOR PAD	1.00	180.00	0.00	180.00	S	Y	ne
35 REAR BUMPER REVERSE SENSOR SET	1.00	250.00	0.00	250.00	S	Y	200mm
36 REAR END PANEL SEALANT	1.00	80.00	0.00	80.00	S	Y	X
37 REAR FENDER ADS STICKER LH	1.00	125.00	0.00	125.00	S	Y	X
38 REAR FENDER ADS STICKER RH	1.00	125.00	0.00	125.00	S	Y	X
39 REAR FENDER SEALANT LH	1.00	50.00	0.00	50.00	S	Y	X
40 REAR FENDER SEALANT RH	1.00	50.00	0.00	50.00	S	Y	X
TOTAL:		11,129.82	.015.98	9,113.84			
TOTAL PARTS & LABOUR:		14,989.82	2,015.98	12,973.84			

EXCESS/LOADING:SS 0.00

No. Of Day: 6

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: SS

DATE OF SURVEY: 8/4/19

SURVEYED BY: Taufik

CONTACT NO: 9249544

FAX NO: WP

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Labour 2040

SN\$ 550

Parts \$ 4680.05 After 20%

L+S+P\$ 7270.05 -20% 10% L

total \$ 5816.05

taufik@lkanfo.com

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SHA8200L
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Scheme:	Taxi (Company)
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Chassis No.:	KMHLB41UMGU079804
Propellant:	Diesel
Engine No.:	D4FDEU461381
Engine Capacity:	1685 cc
Maximum Power Output:	100.0 kW (134 bhp)
Maximum Laden Weight:	2100 kg
Unladen Weight:	1501 kg
Year Of Manufacture:	2015
Original Registration Date:	12 Nov 2015
Lifespan Expiry Date:	11 Nov 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid:	\$45,267.00
COE Expiry Date:	11 Nov 2023
Road Tax Expiry Date:	11 May 2019
PARF Eligibility Expiry Date:	11 Nov 2023
Inspection Due Date:	11 Nov 2019
Intended Transfer Date:	05 Apr 2019
CO2 Emission:	159.00 (g/km)
CEV/VES Rebate Utilised Amount:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 11 May 2019. You may renew the road tax from 12 Feb 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 11 May 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable. Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 12 May 2019 to 11 Nov 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	2,635.00	-	2,635.00
Total Amount Payable:			2,660.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK

Print

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	05/04/2019 10:10
Date Of Accident	05/04/2019 08:15
Exact Location Of Accident	ALONG PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8200L
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Insured/Policyholder

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	ANG SIN LEE
NRIC No	S1624029Z
Date Of Birth	31/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1984
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93665435
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 288D BUKIT BATOK STREET 25 #07-44 SINGAPORE
Postcode	653288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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?	YES
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 ATTACH STATEMENT

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	YP7133Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALA SUBRAMANIYAN VELMURUGAN
NRIC/Passport Number	F7791914R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG SIN LEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHA8200L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	288D BUKIT BATOK STREET 25 #07-44 SINGAPORE
Postcode	653288

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:

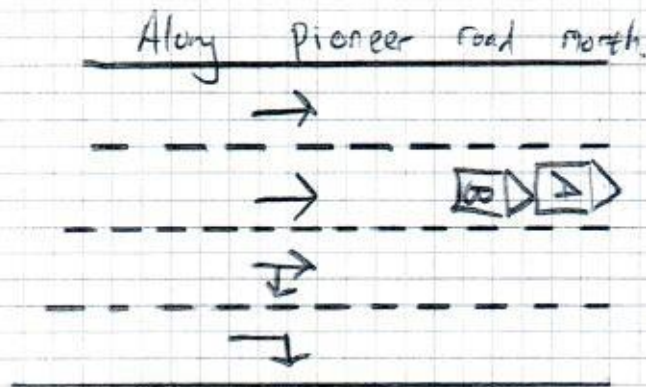
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



A: SHA8200L
B: YP7133Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 5/4/2019 at about 8:15hrs I was travelling on my taxi A (SHA8200L) along Pioneer^{Road} North. I was driving on my lane. I saw traffic light turn amber that I slow down my taxi. Suddenly, the vehicle B (YP7133Z) hit onto my taxi rear portion. Causing my taxi damaged rear bumper & partial.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1624029Z



Name
ANG SIN LEE

Race
CHINESE

Date of birth
31-07-1963

Country/Place of birth
SINGAPORE

Sex
M



6033580



NRIC No. S1624029Z



Date of issue
28-09-2018

Address
APT BLK 288D BUKIT BATOK STREET 25
#07-44
SINGAPORE 653288


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1624029Z

Name: ANG SIN LEE

Birth Date: 31 Jul 1963

Issue Date: 12 Sep 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	07 Nov 1987
Class 2A	Motorcycles between 201 cc and 400 cc	07 Nov 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Jun 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	30 Apr 1991

NP 428A



Land Transport Authority


VOCATIONAL LICENCE

License No: S1624029Z

Name: ANG SIN LEE


Issue Date: 18/7/2011

Please visit www.lta.gov.sg to check the status of this vocational licence



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.

Type	Description	Issue Date
02	TAXI VL	17/08/1998
03	BUS VL	21/07/1993



Vehicle No: S1A8200L (Hirer / Relief)

Reporting Date: 5/4/19 Time: 9:31 hrs

Accident Date: 5/4/19 Time: 8:15 hrs

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

Mileage: 629994

[HP: 13665435] [Weather Condition: Clear / Raining / other:] [Road surface: Wet / Dry / Other:]

[Location: Along Pioneer north]

TP1: Number Plate YP 7133Z Name: BALA SUBRAMAN NRIC: F7791914E HP: _____

TP2: Number Plate _____ Name: _____ NRIC: _____ HP: _____

TP3: Number Plate _____ Name: _____ NRIC: _____ HP: _____

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



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 EnquiryOur Ref No: GR-19-053313
Date of Request: 05/04/2019

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 05/04/2019
Enquiry By You Jing Feng
P Vehicle No. YP7133Z
Accident Date 05/04/2019**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP7133Z	AXA Insurance Pte Ltd	25/04/2018-10/08/2019	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.



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**TAX INVOICE**

Our Ref No: GR-19-053313

Date of Request: 05/04/2019

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 05/04/2019
Enquiry By You Jing Feng
P Vehicle No. YP7133Z
Accident Date 05/04/2019

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: CC19040106



Date: 05 April 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	05/04/2019 @ 08:15 hrs
ALONG	ALONG PIONEER ROAD NORTH
INVOLVING	YP7133Z

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 **SHA8200L** (the "Taxi"). The Taxi was hired to **TAN CHUAN SENG IC NO S0138204G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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 SHA 8200 L & YP 7133 Z ON 05/4/2019.

I, Tan Chuan Seng NRIC NO. 50138204 G of citycab pte ltd owner/ hirer of the Vehicle Registration No. SHA 8200 L 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 Chuan Seng

DATE:

Satisfaction Voucher

Date: 11/04/2019

MS First Capital Insurance Limited

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

Ang S

11 APR '19 15:30

I/We hereby acknowledge having received from Singapore Technologies Kinetics Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHA8200L 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 50111545 in respect of the damage caused to the said vehicle in an accident that occurred thereto or about the 05/04/2019 at ALONG PIONEER NORTH

Dated this day of 11/4/, 2019.

Signature: [Signature]

NRIC No: 2 S1624029/R

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE
SINGAPORE 575717 0

Company Stamp if applicable

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 Number of Vehicle	All CityCab taxis operating in the Republic of Singapore.
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 in that behalf from driving the Motor Vehicle.

Limitations as to use:

- Use as a taxi.
- Use for social, domestic and pleasure purposes.

The Policy does not cover

- (1) 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.

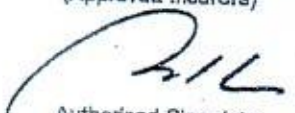
Excess: All Claims \$2,000.00 each and every accident

*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).

A/C NO.: B0101

First Capital Insurance Limited
(Approved Insurers)


Authorised Signature

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: 05/04/2019

REF: -----

OIC: CLAIMS OFFICER

OUR REF: SHA8200L

DATE: 27/4/2019

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Repair Cost	\$ 5,800.00	\$ 5,800.00
2	LTA/Merimen Search Fee	\$ 1.87	\$ 1.87
3	Loss of Rental (w/o GST) [105.30X07]	\$ 737.10	\$ 737.10
4	Loss of Income (w/o GST) [80X07]	\$ 560.00	\$ 560.00
5	Towing Fee	\$ -	\$ -
6	Surveyor Fee	\$ -	\$ -
REMARKS :		SUB TOTAL :	\$ 7,098.97
		7% GST	\$ 406.13
		GRAND TOTAL :	\$ 7,505.10

Yours faithfully,


Authorise Signature of Ding Automotive Pte Ltd



**ACCIDENT ON 05/04/2019 INVOLVING SHA8200L AND YP7133Z PLEASE
ARRANGE COME SURVEY**

Taxis Customer Service to: Motor.survey

Fri 05 Apr 2019 05:18 PM

Cc: ACCOUNTS, ADMIN, carlor.chan, "Dd hashim", Claims, Claims
Bcc: nelsonwong1224

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>,
Claims@dingautomotive.com.sg, Claims@dingautomotive.com.sg
Bcc: nelsonwong1224@gmail.com

[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 to survey SHA8200L .

This vehicle SHA8200L already in 31 Corporation Road 649825 .



SAS2579579.PDF SHA8200L - YP7133Z.html

Thanks a lot

Best Regards

Ding Automotive Pte Ltd
Nelson Wong
Hp : 98912489 / 62657130

[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]

50111545-SHA8200L - Finalize Amount & After Repair Photo
Taxis Customer Service

to: taufikh, sur

Thu 18 Apr 2019 02:08 PM

Cc: "Dd hashim", Claims, ACCOUNTS, ADMIN, "Kelly Ding", "You jingfeng", thinthin, vivianlau, AsherSng, admin-a, cs-a

From: Taxis Customer Service/KAS/CBG/ST Kinetics
To: taufikh@lkkauto.com, sur@lkkauto.com
Cc: "Dd hashim" <dd.hashim@dingauto.sg>, Claims@dingautomotive.com.sg, ACCOUNTS@DINGAUTO.SG, ADMIN@DINGAUTOMOTIVE.COM.SG, "Kelly Ding" <kelly.ding@dingauto.sg>, "You jingfeng" <jingfeng@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 see below for the finalize according to our conversion to finalize for **SHA8200L**

Please refer below attachment & estimate & after paint for **SHA8200L**

Total Repair - 6 Days

Lump Sum Repair

LABOUR = \$2040

S/N = \$550

PARTS AFTER AAA -20% =\$4680.05

TOTAL (L+S+P) = \$7270.05 - 20% LUMP SUM

FINALIZE AMOUNT = \$5816.05

Thank a lot

Best Regards

Ding Automotive Pte Ltd

ARC

Alex Khong

Hp : 83039588 / 62657130



DSC07271.JPG



DSC07270.JPG



DSC07269.JPG



DSC07268.JPG



DSC07267.JPG



DSC07266.JPG



DSC07264.JPG

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claims@dingautomotive.com.sg

From: claims@dingautomotive.com.sg
Sent: Saturday, 27 April 2019 9:24 AM
To: 'Taufikh (LKKAUTO)'; 'taxiscs@stengg.com'; 'SUR'
Cc: 'Dd hashim'; 'ACCOUNTS@DINGAUTO.SG'; 'ADMIN@DINGAUTOMOTIVE.COM.SG'; 'Kelly Ding'; 'You jingfeng'; 'Admin A'; 'CS A Team'; 'Poh Kin (LKKAUTO)'
Subject: RE: 50111545-SHA8200L - Finalize Amount & After Repair Photo

Dear all,

Yes, we accept the finalize amount.

We will prepare to issue LOD.

Thank you.

Best Regards,

Hailey

Motor Claims Department
Ding Automotive Pte Ltd
DID: 81203490

From: Taufikh (LKKAUTO) [mailto:Taufikh@lkkauto.com]
Sent: Friday, 26 April 2019 4:27 PM
To: taxiscs@stengg.com; SUR
Cc: 'Dd hashim'; Claims@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; 'Kelly Ding'; 'You jingfeng'; Admin A; CS A Team; Poh Kin (LKKAUTO)
Subject: RE: 50111545-SHA8200L - Finalize Amount & After Repair Photo

Hi Alex,

COR I/s\$5800 , 6 days.

Regards
Taufikh
Lkk Auto

From: taxiscs@stengg.com [mailto:taxiscs@stengg.com]
Sent: Thursday, 18 April 2019 2:09 PM
To: taufikh@lkkauto.com; sur@lkkauto.com
Cc: Dd hashim; Claims@dingautomotive.com.sg; ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG; Kelly Ding; You jingfeng; thinthin@lkkauto.com; vivianlau@lkkauto.com; AsherSng@lkkauto.com; admin-a@lkkauto.com; cs-a@lkkauto.com
Subject: 50111545-SHA8200L - Finalize Amount & After Repair Photo

Dear Officer ,

Please see below for the finalize according to our conversion to finalize for **SHA8200L**

Please refer below attachment & estimate & after paint for **SHA8200L**

Total Repair - 6 Days