

**DING AUTOMOTIVE PTE LTD**

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

OUR REF: 501118642/TP/ SHB2304E /AD/08/05/2019/DD
YOUR REF: SHD777B/--

Without Prejudice
to our driver's Injury claim

24 August 2019
To: MOTOR CLAIMS DEPARTMENT
AXA INSURANCE
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

ACCIDENT INVOLVING : SHB2304E AGAINST SHD777B ON 08/05/2019
LOCATION ALONG : KALLANG ROAD TOWARDS SIMS AVE
We refer to the above matter:

	Rate Per Day	Repair/ Claims Day	Amount Before GST	GST 7%	Amount After GST
Cost of Repair	\$ -	3	\$ 1,755.13	\$ 122.86	\$ 1,877.99
Loss Of Rental	\$ 105.30	3	\$ 315.90	\$ -	\$ 315.90
Loss Of Income	\$ 80.00	3	\$ 240.00	\$ -	\$ 240.00
LTA/GIA Search Fee	\$ -	0	\$ 6.96	\$ 0.49	\$ 7.45
Towing Fee	\$ -	0	\$ -	\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 185.30	3	\$ 2,317.99	\$ 123.35	\$ 2,441.34

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 Report/Accident Police Report	☺	Certificate Of Insurance
☺	LTA 3 rd Party Search Fee	☺	Final Bill/Repair Tax Invoice
☺	Mileage Record	☺	Confirmation Finalize/Liability Email Copy
☺	Rental Invoice	☺	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,
DD HASHIM
DING AUTOMOTIVE PTE LTD
HP:81160811
FAX:64520614

LETTER OF AUTHORITY

ACCIDENT

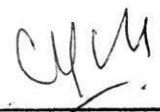
INVOLVING SAB 2304E & SAD 777 B ON 8/5/19.

I, Cheot Yong Ming NRIC NO. 2139384E of citycab pte ltd owner/ hirer of the Vehicle Registration

No. SA 2304E 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:



DATE:

13/5/2019

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:08/05/2019

REF:--

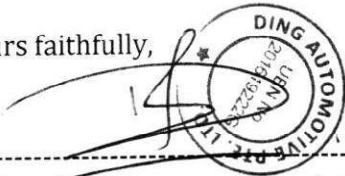
OIC:MS VIVIAN

OUR REF : SHB2304E

DATE : 24/8/2019

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair -SHB2304E	\$ 1,755.13	\$ 1,755.13
REMARKS :		SUB TOTAL :	\$ 1,755.13
		7% GST	\$ 122.86
		GRAND TOTAL :	\$ 1,877.99

Yours faithfully,



Authorise Signature of Ding Automotive Pte Ltd

Our Ref: CC19050229



Date: 23 May 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 08/05/2019 @ 22:50 hrs
ALONG ALONG KALLANG ROAD TOWARDS SIMS AVE
INVOLVING SHD777B

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 **SHB2304E** (the "Taxi"). The Taxi was hired to **CHEOT YONG MING IC NO S1139384E** 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.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 May 2019 / 15:50:49

Receipt Date/Time : 09 May 2019 / 15:50:49

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190509-002147

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD777B				
As at 08 May 2019/11:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD777B			
	Enquiry Fee	7.00	0.49	7.49
	20190509154948636576			
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				
	xxxxxxxxxxxx0979	Credit Card: Visa/MasterCard		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.

Hsiao Tong (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Tuesday, 8 October 2019 11:55 AM
To: claims@transcab.com.sg
Cc: transcab_avaclaims@ava-ins.com
Subject: ACCIDENT INVOLVING SHD 777B(AXA) AND SHB 2304E ALONG/AT KALLANG ROAD ON 08/05/2019

08 Oct 2019

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM19008324/T1pb3// S9M01MUC
YOUR REF : P1680520 (SHD777B)
ACCIDENT INVOLVING SHD 777B(AXA) AND SHB 2304E ALONG/AT KALLANG ROAD ON 08/05/2019

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

We have received a claim from DING AUTOMOTIVE PTE LTD acting on behalf of the owner of SHB 2304E against your motor insurance policy.

We have reviewed the matter and based on all the available information on hand, we are of the view that BOLA S14(a) is applicable. Your client vehicle was moving out from stationary/ parked position while third party vehicle was overtaking to turn into another lane. Kindly refer to the attached video footage from SHB 2304E for your easy reference. We shall proceed to negotiate for an amicable settlement of the third party claim at best to avoid further litigation, which would escalate to even more cost.

We also wish to advise that there is an excess of S\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, they 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 AXA and acknowledged by AXA.

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

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

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to cst@axa.com.sg / chewht@lkkauto.com or deliver it by hand to our Customer Care Centre.

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 6742 3197 or email us at chewht@lkkauto.com.

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

Note: This video footage is solely for investigation and shall not be reproduced. You undertake to preserve its confidentiality and will not disclose, provide or make available the video footage in whole or in part, to any third party.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Without Prejudice
to our driver's Injury claim

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHD 777B (Insd veh)	Model: Hyundai I40 (1685cc)
	SHB 2304E (TP veh)	
Date of Accident/ Time:	08/05/2019	

Repair Estimate	: \$	3,433.48	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	1,170.00	

Payee Name : DING AUTOMOTIVE PTE LTD

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>50</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp
Name of Representative: Del Hashim
Date: 26/6/2020



MTH

Signature of Witness / Workshop stamp (if applicable)
Name of Witness: Lisa
Date: 30/6/20



Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date: 08/07/2020