

**DING AUTOMOTIVE PTE LTD**

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

*Without Prejudice
to our driver's Injury claim*

OUR REF: 50111834/TP/SHA9222S/AD/11/07/2019/DD
YOUR REF: SHC3865R/--
30 July 2019

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

ACCIDENT INVOLVING : SHA9222S AGAINST SHC3865R ON 11/07/2019

LOCATION ALONG : CHANGI AIRPORT TERMINAL 1 DOOR 4

We refer to the above matter:

	Rate Per Day	Repair/ Claims Day	Amount Before GST	GST 7%	Amount After GST
Cost of Repair	\$ -	6	\$ 4,250.00	\$ 297.50	\$ 4,547.50
Loss Of Rental	\$ 105.30	6	\$ 631.80	\$ -	\$ 631.80
Loss Of Income	\$ 80.00	6	\$ 480.00	\$ -	\$ 480.00
LTA/GIA Search Fee	\$ -	0	\$ 6.96	\$ 0.49	\$ 7.45
Towing Fee	\$ -	0	\$ -	\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 185.30	6	\$ 5,368.76	\$ 297.99	\$ 5,666.75

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

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/07/2019 12:58

JOB-NO: 50111834

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

84739522

VEHICLE DETAILS

LICENSE NO: SHA9222S

TRANS: AUTO

CHASSIS: KMHLB41UMGU079761

MAKE / MODEL: HYUNDAI / i40

ENGINE: D4DFU553157

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	1,800.00	0.00	1,800.00		Y	700
2 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
3 RESPRAY LHS FENDER	1.00	250.00	0.00	250.00		Y	200
4 RESPRAY FRONT LHS DOOR	1.00	350.00	0.00	350.00		Y	200
5 RESPRAY FRONT LHS SIDE MIRROR ASSY	1.00	100.00	0.00	100.00		Y	80
6 R&R FRONT LHS DOOR COMPONENT	1.00	200.00	0.00	200.00		Y	60
7 CHECK WIRING & LIGHTING SYSTEM & DIAGNOSTIC (CLEAR FAULT CODE)	1.00	150.00	0.00	150.00		Y	80
8 CALIBRATION OF FRONT LHS POWER WINDOW	1.00	80.00	0.00	80.00		Y	X
TOTAL:		3,180.00	0.00	3,180.00			

MATERIALS

1 FRONT BUMPER <i>repair de</i>	1.00	699.68	139.94	559.74	L	Y	
2 FRONT BUMPER RETAINER LH <i>2.2.2.2</i>	1.00	42.32	8.46	33.86	L	Y	
3 FRONT LHS FENDER <i>bt</i>	1.00	759.60	151.92	607.68	L	Y	
4 FRONT INNER SHIELD LHS <i>X</i>	1.00	186.12	37.22	148.90	L	Y	
5 SIDE MIRROR LH <i>bro</i>	1.00	518.40	103.68	414.72	L	Y	
6 SIDE MIRROR GLASS LHS <i>bro</i>	1.00	62.40	12.48	50.92	L	Y	
7 FRONT LHS DOOR ASSY <i>bt</i>	1.00	2,256.83	451.37	1,805.46	L	Y	
8 FRONT LHS DOOR GLASS CHROME Moulding OUTER <i>at</i>	1.00	180.00	36.00	144.00	L	Y	
9 FRONT LHS INNER SHIELD CLIPS <i>re</i>	1.00	35.00	0.00	35.00	S <i>25</i>	Y	
10 FRONT BUMPER ADS STICKER <i>X</i>	1.00	150.00	0.00	150.00	S	Y	
11 FRONT LHS ADS STICKER <i>re</i>	1.00	120.00	0.00	120.00	S <i>80</i>	Y	
12 FRONT DOOR ADS STICKER LH <i>re</i>	1.00	150.00	0.00	150.00	S <i>120</i>	Y	
TOTAL:		5,160.35	941.07	4,219.28			

TOTAL PARTS & LABOUR:

6,340.35 941.07 7,399.28

EXCESS/LOADING: \$ 0.00

No. Of Day:

*85 days*RE-SURVEY: BEFORE AFTER PAINTINGPART-BY-PART OR LUMP SUM \$DATE OF SURVEY: *15 107 118 P1550*

SURVEYED BY:

Rafael

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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CONTACT NO:

900 688

FAX NO:

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Lumpsum

Labour = \$ 1500

S/M = \$ 225

Parts = \$ 3615.38

Lst P = \$ 5340.38 - 20% 4/s

= \$ 4272.30

Final Amount = \$ 4272.30

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	12/07/2019 10:46
Date Of Accident	11/07/2019 23:00
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 1 DOOR 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9222S
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	ONG ENG HONG
NRIC No	S7812778C
Date Of Birth	10/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1999
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81613557
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 405A BUKIT BATOK WEST AVENUE 6 #12-651 SINGAPORE
Postcode	651450
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 - OPENING DOOR OF VEHICLE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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 ATTACHMENT

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	SHC3865R
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG PHANG HENG
NRIC/Passport Number	S2014927B
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7812778C



Name
ONG ENG HONG
王永鴻

Race
CHINESE

Date of birth
10-05-1978

Sex
M

Country of birth
SINGAPORE

4801780



NRIC No: S7812778C



Date of issue
15-10-2012

APT BLK 450A BUKIT BATOK WEST AVENUE 8 #12-851
SINGAPORE 651450

NRIC No: S7812778C Date: 08/03/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



ONG HONG

10 May 1978

15 Oct 2012



YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 27 Jan 1999

Class 4 Motor vehicles which are constructed to carry load in person gear and the unladen weight > 2500kg 20 Jan 2001

*Motor vehicles which are not constructed to carry load and the unladen weight < 2500kg

NRIC No: S7812778C



Land Transport Authority

VEHICULAR LICENCE



NRIC No: S7812778C


ONG ENG HONG

10 May 1978

15 Oct 2012

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, 15 Bish Ming Drive, Singapore 678701.

Type	Description	Issue Date
02	TAXI - VI	31/10/2012



Vehicle No: SHA9222S (Hirer: Relief)

Reporting Date: 12/7/19 Time: 8:40 hrs

Accident Date: 11/7/19 Time: 23:00 hrs

[OD: TP WC / Cash] [PG: 2] [SPD: 15 Km/H]

Mileage: 559911

[HP: 81613557] [Weather Condition: Clear / Raining / other:] [Road surface: Wet / Dry / Other:]

[Location: CHANGI AIRPORT TERMINAL 1 DOOR 4]

TP1: Number Plate SHC3865K Name: WONG PENG HONG NRIC: S2014427B HP: _____

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

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

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

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:

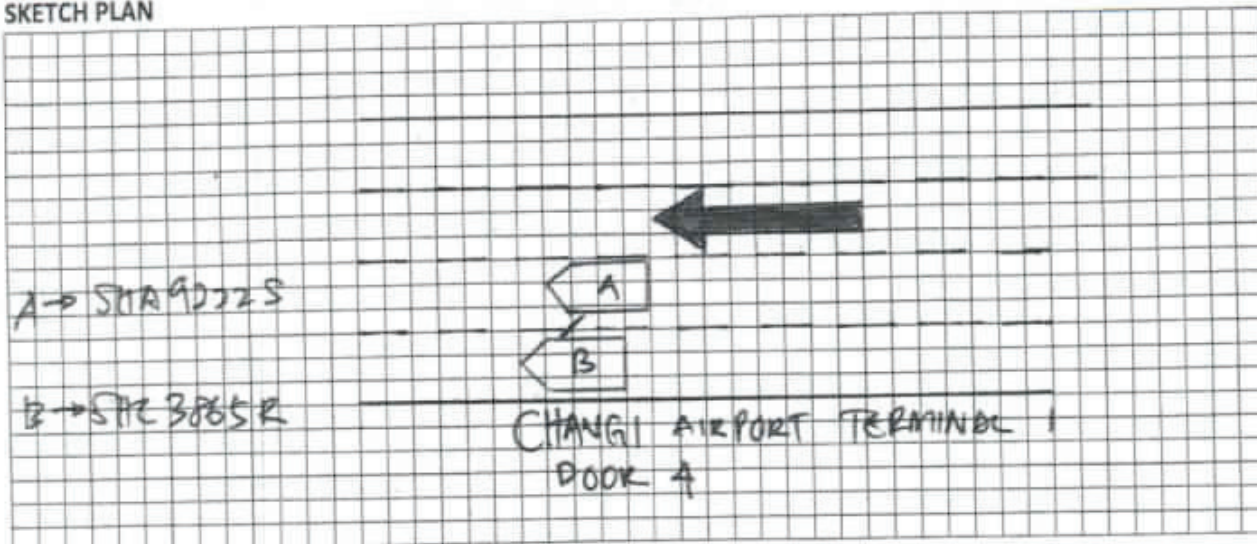
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 12-09-2019 10:44 AM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN I WAS AROUND T1 (DOOR 4) CENTRE LANE. MAKING A FILTER LEFT TURN TOWARD DOOR 5. A BLUE STATIONARY I40 (SHK 3865R) SUDDENLY OPEN HIS DRIVER DOOR WIDELY AND HIT THE LEFT SIDE OF MY VEHICLE, CAUSING THE SIDE DOOR DENTED, LEFT SIDE MIRROR TO DETACH. FRONT ABOVE TYRES DENTED TOO. THE DRIVER DOOR BOTTOM RIGHT TIP DENTED ONLY. THERE ARE NO INJURIES INVOLVED.

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: 12.07.2019 1041HR

Reporting Centre Personnel's Signature

Name: V. B. D.

NRIC/FIN No.:

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 Jul 2019 / 08:46:36

Receipt Date/Time : 15 Jul 2019 / 08:46:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190715-000248

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 - SHC3865R As at 11 Jul 2019/23:00:00 Insurance Co: INDIA INTL INS PTE LTD				
1	Insurance Enquiry - SHC3865R Enquiry Fee 20190715084527550717	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			
	xxxxxxxxxxxx3576		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.

Our Ref: CC19070288



Date: 12 July 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	11/07/2019 @ 23:00 hrs
ALONG	CHANGI AIRPORT TERMINAL 1 DOOR 4
INVOLVING	SHC3865R

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 **SHA9222S** (the "Taxi"). The Taxi was hired to **TEO TIONG HOE IC NO S7245511H** 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 SHA9222S & SHC3865k on 11/7/19 along
Changi Airport T1

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHA9222S which was rented to Hirer/Driver Mr/Ms Teo Tany Hor NRIC S7245114, hereby authorize Ding Automotive Pte Ltd on this date 12/7/19 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

A handwritten signature in black ink, consisting of stylized, overlapping strokes.

Satisfaction Voucher

17 JUL '19 15:12

Date: 17/07/2019

MS First Capital Insurance Limited

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

T20 TIONG HOZ

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHA9222S

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 50111834 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 11/07/2019

at CHANGI AIRPORT TERMINAL 1 DOOF

Dated this day of _____, 201 _____

Signature: _____

NRIC No: _____

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, 1980
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
<p>Persons or Classes of Persons entitled to drive</p> <p>a) Any licensed taxi driver driving on the Insured's order or with their permission.</p> <p>b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.</p> <p>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.</p> <p>Limitations as to use :</p> <p>Use as a taxi.</p> <p>Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>Excess : All Claims \$2,000.00 each and every accident</p> <p>*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.</p>	
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
<div>First Capital Insurance Limited (Approved Insurers)</div> <div> Authorized Signature</div>	

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 INSURANCE

ACCIDENT DATE: 11/07/2019

REF:--

OIC:--

OUR REF : SHA9222S

DATE : 30/7/2019

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair - SHA9222S	\$ 4,250.00	\$ 4,250.00
REMARKS :		SUB TOTAL :	\$ 4,250.00
		7% GST	\$ 297.50
		GRAND TOTAL :	\$ 4,547.50

Yours faithfully,

Authorise Signature of Ding Automotive Pte Ltd

From: Taxis Customer Service [<mailto:taxiscs@stengg.com>]
Sent: 15 July, 2019 8:51 AM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: kelly.ding@dingauto.sg; dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg
Subject: RE: ACCIDENT INVOLVING SHA9222S AND SHC3865R ON 11/07/2019 SURVEYOR ARRANGEMENT

Dear Officer,

FYI,

From: Taxis Customer Service
Sent: Friday, July 12, 2019 8:09 PM
To: 'motorclaim@iii.com.sg' <motorclaim@iii.com.sg>
Cc: 'kelly.ding@dingauto.sg' <kelly.ding@dingauto.sg>; 'dd.hashim@dingauto.sg' <dd.hashim@dingauto.sg>; 'Claims@dingautomotive.com.sg' <Claims@dingautomotive.com.sg>
Subject: ACCIDENT INVOLVING SHA9222S AND SHC3865R ON 11/07/2019 SURVEYOR ARRANGEMENT

Dear **Officer** ,

Kindly please arrange surveyor as vehicle SHA9222S already at 31 Corporation Road.

Thanks

Best Regards,
VADIVELAN MOHAN
Ding Automotive Pte Ltd
Hp : 96891857 / 62657130

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

This email is intended solely for the person to whom it has been addressed.
It may contain confidential and/or legally privileged information.
If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful.
Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.
Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.
Print this email only if it is absolutely necessary and help in preservation of environment.

Taxis Customer Service

From: Taxis Customer Service
Sent: Monday, July 15, 2019 9:47 AM
To: Motor Claim - III
Cc: kelly.ding@dingauto.sg; dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg
Subject: RE: ACCIDENT INVOLVING SHA9222S AND SHC3865R ON 11/07/2019 SURVEYOR ARRANGEMENT

Dear Officer,

Please arrange LKK Auto Consultants Pte Ltd come on to survey.

Thanks

Best Regards,
Guang
Hp : 93299929 / 62657130

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Monday, July 15, 2019 9:12 AM
To: Taxis Customer Service <taxiscs@stengg.com>
Cc: kelly.ding@dingauto.sg; dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg
Subject: RE: ACCIDENT INVOLVING SHA9222S AND SHC3865R ON 11/07/2019 SURVEYOR ARRANGEMENT

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

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,
Gabriel Wee



64 Cecil Street; #05 - IOB Building
Singapore 049711
Tel: 6347 6100, Ext - 248

Taxis Customer Service

From: Taxis Customer Service
Sent: Thursday, July 18, 2019 10:46 PM
To: 'Rasul (LKKAuto)'
Cc: 'dd.hashim@dingauto.sg'; 'Claims@dingautomotive.com.sg'; 'kelly.ding@dingauto.sg'; 'sur@lkkauto.com'; 'AsherSng@lkkauto.com'; 'cs-a@lkkauto.com'; 'admin-a@lkkauto.com'
Subject: 50111834 / SHA9222S - Finalize Amount & After Repair Photo .
Attachments: ESTIMATE (2).jpg; AFTER PAINT (1).JPG; AFTER PAINT (2).JPG; AFTER PAINT (3).JPG; AFTER PAINT (4).JPG; AFTER PAINT (5).JPG; AFTER PAINT (6).JPG; AFTER PAINT (7).JPG; AFTER PAINT (8).JPG; AFTER PAINT (9).JPG; ESTIMATE (1).jpg

Dear Rasul ,

Please see below for the finalize according to our conversion to finalize for SHA9222S

Please refer attachment Estimate & After Paint for SHA9222S

Lump Sum Repair

Total Repair - 05 Days

Labour = \$1500

S/n = \$225

Parts after discount - 20% = \$3615.38

L+S+P = \$5340.38 -20 % lump sum

Total Finalize amount = \$4272.30

Thank You

Best Regards ,

Guang
Ding Automotive Pte Ltd
Hp : 93299929 / 62657130

Taxis Customer Service

From: Taxis Customer Service
Sent: Friday, July 19, 2019 9:58 AM
To: 'Rasul (LKKAuto)'
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg
Subject: RE: 50111834 / SHA9222S - Finalize Amount & After Repair Photo .

Dear Rasul,

We accept this finalize amount.

Thanks

Best Regards,
Guang
Ding Automotive Pte Ltd
HP : 93299929 / 62657130

From: Rasul (LKKAuto) <Rasul@lkkauto.com>
Sent: Friday, July 19, 2019 9:33 AM
To: Taxis Customer Service <taxiscs@stengg.com>
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg
Subject: RE: 50111834 / SHA9222S - Finalize Amount & After Repair Photo .

WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.

Hi Guang,

Finalised amount round up is \$ 4,250 / 5 days lump sum
Kindly confirm

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

From: Taxis Customer Service [<mailto:taxiscs@stengg.com>]
Sent: Thursday, 18 July, 2019 10:47 PM
To: Rasul (LKKAuto)
Cc: dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; SUR; Asher Sng (LKKAuto);
CS A Team; Admin A
Subject: 50111834 / SHA9222S - Finalize Amount & After Repair Photo .

Dear Rasul,