

Without Prejudice to our driver's Injury claims

OUR REF: 50112281/TP/SHB2349B/AD/14/12/2019/SHI

YOUR REF: SHD4111X/--

3 January 2020 To: MOTOR CLAIMS DEPARTMENT INDIA INTERNATIONAL INSURANCE 64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711

ACCIDENT INVOLVING: SHB2349B AGAINST SHD4111X 14/12/2019

LOCATION ALONG : AIRPORT BOULEVARD TOWARDS PIE

We refer to the above matter:

	Rate Per Day	Repair/ Claims Day	Amount Before GST	GST 7%	Amount After GST		
Cost of Repair	s -	5	\$ 4,867.63	\$ 340.73	\$ 5,208.36		
Loss Of Rental	\$ 117.20	5	S 586.00	s -	S 586.00		
Loss Of Income	S 80.00	5	S 400.00	s -	S 400.00		
LTA/GIA Search Fee	s -	0	S 6.96	S 0.49	S 7.45		
Towing Fee	s -	0	s -	s -	s -		
Surveyor Fee	S -	0	s -	s -	s -		
Total	\$ 197.20	5	\$ 5,860.59	5 341.22	\$ 6,201.81		

The accident was caused solely by the negligence of your insured/driver 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:

Letter of Demand	8	Rental Invoice	
Repair Bill	0		
Repair Estimate (External Survey Only)	9		
GIA Report/Accident Police Report	0	Certificate of Insurance	
LTA 3rd Party Search Fee	0		
Mileage Record	0		
	Repair Estimate (External Survey Only) GIA Report/Accident Police Report LTA 3rd Party Search Fee	Repair Bill  Repair Estimate (External Survey Only)  GIA Report/Accident Police Report  LTA 3rd Party Search Fee	Repair Bill © Letter of Authority Repair Estimate (External Survey Only) © Discharge Voucher GIA Report/Accident Police Report © Certificate of Insurance LTA 3rd Party Search Fee

Our client 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, SELOSHINAH

DING AUTOMOTIVE PTE LTD

TEL: +65 92394128 FAX:+65 6452 0614

# LETTER OF AUTHORITY

	_&	51404111X	_ on	14/12/19	along
Airport Blude					

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SIAR 13498 which was rented to Hirer/Driver Mr/Ms Toth HAT SENG NRIC SOOISIAGO, hereby authorize Ding Automotive Pte Ltd on this date 16/12/19 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



( CACS)\*\*)
INDIA INTERNATIONAL INSURANCE PEL LID

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## EXPRESS SETTLEMENT

DISCHARGE VOUCHER
III-Direct Settlement (PODS)

Without Prejudice to our driver's Injury claim

India Ref: MCT19120347 Claimant Ref: SHB 2349B

WestDING AUTOMOTIVE PTE LTD("the_workshop")	hereby confirm that we/I have reached an agreement
with the appointed Surveyor of India International Insurance Pte Ltd	
of Surveyor) with respect to the amount claimed for S\$ 5,208.36	3 (repair cost) S5 786.00 (loss of
rental), SS 7.45 (search fee), vehicle no. ses zass that we	[20] [20] [20] [20] [20] [20] [20] [20]
	(location) involving vehicle no. <u>set 41178</u> (insured
vehicle). This is pursuant to the inspection conducted on 18120019 (p	date) at "the workshop"
Well confirm that well arelam authorized by the owner	CITYCAB PTE LTD (The third party
claimant") of vehicle no. 548 23498 to make the claim as set out in the	e above paragraph and well have full authority to settle
the matter on his/her behalf in a manner that we'll deem fit. We'll er party claimant".	nclose herein the letter of authority given by "the third
We'll further confirm that we'll will indemnify India International Insura they will or have already incurred in the event that "the third party further claim against the former for any loss and expenses suffered of use pursuant to the damage to	claimant" after the above said agreement lodges a pertaining to cost of repairs and/or rental and/or loss
We'll confirm that the agreement reached above is in full and final pursuant to the accident and that further this settlement is reached obasis.	
This agreement is subject to the application of Singapore law and the	Singapore Courts have exclusive jurisdiction over any
dispute arising out of the same.	
	700 A W. Carlo Co. (1970 C
We/Lauthorize you to pay the total amount of SS 6.001.81 to D	DING AUTOMOTIVE PTE LTD
Dated this 13 day of MACT 2020	1, 14
CLAIMANT:	WITNESS: (LICK)
Signed by The workshop (Mythropiob)	Signature MTH Signed by appointed Surveyor
Name 20 Hasikaa	Name LKK AUTO CONSULTANTS PTE LTD
NRIC GXXXX 451L	NRIC 199607198R
Address BLK 10 7701-20	Address 51 UBI AVE 1 #02-25
SEC IS SO SISA	PAYA UBI INDUSTRIAL PARK \$(408533)
Nationality: MATA 137 A.M.	Nationality
Occupation Office A Claimes	Occupation
4.7	

### DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645 Tel: 8452 1208 Fax: 8452 0614

#### TAX INVOICE

T-000965 INVOICE INDIA INTERNATIONAL INSURANCE PTE LTD 13-03-2020 DATE **IOB BUILDING** GST REG NO : 201619222G 64 CECIL STREET #04-05 SINGAPORE 049711 TERMS C.O.D. SHD4111X PO NO ATTN : MOTOR CLAIMS DEPARTMENT OUR REF SHB23498 1 of 1 PAGE TEL: : 5749 4274 FAX :

TTEM NO. DESCRIPTION QUANTITY UNIT PRICE AMOUNT Cost of result-SHB2349B 4,867.63 4,867.63 REMARKS: SUB TOTAL 4,867.63 Job card: 50112281 340.73 GST Your ref: MCT/19120347 5,208.36 TOTAL SGD Oic: Ms. Ceolla Dos: 14/12/2019 DEPOSIT O/S BALANCE

FOR DING METOMETON YE LITD

Authorised Streeture

Costomer Signature
I have impected and hereby confirmed that
the job cone and the amount doe herein
are entire to my satisfaction.

Our Ref: CC19120364

Date: 16 December 2019



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

14/12/2019 @ 22:20 hrs

ALONG

AIRPORT BOULEVARD TOWARDS PIE

INVOLVING

SHD4111X

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 SHB2349B (the "Taxi"). The Taxi was hired to TOH HAI SENG IC NO SXXXX146C a registered hireroperator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident

at a rental rate \$125.40 per day (inclusive of GST).

\$\frac{117.20}{\circ}(\omega/lo \chi\_51)\$

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 Manager, Fleet Safety

This is a computer generated letter. No signature is required.

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HOURS	8:30 HT.					· .	ŭ S					F		
MILLEAGE TRAVELLED (KM)	KM	KM					×							
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DESCRIPTION	VEHICLE ACCIDENT (IN)	(OUT)				VEHICLE NUMBER: SHBJ349 B. REMARKS:					•			
DATE	15/13/18	11/2/11	12			VEHICLE NUMBER: REMARKS:	1)	2)	3)	4)	ís.			
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Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

16 Dec 2019 / 13:39:23

Receipt Date/Time:

16 Dec 2019 / 13:39:16

#### Tax Invoice/Receipt

Receipt No.: ITNET-00000-191216-001831

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 - SHD4111X As at 14 Dec 2019/22:20:00 Insurance Co: INDIA INT'L INS PTE LTD 1 Insurance Enquiry - SHD4111X Enquiry Fee			7.00	0.49	7.49
	20191216133830348340	Out Total	220	200	
		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			
		xxxxxxxxxx3576	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.