

May Chua

From: May Chua
Sent: Tuesday, 24 March 2020 11:29 AM
To: 'claims@dingautomotive.com.sg'
Subject: Your Ref: SHA8942D // 50112455/TP/SHA8942D/AD/13/02/2020/SHI, Our Ref: SHC1400L // D20/1024M/CT/MC ACC ON 13.02.2020

To: DING AUTOMOTIVE PTE LTD

Your Ref: SHA8942D // 50112455/TP/SHA8942D/AD/13/02/2020/SHI
Our Ref : SHC1400L // D20/1024M/CT/MC

Dear Sir,

Accident involving SHA8942D & SHC1400L on 13.02.2020.

We acknowledge receipt of your letter of claim dated 24.03.2020 which we've received today.

We are investigating your/your client's claim and will reply to you substantively soon.

Thank you

May Chua
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | DID : 6507 3859 | Fax No. : 6507 3849 | Email: maychua@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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D20/1024/CTPL/MC



DING AUTOMOTIVE PTE LTD
 Blk 10 #01-20 Sin Ming
 Industrial Est Sec C
 Singapore 575645

Without Prejudice to our
 driver's Injury claims

OUR REF: 50112455/TP/SHA8942D/AD/13/02/2020/SHI
 YOUR REF: SHC1400L/D20001024MFSH

4 March 2020
 To: MOTOR CLAIMS DEPARTMENT
 MS FIRST CAPITAL INSURANCE
 36 ROBINSON ROAD
 #16-01 CITY HOUSE
 SINGAPORE 068877



ACCIDENT INVOLVING : SHA8942D AGAINST SHC1400L 13/02/2020
 LOCATION ALONG : MANDAI ZOO TAXI STAND

We refer to the above matter:

	Rate Per Day	Repair/ Claims Day	Amount Before GST	GST 7%	Amount After GST
Cost of Repair	\$ -	2	\$ 612.54	\$ 42.88	\$ 655.42
Loss Of Rental	\$ 117.20	2	\$ 234.40	\$ -	\$ 234.40
Loss Of Income	\$ 80.00	2	\$ 160.00	\$ -	\$ 160.00
LTA/GIA Search Fee	\$ -	0	\$ 6.96	\$ 0.49	\$ 7.45
Towing Fee	\$ -	0	\$ -	\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 197.20	2	\$ 1,013.90	\$ 43.37	\$ 1,057.27

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

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



DING AUTOMOTIVE PTE LTD
Business Reg No : 201619222G
BLK 10, #01-20 SIN MING IND EST. SEC C,
SINGAPORE 575645
Tel : 6452 1208 Fax : 6452 0614

REPAIR BILL

M/S: MS FIRST CAPITAL INSURANCE

ACCIDENT DATE: 13/02/2020

REF: D20001024MFSH

OIC: MS. MAY CHUA

OUR REF : SHA8942D

DATE : 04/03/2020

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair - SHA8942D	\$ 612.54	\$ 612.54
REMARKS :		SUB TOTAL :	\$ 612.54
		GST (7%)	\$ 42.88
		GRAND TOTAL	\$ 655.42

Yours faithfully,

Authorise Signature of Ding Automotive Pte Ltd

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Feb 2020 / 14:39:22

Receipt Date/Time : 18 Feb 2020 / 14:39:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200218-001918

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 - SHC1400L				
As at 13 Feb 2020/12:05:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC1400L			
	Enquiry Fee	7.00	0.49	7.49
	20200218143810772246			
	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			
	xxxxxxxxxxxx5472		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: CC20020409

Date: 20 February 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 13/02/2020 @ 12:05 hrs
ALONG MANDAI ZOO TAXI STAND
INVOLVING SHC1400L

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 **SHA8942D** (the "Taxi"). The Taxi was hired to **TIOH KIAN YONG JAMES IC NO SXXXX346F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).
\$117.20 (w/o 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
Manager, Fleet Safety

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

LETTER OF AUTHORITY

Accident involving SHA8942D & SHC1400L on 13/2/2020 along Mandai Zoo Taxi Stand

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHA8942D which was rented to Hirer/Driver Mr/Ms TOH KIAN YONG James NRIC S7642346F, hereby authorize Ding Automotive Pte Ltd on this date 13/2/2020 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 a large, stylized 'A' shape followed by a horizontal line.

Satisfaction Voucher

Date: 21/02/2020

MS First Capital Insurance Limited

21 FEB '20 14:00

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

TROTT (M)N Yank James,

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHA8942D

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 50112455 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 13/02/2020

at MANDAI ZOO TAXI STAND

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

First Capital Insurance Limited

Company Reg. No. 196000108G
GST Reg. No. M2-0001678-9

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, 1969 (MALAYSIA)

CERTIFICATE NO. : 11-18088937MP6H

Index Mark and Registration Number of Vehicle : All CityCab taxis operating in the Republic of Singapore.

Name of Insured : CityCab Pte Ltd

Perils : 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

- Any licensed taxi driver driving on the Insured's order or with their permission.
- 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

- Use for racing, pace-making, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Sum Insured : 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).

First Capital Insurance Limited
(Approved Insurers)

A/C NO. : B0101

Authorized Signature