

**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: 50112564/TP/SHC7534U/AD/02/04/2020/SHI
YOUR REF: SHB2020Z/D20001782MFSH

30 April 2020

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

ACCIDENT INVOLVING : SHC7534U AGAINST SHB2020Z 02/04/2020
LOCATION ALONG : GEYLANG ROAD AFTER GEYLANG LORONG 3 EXIT
We refer to the above matter:

| | Rate Per Day | Repair/ Claims Day | Amount Before GST | GST 7% | Amount After GST |
|--------------------|--------------|--------------------|-------------------|-----------|------------------|
| Cost of Repair | \$ - | 12 | \$ 5,078.41 | \$ 355.49 | \$ 5,433.90 |
| Loss Of Rental | \$ 118.20 | 12 | \$ 1,418.40 | \$ - | \$ 1,418.40 |
| Loss Of Income | \$ 80.00 | 12 | \$ 960.00 | \$ - | \$ 960.00 |
| LTA/GIA Search Fee | \$ - | 0 | \$ - | \$ - | \$ - |
| Towing Fee | \$ - | 0 | \$ - | \$ - | \$ - |
| Surveyor Fee | \$ - | 0 | \$ - | \$ - | \$ - |
| Total | \$ 198.20 | 12 | \$ 7,456.81 | \$ 355.49 | \$ 7,812.30 |

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 client.

Enclosed are copies of the following documents for your perusal:

| | | | |
|---|--------------------------------------|---|--------------------------|
| ☺ | Letter of Demand | ☺ | Mileage Record |
| ☺ | Repair Bill | ☺ | Rental Invoice |
| ☺ | Surveyed Estimate | ☺ | Letter of Authority |
| ☺ | GIA Report/Accident Police Report | ☺ | Discharge Voucher |
| ☺ | LTA 3 rd Party Search Fee | ☺ | Certificate of Insurance |
| ☺ | | ☺ | |

City Cab has authorized DING AUTOMOTIVE PTE LTD to claim, correspond and receive payment against third party as per losses stated above.

Please look into our client's claim and revert Liability/Offer within 14 days upon LOD recipients.

Your Sincerely,

SELOSHINAH

DING AUTOMOTIVE PTE LTD

TEL: +65 9239 4128

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: 02/04/2020

REF: D20001782MFSH

OIC: MOTOR CLAIM OFFICER

OUR REF : SHC7534U

DATE : 30/04/2020

| ITEM NO. | DESCRIPTION | UNIT PRICE | AMOUNT |
|-----------|---------------------------|-------------|-------------|
| 1 | Cost of Repair - SHC7534U | \$ 5,078.41 | \$ 5,078.41 |
| REMARKS : | | SUB TOTAL : | \$ 5,078.41 |
| | | GST (7%) | \$ 355.49 |
| | | GRAND TOTAL | \$ 5,433.90 |

Yours faithfully



Authorise Signature of Ding Automotive Pte Ltd

TO :

ESTIMATE REPORT 1ST Quotation

FAX NO:

03/04/2020 15:40

JOB-NO: 50112564

Page 1 of 2

OWNER'S PARTICULARS

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

CONTACT: 65533880
 64739522

VEHICLE DETAILS

LICENSE NO: SHC7534U TRANS: AUTO
 MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT
 OWNER'S INSURER: MS First Capital Insurance Limited
 JOB-CODE: TP SA: Ding Auto User 2

CHASSIS: JTDKB3FU103078297
 ENGINE: 2ZR2B89435

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|--|------|--------------|----------|------------|-----|----------|-----------|
| LABOUR | | | | | | | |
| 1 STRAIGHT AND PANEL BEAT ACCIDENT AREA | 1.00 | 1,400.00 | 0.00 | 1,400.00 | | Y | |
| 2 RUST PROOFING | 1.00 | 180.00 | 0.00 | 180.00 | | Y | |
| 3 RESPRAY REAR BUMPER | 1.00 | 250.00 | 0.00 | 250.00 | | Y | |
| 4 RESPRAY REAR BUMPER DIFFUSER | 1.00 | 250.00 | 0.00 | 250.00 | | Y | |
| 5 RESPRAY REAR BUMPER DIFFUSER EXT COVER | 1.00 | 250.00 | 0.00 | 250.00 | | Y | |
| 6 RESPRAY REAR BOOT LID REGISTERED GARNISH | 1.00 | 250.00 | 0.00 | 250.00 | | Y | |
| 7 RESPRAY REAR BOOT LID | 1.00 | 250.00 | 0.00 | 250.00 | | Y | |
| 8 RESPRAY REAR END PANEL | 1.00 | 250.00 | 0.00 | 250.00 | | Y | |
| 9 R&R REVERSE SENSOR, CHECK WIRING | 1.00 | 120.00 | 0.00 | 120.00 | | Y | |
| 10 R&R TAIL LAMP AND REPOSITION. | 1.00 | 80.00 | 0.00 | 80.00 | | Y | |
| 11 R&R REAR BOOT LID WINDSCREEN BOTTOM | 1.00 | 100.00 | 0.00 | 100.00 | | Y | |
| TOTAL: | | 3,380.00 | 0.00 | 3,380.00 | | | |

MATERIALS

| | | | | | | | |
|--------------------------------------|------|--------|--------|--------|---|---|--|
| 1 REAR BUMPER | 1.00 | 490.50 | 122.63 | 367.87 | L | Y | |
| 2 REAR BUMPER REINFORCEMENT | 1.00 | 318.80 | 79.70 | 239.10 | L | Y | |
| 3 REAR BUMPER RETAINER RHS | 1.00 | 92.30 | 23.08 | 69.22 | L | Y | |
| 4 REAR BUMPER RETAINER LHS | 1.00 | 92.30 | 23.08 | 69.22 | L | Y | |
| 5 REAR BUMPER DIFFUSER | 1.00 | 558.30 | 139.58 | 418.72 | L | Y | |
| 6 REAR BUMPER TOWING CAP | 1.00 | 35.60 | 8.90 | 26.70 | L | Y | |
| 7 REAR BUMPER DIFFUSER EXTENSION RHS | 1.00 | 119.90 | 29.98 | 89.92 | L | Y | |
| 8 REAR BUMPER DIFFUSER EXTENSION LHS | 1.00 | 119.90 | 29.98 | 89.92 | L | Y | |
| 9 REAR END PANEL | 1.00 | 629.80 | 157.45 | 472.35 | L | Y | |
| 10 REAR END PANEL TOP GARNISH | 1.00 | 122.80 | 30.70 | 92.10 | L | Y | |
| 11 REAR BUMPER LOWER COVER RHS | 1.00 | 154.60 | 38.65 | 115.95 | L | Y | |
| 12 REAR BUMPER LOWER COVER LHS | 1.00 | 154.60 | 38.65 | 115.95 | L | Y | |
| 13 REAR BOOT LID (REPAIR) | 1.00 | 0.00 | 0.00 | 0.00 | L | Y | |
| 14 REAR BOOT EMBLEM-LOGO | 1.00 | 56.70 | 14.18 | 42.52 | L | Y | |
| 15 REAR BOOT LID EMBLEM-PRUIS | 1.00 | 59.95 | 14.99 | 44.96 | L | Y | |
| 16 REAR BOOT LID EMBLEM-HYBRID | 1.00 | 49.97 | 12.49 | 37.48 | L | Y | |
| 17 REAR BOOT LID REGISTERED GARNISH | 1.00 | 891.20 | 222.80 | 668.40 | L | Y | |
| 18 REAR BOOT LID LOCK | 1.00 | 452.21 | 113.05 | 339.16 | L | Y | |
| 19 REAR BUMPER CLIP SET | 1.00 | 45.00 | 0.00 | 45.00 | S | Y | |
| 20 REAR BUMPER REVERSE SENSOR SET | 1.00 | 240.00 | 0.00 | 240.00 | S | Y | |

x REAR BUMPER UNDERCARRIAGE COVER.
 x REAR BUMPER UNDERCARRIAGE COVER
 clips.

G-STARWI-ET-001-02-Rev00

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|---|------|--------------|----------|----------------------|-----|----------|-----------|
| 21 REAR END PANEL SEALANT <i>A</i> | 1.00 | 80.00 | 0.00 | 80.00 40 | S | Y | <i>✓</i> |
| 22 REAR BOOT LID STICKER-COMFORT DELGO <i>M</i> BOOKING 65521111 | 1.00 | 150.00 | 0.00 | 150.00 80 | S | Y | |
| 23 REAR BOOT LID STICKER-APPS BOOK NOW <i>M</i> | 1.00 | 150.00 | 0.00 | 150.00 80 | S | Y | |
| 24 REAR BOOT LID BOTTOM SEALANT <i>X</i> | 1.00 | 150.00 | 0.00 | 150.00 | S | Y | |
| 25 REAR BUMPER PROTECTOR PAD <i>X</i> <i>M</i> | 1.00 | 120.00 | 0.00 | 120.00 80 | S | Y | |
| TOTAL: | | 5,334.43 | 1,099.89 | 4,234.54 | | | |
| TOTAL PARTS & LABOUR : | | 8,714.43 | 1,099.89 | 7,614.54 | | | |

EXCESS/LOADING:S\$ 0.00

No. Of Day: _____

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 8/4/22, 11.30am *WL M.*

SURVEYED BY: Steve (LKK) *6 dys*

CONTACT NO: 8322 8813 FAX NO: P/P #5, Ry AL sy

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL: _____ FAX: _____

DING AUTOMOTIVE PTE LTD

Blk 10, #01-20

Sin Ming Industrial Est. Sec C

Singapore 575645

Tel: 6452 1208

Fax: 6452 0614

| | |
|----------|-------------------|
| Vehicle: | SHC7534U |
| Model: | TOYOTA PRIUS |
| Chassis: | JTDKB3FU103078297 |

PARTS SUPPLEMENTARY & QUOTATION FORM

| NO | DESCRIPTION | QTY | LIST | DISC | PRICE | SURVEYORS MARKING |
|----|---------------------------------|-----|-----------|------|-----------------|-------------------|
| 1 | REAR BUMPER UNDERCARRIAGE COVER | 1 | \$ 522.60 | 25% | \$ 391.95 | |
| | | | | | PARTS \$ 391.95 | |

| SPECIAL NETT | | | QTY | PRICE | SURVEYOR MARKING |
|--------------|--|--|--------------|----------|------------------|
| 1 | REAR BUMPER UNDERCARRIAGE COVER CLIP SET | | 1 | \$ 30.00 | 20 |
| | | | SPECIAL NETT | \$ 30.00 | |

Part By part

Labour = \$ 1690

S/M = \$ 450

Parts = \$ 2938.41

Ltsep = \$ 5078.41

Final Amount = \$ 5078.41

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 | 03/04/2020 10:25 |
| Date Of Accident | 02/04/2020 20:20 |
| Exact Location Of Accident | ALONG GEYLANG ROAD AFTER GEYLANG LORONG 3 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHC7534U |
| Insured/Policyholder | |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Co Reg No | 1XXXXX839G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS TAXI-1.8 (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 | TAN CHEW HENG @ CHIN CHEW HENG |
| NRIC No | SXXXX255B |
| Date Of Birth | 07/11/1952 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/06/1974 |
| Driving Experience | 45 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96912382 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | APT BLK 209 JURONG EAST STREET 21 #05-353 SINGAPORE |
| Postcode | 600209 |
| 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 | WET |

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? | NO |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | THOMSON NPP 25 SIN MING ROAD |
| Police Station Address | ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT NO, T/20200403/2031

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 | SHB2020Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | ONG LEONG CHYE |
| NRIC/Passport Number | SXXXX340G |
| Contact Number | 92348128 |
| Address | APT BLK 458 JURONG WEST STREET 41 #10-716 SINGAPORE |

| | |
|-------------------------------------|--------------------------------|
| Postcode | 640458 |
| Insurance Company Name | MS FIRST CAPITAL INSURANCE LTD |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | TAN CHEW HENG @ CHIN CHEW HENG |
| Approximate Age | 67 |
| Injuries Sustain | 5 DAYS MC |
| Injured person in which vehicle? | SHC7534U |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | APT BLK 209 JURONG EAST STREET 21 #05-353 SINGAPORE |
| Postcode | 600209 |

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.:

3.4.20
09 54 am

Shin, Leoy
572786603

SKETCH PLAN

Refer attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/4/2020 at about 10.20 hrs, I was driving my taxi (SHK7534) along Greyling Road after Greyling having 3 exit. At time, no passenger on board. I stopped at the 3rd lane while traffic light was red. Suddenly, a taxi (SHB20204) hit my taxi rear portion. After the accident, we exchange particulars. I felt my neck & head discomfort that's all.

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:

3.4.20

Reporting Centre Personnel's Signature

Name:

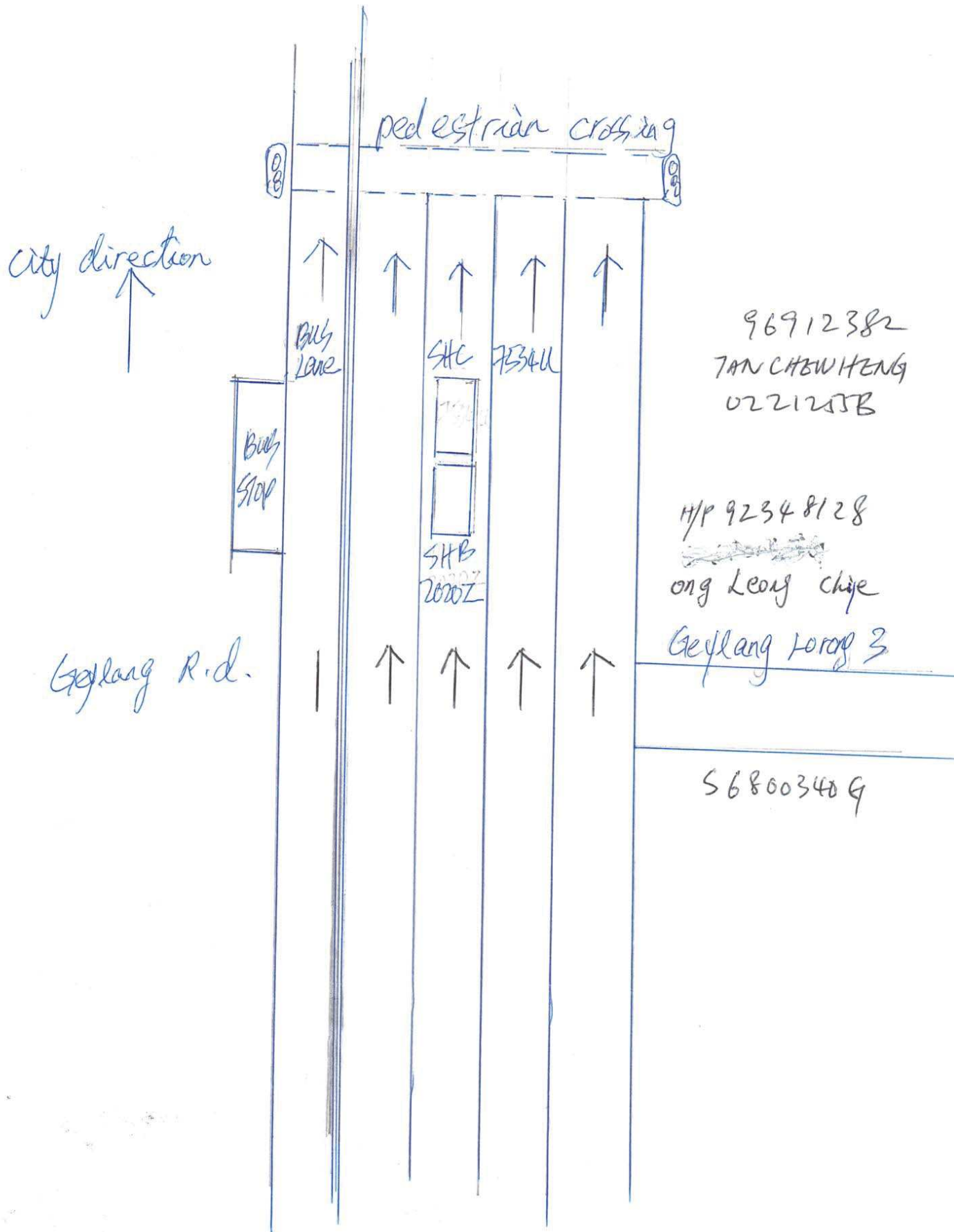
NRIC/FIN No.:

Shirley Leong

572786603

2.4.2020

8 20 pm





Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 03/04/2020 13:05 | Vide Report No.: | Station Diary No.: 17 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: TAN CHEW HENG | | | Address: APT BLK 209 JURONG EAST STREET 21 #05-353 SINGAPORE 600209 | | |
| ID Type / ID No.: NRIC NO / S0221255B | | | Contact No.: Home/Office: Mobile: 96912382 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 67 | Date of Birth: 07/11/1952 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 02/04/2020 20:20 | Type of Location: Straight Road |
| Location: Along Road 1 GEYLANG ROAD Geylang Road towards City | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SHB2020Z | Car | | | | | 0 |
| SHC7534U | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20200403/2031

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20200403/2031

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | ONG LEONG CHYE | ID No. | NIL |
| Related Vehicle | SHB2020Z (Car) | Contact No. | 92348128 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | TAN CHEW HENG | ID No. | S0221255B |
| Related Vehicle | SHC7534U (Car) | Contact No. | 96912382 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 03/04/2020 | Date Discharge | 03/04/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 02/04/2020 at about 2020hrs, I was traveling along Geylang Road towards City. I stopped my vehicle as the traffic light turned red. Suddenly, I felt an impact from rear. I then stepped out of vehicle and realized one taxi hit onto my vehicle from rear. I then exchange particular with that driver and left. No on was injured at that point of time. However, I felt uncomfortable due to the accident and sought medical treatment at Mount Alvernia Hospital, I was then given 5 days MC by the hospital. I am lodging this report for insurance claim and record purpose.



**SINGAPORE
POLICE FORCE**



T/20200403/2031

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20200403/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 ZHU JIANBIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

03/04/2020 13:05

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 070

SIGNATURE

Our Ref: CC: 0040024



Date: 03 April 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/04/2020 @ 20:20 hrs
ALONG ALONG GEYLANG ROAD AFTER LORONG 3 EXIT
INVOLVING SHB2020Z

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 **SHC7534U** (the "Taxi"). The Taxi was hired to **SOH SUNNY IC NO SXXXX996E** a registered hirer-operator of **City Cab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate of **\$126.47** per day (inclusive of GST).

\$118.20 (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 SHC75344 & SHB20207 on 2/4/2020 along Geylang Road

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHC75344 which was rented to Hirer/Driver Mr/Ms. Sen Sunny NRIC / 753899615, hereby authorize Ding Automotive Pte Ltd on this date 3/4/2020 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



[Signature]

Hirer/Driver Signature

[Signature]

Satisfaction Voucher

Date: 13/04/2020

MS First Capital Insurance Limited

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

Son Sunny

I/We hereby acknowledge having received from Singapore Technologies Kinetics

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

SHC7534U

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 50112564 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the

02/04/2020

at ALONG GEYLANG ROAD AFTER LOE

Dated this day of _____, 201 ____.

Signature: 

NRIC No: 752899615

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE
SINGAPORE 575717 0

Company Stamp if applicable

VEHICLE COLLECTED FROM
STK.

13 APR '20 15:02

ADD 1 1/2 HOUR FOR
MDT REPAIR.
13/4/20 16:30 HRS.

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, 1969 (MALAYSIA)

CERTIFICATE NO. : D-18088937MF6H
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.

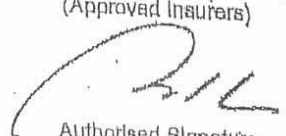
Losses : All Claims \$2,000.00 each and every accident

*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


Authorised Signature