

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: **SOMPO INSURANCE SINGAPORE**

DOA:13/02/2021

REF:--

OIC: THELMA CHOO

OUR REF : SHC611B

DATE : 11/3/2021

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair -SHC611B	\$ 8,731.08	\$ 8,731.08
REMARKS :	Job card: 50113154 PART BY PART	SUB TOTAL :	\$ 8,731.08
		GST (7%)	\$ 611.18
		GRAND TOTAL	\$ 9,342.26

Yours faithfully,



Authorise Signature of Ding Automotive Pte Ltd



Motor Claims <dd.hashim@dingauto.sg>

LKK(nr) \ CMTD2100484/THE - 50113154/SHC0611B/SLA9090H/13022021-ARRANGE SURVEY

2 messages

Teo, Grace <grace.teo@sompo.com.sg>

Mon, Feb 15, 2021 at 9:47 AM

To: Taxis Customer Service <taxiscs@stengg.com>, "admin-d@lkkauto.com" <admin-d@lkkauto.com>, "assignments@lkkauto.com" <assignments@lkkauto.com>, SUR <sur@lkkauto.com>, "Choo, Thelma" <thelma.choo@sompo.com.sg>

Cc: "kelly.ding@dingauto.sg" <kelly.ding@dingauto.sg>, "dd.hashim@dingauto.sg" <dd.hashim@dingauto.sg>

Without Prejudice

Our Reference : CMTD2100484/THE

Your Reference: SHC611B

Hi Hashim,

We acknowledged receipt of your claim documents and have appointed **LKK Auto** to conduct the survey.

Please be informed that Ms. Thelma Choo is the handler of this case who can be contacted at 63224 681/ thelma.choo@sompo.com.sg

Please be informed that we have yet to receive our insured's accident report.

Hi **LKK AUTO**,

Please arrange **Mr. Kenneth or Mr. Marcus** to survey **SHC611B** on a without prejudice and any admission of liability basis.

Please revert your report upon completion of survey to my colleague, **Ms. Thelma**.

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Please be informed that our office will relocate to #03-03 at Singapore Land Tower with effect from 1 Dec 2020. Kindly direct invoices and business correspondence to our new registered address.

Best Regards,

Jacelyn Foo

Service Advisor

Ding Automotive Pte Ltd

31 Corporation Rd, Singapore 649806

Tel : 9689 1857 / 6265 7130

This email is confidential and may also be privileged. If this email has been sent to you in error, please delete it immediately and notify us. Please do not copy, distribute, or disseminate part or whole of this email if you are not the intended recipient or if you have not been authorized to do so. We reserve the right, to the extent and under circumstances permitted by applicable laws, to retain, monitor, and intercept email messages to and from our systems. Thank you.

4 attachments

 **Estimate.pdf**
454K

 **After Paint.zip**
3141K

 **Alignment.pdf**
37K

 **4 Paint.zip**
2462K

Rasul (LKKAuto) <Rasul@lkkauto.com>

Thu, Mar 4, 2021 at 9:55 AM

To: Taxis Customer Service <taxiscs@stengg.com>

Cc: "dd.hashim@dingauto.sg" <dd.hashim@dingauto.sg>, "kelly.ding@dingauto.sg" <kelly.ding@dingauto.sg>, "Claims@dingautomotive.com.sg" <Claims@dingautomotive.com.sg>, "Shiau Chan (LKKAuto)" <siewsc@lkkauto.com>

Hi Jacelyn,

Finalised amount of \$ 8,731.08 / 9 days of P/P repair is confirmed

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

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.

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

15/02/2021 14:30

JOB-NO: 50113154

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHC0611B

TRANS: AUTO

CHASSIS: KMHC851CVKU141370

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 Di

ENGINE: G4LEJU191438

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	1,700.00	0.00	1,700.00		Y	1400
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	60
4 R&R FRONT RIM & TYRE LH	1.00	80.00	0.00	80.00		Y	50X
5 R&R FRONT UNDERCARRIAGE	1.00	250.00	0.00	250.00		Y	80X
6 R&R FRONT DOOR COMPONENTS LH	1.00	150.00	0.00	150.00		Y	60
7 R&R REAR PASSENGER SEAT & SEAT BELT & REAR FENDER QTR GARNISH LH & ROOF TOP LINING TO REPLACE REAR FENDER LH	1.00	280.00	0.00	280.00		Y	80
8 R&R SPARE TYRE TRAY & TRIM & SPARE TYRE & SPARE TYRE BOARD	1.00	120.00	0.00	120.00		Y	60
9 R&R REVERSE SENSOR	1.00	60.00	0.00	60.00		Y	X
10 R&R FUEL LIP COVER & FUEL LIP HOUSING	1.00	120.00	0.00	120.00		Y	40
11 CONDUCT 4 WHEEL ALIGNMENT & BALANCING	1.00	250.00	0.00	250.00		Y	60
12 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
13 RESPRAY FRONT FENDER LH	1.00	250.00	0.00	250.00		Y	200
14 RESPRAY FRONT DOOR LH	1.00	250.00	0.00	250.00		Y	200
15 RESPRAY REAR DOOR LH	1.00	250.00	0.00	250.00		Y	200
16 RESPRAY SIDE SKIRT LH	1.00	250.00	0.00	250.00		Y	100
17 RESPRAY REAR FENDER LH	1.00	250.00	0.00	250.00		Y	200
18 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	200
TOTAL:		4,890.00	0.00	4,890.00			

MATERIALS

1 FRONT BUMPER <i>sur</i>	1.00	599.68	119.94	479.74	L	Y	
2 FRONT BUMPER RETAINER LH <i>X</i>	1.00	48.32	9.66	38.66	L	Y	
3 FRONT FENDER LH <i>41</i>	1.00	609.54	121.91	487.63	L	Y	
4 FRONT FENDER EMBLEM-BLUE DRIVE LH <i>an</i>	1.00	77.04	15.41	61.63	L	Y	
5 FRONT FENDER INNER SHIELD LH <i>?</i>	1.00	252.85	50.57	202.28	L	Y	
6 SIDE SKIRT LH <i>form</i>	1.00	659.60	131.92	527.68	L	Y	
7 FRONT WHEEL CAP LH <i>gan</i>	1.00	265.50	53.10	212.40	L	Y	
8 FRONT WHEEL RIM LH <i>?</i>	1.00	1,224.60	244.92	979.68	L	Y	
9 FRONT TIE ROD END LH <i>?</i>	1.00	156.48	31.30	125.18	L	Y	
10 FRONT STEERING RACK END LH <i>?</i>	1.00	171.87	34.37	137.50	L	Y	
11 FRONT DOOR LH <i>bit</i>	1.00	1,927.30	385.46	1,541.84	L	Y	
12 FRONT DOOR LOWER MOULDING LH <i>sur</i>	1.00	286.30	57.26	229.04	L	Y	
13 REAR DOOR LOWER MOULDING LH <i>sur</i>	1.00	199.60	39.92	159.68	L	Y	

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
14 REAR FENDER LH <i>SLA</i>	1.00	1,786.30	357.26	1,429.04	L	Y	
15 REAR WHEEL CAP LH <i>SLA</i>	1.00	265.50	53.10	212.40	L	Y	
16 REAR BUMPER <i>repair</i>	1.00	659.60	131.92	527.68	L	Y	
17 FRONT BUMPER CLIP SET <i>SLA</i>	1.00	50.00	0.00	50.00 <i>30</i>	S	Y	
18 FRONT FENDER INNER SHIELD CLIP SET LH <i>?</i>	1.00	35.00	0.00	35.00 <i>?</i>	S	Y	
19 FRONT TYRE LH <i>X</i>	1.00	280.00	0.00	280.00	S	Y	
20 FRONT DOOR TRIM BOARD CLIP SET LH <i>SLA</i>	1.00	35.00	0.00	35.00	S	Y	
21 FRONT DOOR STICKER-COMFORT DELGRO LH <i>SLA</i>	1.00	120.00	0.00	120.00 <i>80</i>	S	Y	
22 REPAIR REAR DOOR LH	1.00	0.00	0.00	0.00	S	Y	
23 REAR DOOR STICKER-COMFORT DELGRO LOGO LH <i>SLA</i>	1.00	120.00	0.00	120.00	S	Y	
24 REAR DOOR STICKER-APP STORE & BOOK NOW LH <i>SLA</i>	1.00	100.00	0.00	100.00 <i>120</i>	S	Y	
25 REAR FENDER STICKER-PETROL ONLY <i>SLA</i>	1.00	25.00	0.00	25.00 <i>15</i>	S	Y	
26 REAR FENDER SEALANT LH <i>SLA</i>	1.00	50.00	0.00	50.00 <i>30</i>	S	Y	
27 REAR BUMPER CLIP SET <i>X</i>	1.00	50.00	0.00	50.00 <i>X</i>	S	Y	
TOTAL:		10,055.08	838.02	8,217.06			
TOTAL PARTS & LABOUR:		14,945.08	1,838.02	13,107.06			

EXCESS/LOADING:\$ \$ 0.00

No. Of Day: 9 Days

RE-SURVEY: BEFORE AFTER PAINTING

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

DATE OF SURVEY: 15 / 02 / 21

SURVEYED BY: Rasul

CONTACT NO: 90010068 FAX NO: _____

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL: _____ FAX: _____

Resy before part

Part - by - part

Labour → \$ 3,080

S/N → \$ 310

Parts → \$ 5,341.08

L + S + P → \$ 8,731.08

Final AMT → \$ 8,731.08

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLA9090H

Date of Accident

13/02/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Sampo

Period of Insurance 25/11/2020 - 24/11/2021

Requested By Hashim (Ding Auto Pte Ltd)

Requested Date 15/02/2021 09:24

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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 Submission	14/02/2021 00:45 (SGT)
Date of Accident	13/02/2021 16:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC611B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90478250
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	GOH LAM KENG
NRIC No	SXXXX860C
Date Of Birth	23/01/1959
Occupation	Outdoor

Date Of Driving Pass	28/09/1988
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90478250
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 816A KEAT HONG LINK #08-57
Address complement	-
Postcode	681816
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 13/2/21 AT ABOUT 1600HRS, I WAS DRIVING MY VEHICLE A (SHC611B) ALONG SLE TOWARDS BKE TO DROP OFF MY PASSENGER. I WAS AT EXTREME RIGHT LANE. SUDDENLY VEHICLE B (SLA9090H) FROM MIDDLE LANE SIDE SWIPED MY VEHICLE'S LEFT SIDE. EXCHANGED PARTICULARS. NO INJURY

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA9090H
Vehicle Manufacturer	Lexus

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG TI KOON
NRIC No	SXXXX331H
Contact Number	(Phone) +65-91525575
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Our Ref: CC21020220



Date: 15 February 2021

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	13/02/2021 @ 16:00 hrs
ALONG	TOWARDS BKE BEFORE WOODLANDS AVE 2
INVOLVING	SLA9090H

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 **SHC0611B** (the "Taxi"). The Taxi was hired to **GOH LAM KENG IC NO SXXXX860C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** per day (inclusive of GST).

(S\$117.00 b4 GST)

Please be advised that the Taxi was insured with **AXA Insurance Singapore Pte 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

Philip Chia
Manager, Fleet Safety

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

LETTER OF AUTHORITY

Accident involving SHC611B & SLA9090H on 13/2/2021
along towards BKE Before Woodlands Ave 2.

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHC611B which was rented to Hirer/Driver Mr/Ms Goh Lam Keng NRIC SXXXX860C, hereby authorize **Ding Automotive Pte Ltd** on this date 15/2/2021 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 amount by third party with **Ding Automotive Pte Ltd** should 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



Authorized Workshop



Satisfaction Voucher

Date: 24/02/2021

AXA INSURANCE SINGAPORE PTE LTD

Attention: MOTOR CLAIMS DEPT

24 FEB '21 10:00hrs

Dear Sir/Madam

GOH LAM KENG

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHC0611B

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 VFX/P2419140

reference claim number 50113154 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 13/02/2021

at ALONG TOWARDS BKE

Dated this day of _____, 201 ____.

Signature: 

NRIC No: 860 C

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE
SINGAPORE 575717 0

Company Stamp if applicable

AXA INSURANCE SINGAPORE PTE LTD
 8 Shenton Way, #27-01
 AXA Tower, Singapore 068811
 Customer Service Centre #01-21
 Tel: 1800 8804888 Fax:-
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ 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, 1959 (Malaysia)

CERTIFICATE NO.	: VFX/P2419140	Account No.	: 03715
Coverage	: Third Party Fire & Theft		
Sum Insured	: NIL		
Name of Policy Holder	: CityCab Pte Ltd		
Vehicle Registration No.	: All CityCab taxis operating in the Republic of Singapore		
Period of Insurance	: From 1/1/2021 To 31/12/2023 (Both Dates Inclusive)		

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any licensed taxi driver who is driving on the Policyholder's 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*

- a) Use in connection with the Policyholder's business
- b) Use for carriage of passengers for hire and reward
- c) Use for social, domestic and pleasure purposes

This policy does not cover

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

(01)

EXCESS :

All Claims : SGD 2,000.00

* 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.

I/We hereby certify that the policy to which this Certification 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).

AXA INSURANCE SINGAPORE PTE LTD

Authorized Signature

Issued by - on

IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with the obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act, (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.