

BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

WITHOUT PREJUDICE

Our Ref : **SHB 2700 U**
Your Ref : **SLR 8461 M**

India International Insurance Pte Ltd
64 Cecil Street
#04/ #05 IOB Building
Singapore 049711

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 01.10.2021 @ 20:15 hours along Mandai Road involving vehicles SHB 2700 U and SLR 8461 M

We refer to the above-mentioned accident.

We are claiming as per below:-

1. Repair Cost – Lump Sum (With GST)	\$	29,960.00
2. Loss of Income for 16 Days x \$80/- per day	\$	1,280.00
3. Loss of Rental for 16 Days x \$125.19 per day (With GST)	\$	2,003.04
4. LTA/GIA Search fee (With GST)	\$	7.45
5. Towing Fee	\$	160.00
TOTAL	\$	33,410.49

Enclosed herewith a copy each of relevant GIA report, LTA, Proforma Tax invoice, Rental Agreement/Tax invoice, Mileage Record, Towing Fee and Letter of Authorization for your attention. Kindly let us have your reply with the next 14 days upon receipt of this letter.

If you have any enquiries, please contact us @ 9648-8228 or you may email to us at claims@bifrostauto.com

Yours faithfully,
BIFROST AUTO PTE. LTD.

NOTE: # Please note that the Loss of Use will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

This is a computer generated letter and does not need a signature.

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

GST at 7% is charged where applicable

BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

LETTER OF AUTHORISATION

Accident on 01.10.2021 @ 20:15 hours along Mandai Road involving vehicles SHB 2700 U and SLR 8461 M

In consideration of **Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no **SHB 2700 U** at my request, I/We, **Koh Chong Heng** ("the claimant") of **Blk 389 Yishun Ave 6 # 07 - 1036 Singapore 760389** (address) bearing NRIC No **S xxxx095A** the owner / hirer of motor vehicle no **SHB 2700 U**, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use / income and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Bifrost Auto Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Bifrost Auto Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Bifrost Auto Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Bifrost Auto Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Bifrost Auto Pte Ltd** shall amount to a good discharge of **Bifrost Auto Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 16 day of 10 (month) 20 21 (year)

CITYCAB PTE LTD
CO. REG. NO. 199502839G



Signed by "the claimant"

Name: **Koh Chong Heng**

NRIC No: **S xxxx095A**



Signed by Bifrost Auto Pte Ltd

Name: Regina

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: MFL2021D0004461
Claimant Ref: SHB 2700U

my execution of this Discharge Voucher is only
my claim for property damage and not prejudicial
to any other claims arising from the same accident

We/I, BIFROST AUTO PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$32,770.00 (global sum) (~~repair cost~~), S\$ ~~(loss of use/rental)~~, S\$ ~~(search fee)~~, vehicle no. SHB 2700U that was damaged pursuant to the accident which occurred on 01/10/2021 (date) at Mandai Rd (location) involving vehicle no. SLR 8461M (insured vehicle). This is pursuant to the inspection conducted on 05/10/2021 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CITYCAB PTE LTD ("the third party claimant") of vehicle no. SHB 2700U to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SHB 2700U (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

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.

We/I authorize you to pay the total amount of S\$ 32,770.00 to BIFROST AUTO PTE LTD.

Dated this 15 day of 08 2021

CLAIMANT:

Signature:



Name:

Bifrost Auto Pte Ltd / Yee Leong Ho

NRIC:

201929175 / 479F

Address:

6001 Beach Rd #22-10
Golden Mile Tower (S) 199589

Nationality:

Occupation:

WITNESS:

Signature:



Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK

#02-25 SINGAPORE 408933

Nationality:

Occupation:



BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

Tax Invoice

India International Insurance Pte Ltd
64 Cecil Street
#04/ #05 IOB Building
Singapore 049711

Inv. No. : PF.LT.2208015
Inv. Date : 15-08-2022
Ref : 01.10.2021
Terms : 30 Days
Veh. No. : SHB 2700 U
Make & Model : Ioniq

#	Description	Qty	Rate	Total	Tax
1	LUMP SUM REPAIR AS RECOMMEDED BY SURVEYOR	1.0	\$28,000.00	\$28,000.00	\$1,960.00

Subtotal for invoice : S\$28,000.00
GST (7.0%) : S\$1,960.00
Total : S\$29,960.00

*I agree to the price as listed above and
affirm that the goods are received in good
condition.*

On behalf of **BIFROST AUTO PTE LTD.**



(Customer's Signature and Company Stamp)

(Authorised Signature)

Please make cheque payable to "**BIFROST AUTO PTE LTD**" and mail to **6001 BEACH ROAD #22-01, GOLDEN MILE TOWER Singapore 199589** or direct bank transfer to **DBS Bank Current Account 070-902-886-1**.

Our Ref: CC21100015



Date: 12 October 2021

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 01/10/2021 @ 20:15 hrs
ALONG MANDAI RD
INVOLVING SLR8461M

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 **SHB2700U** (the "Taxi"). The Taxi was hired to **KOH CHONG HENG IC NO SXXXX095A** 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).

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

SHB 27004

3054 89353

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
							FROM	TO
24/9		16	3	2	10	282	a	u
25/9		16	3	4	00	279	u	u
26/9		16	3	7	52	201	u	u
27/9/7		16	3	9	78	205	d	u
29/9/1		16	4	3	74	219	u	u
30/9/2		16	4	6	87	272	u	u
01.10.2021	Koh Chong Heng						20:15	
16.10.2021	Koh Chong Heng							10:00



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Oct 2021 / 10:14:42

Receipt Date/Time : 04 Oct 2021 / 10:14:42

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211004-000730

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLR8461M

As at 01 Oct 2021/20:15:00

Insurance Co: INDIA INT'L INS PTE LTD

Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - SLR8461M Enquiry Fee 20211004101350371884	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

411911XXXXXX7094	eNETS Credit Card	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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.



You Call, We Tow - Fast . Secured . Reliable

47 Jalan Pemimpin Halcyon 2 #C01-02 Singapore 577200 Co. Reg. No. 53152603L HP: 900 900 92 Email: jim.koh@hotmail.com Website: <http://www.gaoexpresstowing.sg>

CASH SALE/WORK ORDER

No. 215538

Date: 1/10/2021

寶號

Messrs: LTM

車號

Vehicle No: SHB 27004 Model No: IONIQ

時間(日/夜)

Time (day/night): Contact No:

由

Location: Mander Rd

到

To: W Comfort

Cash \$:

1607

其他

Others:

經手人

Authorised By:

Tow Truck

Driver Name:

注意本公司對所拖之車輛,在進行中如有任何損失或破壞,一概由車主自行負責。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

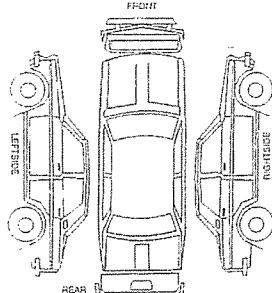
- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>01/10/21</u> Time Received: <u>2055</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR KOH</u> Contact No. : <u>90222343</u> Vehicle No. : <u>S1B27004</u> Make / Model / Colour : <u>H160N1Q</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>461 WANGDAI RD</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 <p># : Cracked X : Dented / : Scatched O : Missing</p> <p>Signature of Customer _____</p>
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Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS
Name of Driver : <u>STEVEN</u>
Vehicle No. : <u>Y690D</u>
Time Dispatch : <u>2055</u>
Time of Arrival : <u>2120</u>
Time Completed : <u>2230</u>

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Payment Voucher

Pay To	HIRER NAME & IC NO : Koh Chong Heng S xxxx095A	Payment Type : Cheque
	[Name as per Bank Account/ NRIC]	Cheque No.: 305383
		Date : 04/10/2021
Details of Payment		\$
LOSS OF INCOME (\$80.00 PER DAY) (FROM 01.10.2021 TO 16.10.2021 [16 DAYS] TAXI NO. SHB 2700U DOA : 01 Oct 2021 REFER NO. 2110003		
Amount :		1280

For commission, referral fees, loss of use/rental and other payments to customers :

Checked I :	Claims / Operations Dept
Verified B :	Finance Dept
[Pls initial & insert date]	

Prepared By : Lim
DATE 04.10.2021

Authorised & Approved By : Lim
DATE 04.10.2021

Code	Account Name	Dept Code	Location	Dr / (Cr)

Received by :
DATE 16-10-2021

Print Received Message

This mail is associated with :

***SHB2700U (MFL2021D0004461)**

[SLR8461M]

TP

CITYCAB PTE LTD

Oct 1 2021 8:00PM

[-]

Bifrost Auto Pte Ltd

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 29/07/2022 17:20 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (\$\$32770.49) - SHB2700U - Claim Handler: Zuhaidah Bte Samsuri

Approved:32770.49.