

**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: 50113814/SHC430G/DOA/10/12/2021/RT  
YOUR REF: SMV2645G/--

7 February 2022

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

ACCIDENT INVOLVING : SHC430G AND SMV2645G ON 10/12/2021  
LOCATION ALONG : AYE, SINGAPORE

We refer to the above mentioned incident with cost of repair and losses outlined as follows:

	Rate Per Day	Repair/ Claims Day	Amount Before GST	GST 7%	Amount After GST
Cost of Repair	\$ -	5	\$ 2,160.88	\$ 151.26	\$ 2,312.14
Loss Of Rental	\$ 120.00	5	\$ 600.00	\$ -	\$ 600.00
Loss Of Income	\$ 80.00	5	\$ 400.00	\$ -	\$ 400.00
LTA/GIA Search Fee	\$ -	0	\$ 6.96	\$ 0.49	\$ 7.45
Towing Fee	\$ -	0	\$ -	\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 200.00	5	\$ 3,167.84	\$ 151.75	\$ 3,319.59

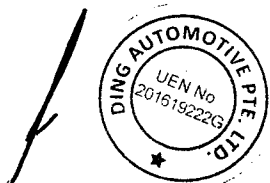
The accident was caused solely by the negligence of your insured/driver, which resulted in the above costs of repair and losses.

Enclosed herewith the relevant documents for your perusal:

☺	Letter of Demand	☺	Mileage Record
☺	Repair Bill	☺	Rental Invoice
☺	Finalised Report	☺	Letter of Authority
☺	Repair Estimate	☺	Satisfaction Voucher
☺	Accident Report / Police Report	☺	Certificate of Insurance
☺	3 <sup>rd</sup> Party Search Fee	☺	Towing (if applicable)

City Cab has authorised DING AUTOMOTIVE PTE LTD to claim, correspond, and receive payment on behalf of our client against any Third Party pertaining to the total sum stated above.  
Please look into our client's claim and revert with your Liability/Offer within 14 days upon receipt of this Letter of Demand.

Your Sincerely,  
MOTOR CLAIMS DEPT  
DING AUTOMOTIVE PTE LTD  
TEL: +65 9239 4128



# 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: INDIA INTERNATIONAL INSURANCE

DOA: 10/12/2021

OUR REF: SHC430G

REF: SMV2645G

DATE: 7/2/2022

OIC: CECILIA CHONG

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair - SHC430G	\$ 2,160.88	\$ 2,160.88
REMARKS :	Job Card: 50113814 PART BY PART	SUB TOTAL :	\$ 2,160.88
		GST (7%)	\$ 151.26
		GRAND TOTAL	\$ 2,312.14

Yours faithfully,



Authorised Signature of Ding Automotive Pte Ltd

**SHC430G - Question Mark Item**

Steve Chen (LKK Auto)

Thu 13/1/2022 10:44 PM

To: Taxis Customer Service &lt;taxiscs@stengg.com&gt;

Hi Rena,

Kindly read below email Ah Guang already acknowledgment finalize.

Thanks

Best Regards,

**Steven Foong** | Automotive Assessor**LKK Auto Consultants Pte Ltd**Phone: 81117723/6256-3561 | email: [stevenfoong@lkkauto.com](mailto:stevenfoong@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Taxis Customer Service <taxiscs@stengg.com>  
**Sent:** Friday, 17 December 2021 9:23 pm  
**To:** Steve Chen (LKK Auto) <SteveChen@lkkauto.com>  
**Cc:** Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>  
**Subject:** RE: SHC430G - Question Mark Item

Hi Steve,

Amount confirmed.

Thanks.

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**From:** Steve Chen (LKK Auto) <SteveChen@lkkauto.com>  
**Sent:** Friday, December 17, 2021 9:14 PM  
**To:** Taxis Customer Service <taxiscs@stengg.com>  
**Cc:** Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>  
**Subject:** SHC430G - Question Mark Item

\*\*\* **WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING. \*\*\***  
**Do not click on links or attachments if you are unsure of the source.**

Hi Ah Guang,

We confirm the finalize \$2160.88 (P/P, before GST). 4 repair days.

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

13/12/2021 12:22

**OWNER'S PARTICULARS**

JOB-NO: 50113814

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

**VEHICLE DETAILS**

LICENSE NO: SHC0430G

TRANS: AUTO

CHASSIS: KMHC851CVKU141322

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEJU191238

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 2

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AFFECTED AREA	1.00	1,200.00	0.00	1,200.00	<del>300</del> 400	Y	_____
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00	30	Y	_____
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR	1.00	280.00	0.00	280.00	X	Y	_____
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	260.00	0.00	260.00	30	Y	_____
5 TO REFIT REAR REVERSE SENSOR	1.00	140.00	0.00	140.00	30	Y	_____
6 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00	200	Y	_____
7 TO RESPRAY REAR BUMPER CENTER MOULDING	1.00	250.00	0.00	250.00	150	Y	_____
8 TO RESPRAY REAR BUMPER LOWER MOULDING	1.00	250.00	0.00	250.00	80	Y	_____
9 TO RESPRAY REAR REVERSE SENSOR	1.00	250.00	0.00	250.00	30	Y	_____
10 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00	200	Y	_____
11 TO RESPRAY REAR TAILGATE PANEL	1.00	250.00	0.00	250.00	X	Y	_____
12 TO RESPRAY REAR QUARTER PANEL	1.00	250.00	0.00	250.00	X	Y	_____
TOTAL:		3,800.00	0.00	3,800.00			_____

**MATERIALS**

1 REAR BUMPER COVER / DD	1.00	459.40	91.88	367.52	L	Y	_____
2 REAR BUMPER CENTER MOULDING / BR	1.00	270.10	54.02	216.08	L	Y	_____
3 REAR LH BUMPER RETAINER / BR	1.00	33.10	6.62	26.48	L	Y	_____
4 REAR BUMPER LOWER MOULDING / CAT	1.00	47.50	9.50	38.00	L	Y	_____
5 REAR BUMPER REINFORCEMENT X?	1.00	294.80	58.96	235.84	L	Y	_____
6 REAR LH BUMPER REINFORCEMENT X?	1.00	138.10	27.62	110.48	L	Y	_____
7 REAR BUMPER TOWING COVER - MIS	1.00	9.10	1.82	7.28	L	Y	_____
8 REAR FOG LAMP ASSY X?	1.00	201.50	40.30	161.20	L	Y	_____
9 REAR LH BUMPER UNDER COVER X?	1.00	35.90	7.18	28.72	L	Y	_____
10 REAR LH BUMPER REFLECTOR X?	1.00	31.90	6.38	25.52	L	Y	_____
11 SMART KEY ANTENNA X?	1.00	41.90	8.38	33.52	L	Y	_____
12 REAR TAILGATE HYUNDAI EMBLEM X	1.00	68.20	13.64	54.56	L	Y	_____
13 REAR TAILGATE IONIQ EMBLEM X	1.00	48.20	9.64	38.56	L	Y	_____
14 REAR TAILGATE HYBRID EMBLEM X	1.00	51.20	10.24	40.96	L	Y	_____
15 REAR BOOT WEATHERSTRIP X	1.00	127.40	25.48	101.92	L	Y	_____
16 TAILLAMP LH X	1.00	905.20	181.04	724.16	L	Y	_____

# CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
17 REAR LH FENDER LINER X	1.00	148.40	29.68	118.72	L	Y	
18 REAR LH QUARTER PANEL AIR VENT X	1.00	57.60	11.52	46.08	L	Y	
19 REAR LH BLIND SPOT DETECTION UNIT X	1.00	1,784.40	356.88	1,427.52	L	Y	
20 REAR BUMPER CLIP SET / MC	1.00	75.00	0.00	75.00	S	Y	
21 REAR BUMPER PROTECTOR / MC	1.00	160.00	0.00	160.00	S	Y	
22 REAR REVERSE SENSOR SET / BR	2.00	400.00	0.00	400.00	S	Y	
23 REAR FENDER LINER CLIP SET / MC	1.00	65.00	0.00	65.00	S	Y	
24 REAR TAILGATE "6552-1111" STICKER X	1.00	140.00	0.00	140.00	S	Y	
25 REAR TAILGATE "COMFORT DELGRO" STICKER X	1.00	140.00	0.00	140.00	S	Y	
26 REAR TAILGATE "BOOK NOW" STICKER X	1.00	140.00	0.00	140.00	S	Y	
27 REAR BUMPER MOULDING CLIP SET / MC	1.00	55.00	0.00	55.00	S	Y	
28 REAR BUMPER UNDER COVER CLIP SET X	1.00	60.00	0.00	60.00	S	Y	
29 TAILLAMP GUIDE CLIP SET X	1.00	55.00	0.00	55.00	S	Y	
30 REAR LICENCE PLATE NUMBER WITH FRAME X	1.00	100.00	0.00	100.00	S	Y	
TOTAL:		6,143.90	950.78	5,193.12			
TOTAL PARTS & LABOUR :		9,943.90	950.78	8,993.12			

EXCESS/LOADING:\$ 0.00

No. Of Day: \_\_\_\_\_

RE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: \$\$

DATE OF SURVEY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SURVEYED BY: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Part by Part  
Labour = \$ 1150.00  
S/N = \$ 330.00  
Parts = \$ 680.88

Lt StP = \$ 2160.88  
Final Amt = \$ 2160.88

## 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 ..... 10/12/2021 14:55 (SGT)  
Date of Accident ..... 10/12/2021 12:00 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC430G

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITYCAB PTE LTD  
Company Reg No ..... 1XXXXXX839G  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-81385022  
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  
Transmission ..... Auto  
CC ..... 1580

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419140  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN CHWEE BUCK  
NRIC No ..... SXXXX628A

Date Of Birth .....	16/04/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	06/08/1990
Driving experience .....	31 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81385022
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	674A JURONG WEST STREET 65 #10-76
Address complement .....	-
Postcode .....	641674
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 .....	Collision - Head to Rear
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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 10/12/2021 AT ABOUT 12:00HRS. I WAS DRIVING VEHICLE A, SHC430G TRAVELLING ALONG AYE TOWARDS CITY AT THE MOST RIGHT LANE. UNKNOWN VEHICLE IN FRONT OF ME MAKE A SUDDEN STOP. I IMMEDIATELY STEPPED ONTO MY FOOTBRAKE AND MANAGED TO STOP IN TIME. FEW MOMENTS LATER I FELT A HUGE IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE IS NOT SUITABLE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMV2645G
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG KOK YONG
Contact Number .....	(Phone) +65-85884047
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2



## 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 willful 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 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.
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.

*[Signature]*

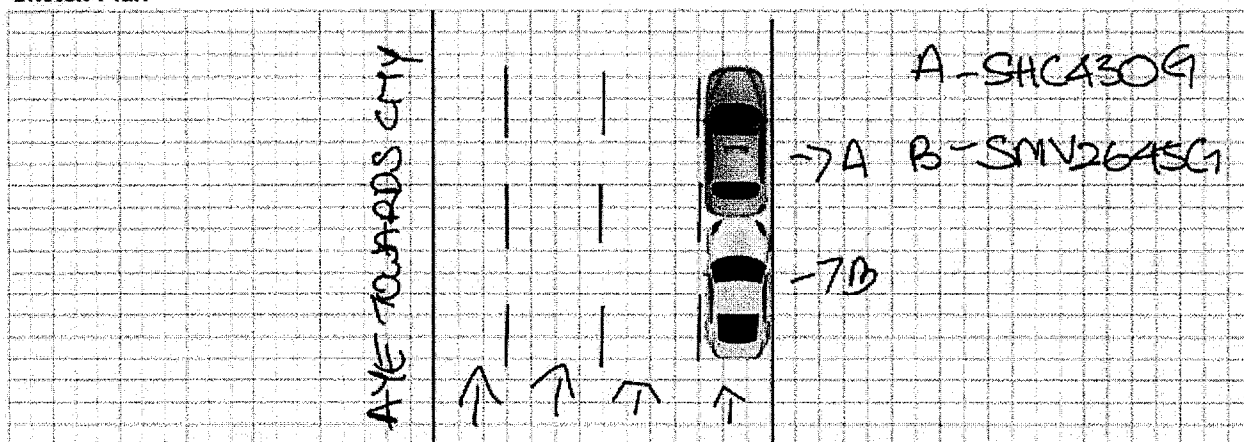
*[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
14:30 10.12.21

Witnessed by Reporting Centre Personnel MD NA22RN

### Sketch Plan



## Describe Circumstances of the Accident

ON 10/12/2021 AT ABOUT 12:00HRS. I WAS DRIVING VEHICLE A, SHC430G TRAVELLING ALONG AYE TOWARDS CITY AT THE MOST RIGHT LANE. UNKNOWN VEHICLE IN FRONT OF ME MAKE A SUDDEN STOP. I IMMEDIATELY STEPPED ONTO MY FOOTBRAKE AND MANAGED TO STOP IN TIME. FEW MOMENTS LATER I FELT A HUGE IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE.

## Declaration

I/We declare the foregoing particulars are true in every respect.

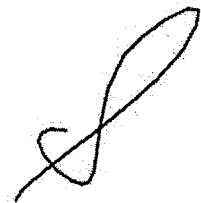


Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time

14:30

10.12.21



Witnessed by Reporting Centre  
Personnel MD NADIN

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Dec 2021 / 14:55:44

Receipt Date/Time : 10 Dec 2021 / 14:55:44

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211210-002389

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 - SMV2645G As at 10 Dec 2021/12:00:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMV2645G Enquiry Fee 20211210145501979034	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
462845XXXXXX4726		eNETS Credit Card		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.

DATE	DESCRIPTION	MILLEAGE ODOMETER READING							MILLEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		2	1	0	7	9	5			FROM	TO
10/12/21	VEHICLE ACCIDENT (IN)	2	1	0	7	9	5			1400 hrs	
14/12/21	VEHICLE ACCIDENT (OUT)	2	1	0	7	9	7				1538 hrs

VEHICLE NUMBER: SHC 430G
 HIRER/DRIVER SIGN: 

REMARKS:
 

1) \_\_\_\_\_
 2) \_\_\_\_\_
 3) \_\_\_\_\_
 4) \_\_\_\_\_
 5) \_\_\_\_\_

Our Ref: CC21120276



Date: 19 December 2021

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 10/12/2021 @ 12:00 hrs  
ALONG AYE  
INVOLVING SMV2645G

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 **SHC0430G** (the "Taxi"). The Taxi was hired to **TAN CHWEE BOCK IC NO SXXXX628A** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$128.40** per day (inclusive of GST).

(9120) bet 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.

# LETTER OF AUTHORITY

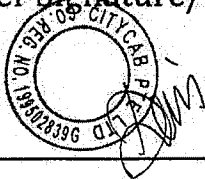
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Accident involving SHC4306 & Smy 26456 on 10/12/21  
along A/E towards CTE

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHC4306 which was rented to Hirer/Driver Mr/Ms Tan chuee Bock NRIC SXXXX 628A, hereby authorize **Ding Automotive Pte Ltd** on this date 10/12/21 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.

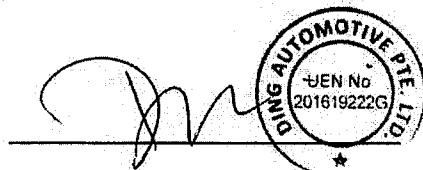
I/We further authorize that agreed settlement amount by third party with **Ding Automotive Pte Ltd** should be made in favour of **Ding Automotive Pte Ltd** and that the said payment be forwarded to them as full and final discharge of my/our claims.

Owner Signature/Co.Chop



Hirer/Driver Signature

Authorized Workshop



## Satisfaction Voucher

Date: 14/12/2021

AXA INSURANCE SINGAPORE PTE LTD

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

Tan chuee Boek

14 DEC '21 14:08

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHC0430G 14 DEC '21 15:38

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 50113814 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 10/12/2021

at ALNG AYE TWDS CTE

Dated this day of 14/12/21, 201 .

Signature: [Signature]

NRIC No: SXXXX 628A

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE  
SINGAPORE 575717 0

Company Stamp if applicable

↓  
Add 90 minutes  
for motor repair

**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](http://www.axa.com.sg)

GST Registration Number: 199903512M

[customer.care@axa.com.sg](mailto: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.