

BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

WITHOUT PREJUDICE

Our Ref : **SHA 8114 C**
Your Ref : **SHA 9154 E**

AXA INSURANCE PTE LTD
8 Shenton Way,
#24-01 AXA Tower,
Singapore 068811

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 31.01.2022 @ 07:50 hours along Simei Street 3 involving vehicles SHA 8114 C and SHA 9154 E , PA 5617 T

We refer to the above-mentioned accident.

We are claiming as per below:-

1. Repair Cost – Lump Sum (With GST)	\$	10,700.00
2. Loss of Income for 11 Days x \$80/- per day	\$	880.00
3. Loss of Rental for 11 Days x \$114.95 per day (With GST)	\$	1,264.45
4. Towing Fee	\$	80.00
TOTAL	\$	12,924.45

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.

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LETTER OF AUTHORISATION

Accident on 31.01.2022 @ 07:50 hours along Simei Street 3 involving vehicles SHA 8114 C and SHA 9154 E , PA 5617 T

In consideration of **Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no **SHA 8114 C** at my request, I/We, **CITYCAB PTE LTD** ("the claimant") of **383 Sin Ming Drive Singapore 575717** (address) bearing UEN / NRIC No: **199502839G** the owner of motor vehicle no **SHA 8114 C**, 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 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.

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 05 day of 12 (month) 2022(year)

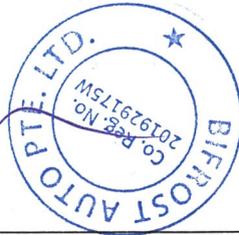
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Joseph (P) 5/12/2022
Signed by "the claimant"

Name: **CITYCAB PTE LTD**

UEN No: 199502839G

Joseph Koh
Signed by Bifrost Auto Pte Ltd



Name: Joseph Koh



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

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHA 9154E (Insd veh)	Model: HYUNDAI I40 1.7 CRDI F/L AT ABS
	SHA 8114C (TP veh)	
Date of Accident/ Time:	31/01/2022	

Repair Estimate	: \$	30,926.68	
Final Repair Cost w/GST	: \$	9,897.50	
Loss of Use INCOME	: \$	550.00	11 days at \$ 50.00 per day
Rental (if any)	: \$	1,264.45	11 days at \$ 114.95per day
LTA / GIA Search Fee	: \$		
Others: (Towing)	: \$	80.00	
	: \$		
Final Settlement Sum	: \$	11,791.95	

Payee Name : Bifrost Auto Pte Ltd
 Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are *not received within 7 days* of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Janice Sim
 Signature of workshop representative / Workshop stamp
 Name of Representative:
 Date:



Joseph Koh
 Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: JOSEPH KOH
 Date:



Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: 14/12/2022

BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

Tax Invoice

AXA INSURANCE PTE LTD
8 Shenton Way,
#24-01 AXA Tower,
Singapore 068811

Inv. No. : BA.LT.2212013
Inv. Date : 07-12-2022
Ref : 31.01.2022
Terms : 30 Days
Veh. No. : SHA 8114 C
Make & Model : i40

#	Description	Qty	Rate	Total	Tax
1	LUMP SUM REPAIR AS RECOMMENDED BY SURVEYOR	1.0	\$9,250.00	\$9,250.00	\$647.50

Subtotal for invoice : S\$9,250.00
GST (7.0%) : S\$647.50
Total : S\$9,897.50

*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)

Janice Sun

(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: CC22010535



Date: 04 February 2022

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 31/01/2022 @ 07:50 hrs
ALONG SIMEI STREET 3
INVOLVING SHA9154E

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 **SHA8114C** (the "Taxi"). The Taxi was hired to **YEOH CHENG KWANG IC NO SXXXX643B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.

高 GAO Express Towing Services

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. 220713

Date: 31/1/2022

寶號 Messrs: LTm

車號 Vehicle No: SMA 8114C 車型 Model No: A1140

時間(日/夜) Time (day/night): _____ Contact No: _____

由 Location: 2 SIMEL ST 3

到 To: W comfort

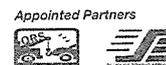
Cash \$: 807 其他 Others: _____

經手人 Authorised By: _____ Tow Truck Driver Name: [Signature]

- 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

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.

Back right tyre
punctured.
Accident.



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>31/01/22</u> Time Received: <u>09.10</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 type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR YEO</u> Contact No. : <u>88108771</u> Vehicle No. : <u>SHA 8114C</u> Make/Model/Colour : <u>CITYCAB</u> Email : <u>1-40</u>		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>2 SIMEL ST-3</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 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 : <u>569984</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested						
Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>		F	1/4	1/2	3/4	E		
F	1/4	1/2	3/4	E				

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS		<p># : Cracked X : Dented / : Scatched O : Missing</p> <p>Signature of Customer</p>
Name of Driver : <u>RAVAN</u>		
Vehicle No. : <u>YM6657B</u>		
Time Dispatch : <u>09.10</u>		
Time of Arrival : <u>09.20</u>		
Time Completed : <u>10.00</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™.

31/01/22 Date 09.10 Time _____ Signature of Customer

14. WORKSHOP

_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard
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