

BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

WITHOUT PREJUDICE

Our Ref : **SHA 981 T**
Your Ref : **SMF 2318 K**

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

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 02.03.2022 @ 15:00 hours along Circuit Road involving vehicles SHA 981 T and SMF 2318 K

We refer to the above-mentioned accident.

We are claiming as per below: -

1. Repair Cost – Lump Sum (With GST)	\$	28,676.00
2. Loss of Income for 22 Days x \$80/- per day	\$	1,760.00
3. Loss of Rental for 22 Days x \$125.19/ per day (With GST)	\$	2,754.18
4. LTA/GIA Search fee	\$	7.45
5. Towing Fee	\$	80.00
TOTAL	\$	33,277.63

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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Proforma Invoice

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

Inv. No. : PF.LT.2209003
Inv. Date : 06-09-2022
Ref : 02.03.2022
Terms : 14 Days
Veh. No. : SHA 981 T
Make & Model : Ioniq

#	Description	Qty	Rate	Total	Tax
1	LUMP SUM REPAIR AS RECOMMEDED BY SURVEYOR	1.0	\$26,800.00	\$26,800.00	\$1,876.00
Remarks: SHA 981 T					


Subtotal for invoice : S\$26,800.00
GST (7.0%) : S\$1,876.00
Total : S\$28,676.00

*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**.

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GST at 7% is charged where applicable

Our Ref: CC22030021



Date: 07 March 2022

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/03/2022 @ 15:00 hrs
ALONG CIRCUIT ROAD
INVOLVING SMF2318K

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 **SHA0981T** (the "Taxi"). The Taxi was hired to **LOH CHONG CHEE IC NO SXXXX480D** 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.

BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

LETTER OF AUTHORISATION

Accident on 02.03.2022 @ 15:00 hours along Circuit Road involving vehicles SHA 981 T and SMF 2318 K

In consideration of **Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no **SHA 981 T** at my request, I/We, **Loh Chong Chee** ("the claimant") of **Blk 24 Balam Road # 02 - 112 Singapore 370024** (address) bearing NRIC No **S xxxx480D** the owner / hirer of motor vehicle no **SHA 981 T**, 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 22 day of 03 (month) 20 22 (year)



Signed by "the claimant"

Name: **Loh Chong Chee**

NRIC No: **S xxxx480D**



Signed by Bifrost Auto Pte Ltd

Name: **Regina**

BIFROST AUTO PTE. LTD.

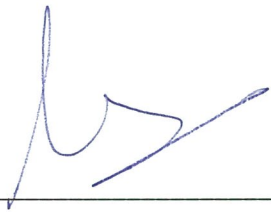
Co. Reg. No. : 201929175W

SATISFACTION VOUCHER

I / We, Loh Chong Chee hereby confirm that repairs to my / our vehicle no. SHA 981 T have been completed to my / our satisfaction and that I / we have collected my / our said vehicle on the under-mentioned date.

Date in: 02.03.2022 @ 15:00 hrs

Date out: 23.03.2022 @ 1530hrs



Owner's Signature

Name: Loh Chong Chee

NRIC No.: S xxxx480D

Date: 23.03.2022

Time: 1530hrs.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Mar 2022 / 12:22:45

Receipt Date/Time : 03 Mar 2022 / 12:22:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220303-001582

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 - SMF2318K				
As at 02 Mar 2022/15:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMF2318K Enquiry Fee 20220303122205550868	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
411911XXXXXX7094		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.

SHA 9817

305507428

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
1/3	Loh CC	198842	109	0630	1300
1/3	LYE	198984	142	1500	2130
2/3	Loh CC	199136	152	0630	1330
02.03.2022	} Loh Chong Cha	Accident Repair.		1500 hrs	LY
23.03.2022				LY	1530 hrs



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition 1. Date: <u>2/3/22</u> Time Received: <u>16 20</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input checked="" type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input checked="" type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : _____ Contact No. : <u>96866194</u> Vehicle No. : <u>SHH981-T</u> Make / Model / Colour : <u>1Q</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>68 Circuit 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 checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended					
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : _____ Vehicle No. : <u>7KJ7717N</u> Time Dispatch : <u>2/3/22</u> Time of Arrival : <u>17:15</u> Time Completed : _____		 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: _____			
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™.					
<u>2/3/22</u> Date		_____ Time		_____ Signature of Customer	
14. WORKSHOP					
_____ Name of Attending Staff/Guard		_____ Date & Time of Arrival		_____ Signature of Attending Staff/Guard	



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. **220726**

Date: 21/03/22

寶號

Messrs: Jim

車號

Vehicle No: SHA 981T

車型

Model No: loniq

時間(日/夜)

Time (day/night): _____

Contact No: _____

由

Location: CLY Comfort 5

到

To: 68 Circuit Rd

Cash \$: 150 for

其他

Others: _____

經手人

Authorised By: _____

Tow Truck

Driver Name: ES

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