

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.

GST. 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, **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 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 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 07 day of 07 (month) 2023 (year)


CITYCAB PTE LTD
CO. REG. NO. 199502839G

J. Rhoget (S) ccpc 7/7/2023
Signed by "the claimant"

Name: **CITYCAB PTE LTD**

UEN No: 199502839G

[Signature]
Signed by Bifrost Auto Pte Ltd



Name: Joseph Koh

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All personal injuries and damages arising therefrom are excluded.
from the ambit and application of this document"



HSBC Life (Singapore) Pte. Ltd.
10 Marina Boulevard,
Marina Bay Financial Centre Tower 2 #48-01,
Singapore 018983
☎ +65 6880 4888
📧 www.hsbclife.com.sg
cc.gi@mail.life.hsbc.com.sg

HSBC Life Third Party Direct Settlement

Vehicle No:	SMF 2318K (Insd veh)	Model:
	SHA 981T (TP veh)	HYUNDAI IONIC (1580cc)
Date of Accident/ Time:	02/03/2022	

Repair Estimate	: \$		
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (GLOBAL SUM)	: \$	32,200.00	

Payee Name: **BIFROST AUTO PTE LTD**

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)	
A) For Non GIA Registered	Agreed Liability 100 (%)
Workshop:	
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 HSBC Life and their client/tortfeasor in any manner whatsoever.
- HSBC Life 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 (HSBC Life 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.

Signature of workshop representative / Workshop stamp

Name of Representative:

Date: 10/07/2023

Signature of Witness / Workshop stamp (if applicable)

Name of Witness:

Date: 10/07/2023

Signature of HSBC Life's surveyor & stamp / representative

Name of HSBC Life's surveyor / Representative:

Date: 10/07/2023

Internal

BIFROST AUTO PTE. LTD.

GST. Reg. No. : 201929175W

Tax Invoice

HSBC LIFE (SINGAPORE) PTE LTD
Robinson Road Post Office
P.O Box 1094
Singapore 902144

Inv. No. : BA.LT.2307012
Inv. Date : 08-07-2023
Ref : 02.03.2022
Terms : 30 Days
Veh. No. : SHA 981 T
Make & Model : Ioniq

#	Description	Qty	Rate	Total	Tax
1	LUMP SUM REPAIR AS RECOMMENDED BY SURVEYOR	1.0	\$26,800.00	\$26,800.00	\$1,876.00

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**.

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.

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 Cheng Cha	Accident Repair.		1500 hrs	LY
23.03.2022				LY	1530 hrs



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.



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>SH A 981-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>7K 271712</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: Jtm

車號

Vehicle No: SHA 981T

車型

Model No: Lonic

時間(日/夜)

Time (day/night):

Contact No:

由

Location: CLY Comfort 5

到

To: 68 Circuit Rd

Cash \$: 150

其他

Others:

經手人

Authorised By:

Tow Truck

Driver Name: B

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