

**DING AUTOMOTIVE PTE LTD**

Blk 10 #01-20 Sin Ming

Industrial Est Sec C

Singapore 575645

Without Prejudice to our
driver's Injury claimsOUR REF: 50114410/SHA8416G/DOA/24/08/2022/RT
YOUR REF: --/SMJ377G

1 September 2022

To: MOTOR CLAIMS DEPARTMENT

CHINA TAIPING INSURANCE

3 ANSON ROAD #16-00

SPRINGLEAF TOWER

SINGAPORE 079909

ACCIDENT INVOLVING : SHA8416G AND SMJ377G ON 24/08/2022

LOCATION ALONG : EU TONG SEN ST, SINGAPORE UPPER CROSS ST, 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	\$ -	4	\$ 1,600.00	\$ 112.00	\$ 1,712.00
Loss Of Rental	\$ 117.00	4	\$ 468.00	\$ -	\$ 468.00
Loss Of Income	\$ 80.00	4	\$ 320.00	\$ -	\$ 320.00
LTA/GIA Search Fee	\$ -	0	\$ 1.87	\$ 0.13	\$ 2.00
Towing Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 197.00	4	\$ 2,389.87	\$ 112.13	\$ 2,502.00

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 rd 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: **CHINA TAIPING INSURANCE**

DOA: 24/08/2022

REF: --/SMJ377G

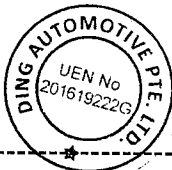
OIC: --

OUR REF: SHA8416G

DATE: 1/9/2022

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair - SHA8416G	\$ 1,600.00	\$ 1,600.00
REMARKS :	Job Card: 50114410 LUMP SUM	SUB TOTAL :	\$ 1,600.00
		GST (7%)	\$ 112.00
		GRAND TOTAL	\$ 1,712.00

Yours faithfully,



Authorised Signature of Ding Automotive Pte Ltd

 **ESTIMATE.pdf**
377K

 **After Paint.zip**
1614K

Motor Claims <claims@dingautomotive.com>

Tue, Aug 30, 2022 at 10:07 AM

To: "rasul@lkkauto.com" <rasul@lkkauto.com>

Cc: Kelly Ding <kelly.ding@dingauto.sg>, "sarah@dingautomotive.com" <sarah@dingautomotive.com>

Dear Rasul,

Kindly finalise amount for us to proceed with LOD.

Thank you



Rena
Claims Officer, Ding Automotive Pte Ltd
+65 9239 4128 | claims@dingautomotive.com

[Quoted text hidden]

Rasul (LKKAUTO) <Rasul@lkkauto.com>

Wed, Aug 31, 2022 at 11:36 AM

To: Taxis Customer Service <taxiscs@stengg.com>

Cc: Kelly Ding <kelly.ding@dingauto.sg>, "sarah@dingautomotive.com" <sarah@dingautomotive.com>, "claims@dingautomotive.com" <claims@dingautomotive.com>, "Shiau Chan (LKKAUTO)" <siewsc@lkkauto.com>

Hi Loong,

We will be advising our principal a cost of repair L/S \$1600.00 /- with 03 days of repair, subject to their approval.

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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

 **Save the Earth. Print only when necessary.**

From: Taxis Customer Service <taxiscs@stengg.com>

Sent: Monday, 29 August 2022 10:25 am

To: Rasul (LKKAUTO) <Rasul@lkkauto.com>

Cc: Kelly Ding <kelly.ding@dingauto.sg>; sarah@dingautomotive.com <sarah@dingautomotive.com>; claims@dingautomotive.com <claims@dingautomotive.com>

Subject: 50114410 / SHA8416G - Finalize Amount & After Repair Photo . (DOA: 24/08/2022)

[Quoted text hidden]

This email is confidential and may also be privileged. If this email has been sent to you in error, please delete it immediately and notify us. Please do not copy, distribute, or disseminate part or whole of this email if you are not the intended recipient or if you have not been authorized to do so. We reserve the right, to the extent and under circumstances permitted by applicable laws, to retain, monitor, and intercept email messages to and from our systems. Thank you. This email is confidential and may also be privileged. If this email has been sent to you in error,

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

24/08/2022 12:45

OWNER'S PARTICULARS

JOB-NO: 50114410

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA8416G

TRANS: AUTO

CHASSIS: KMHC851CVKU164576

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU296332

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
LABOUR							
1 TO STRAIGHTEN AND PANEL BEAT OF ACCIDENT AFFECTED AREA	1.00	1,200.00	0.00	1,200.00		Y	<u>200</u>
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00		Y	<u>X</u>
3 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	240.00	0.00	240.00		Y	<u>X</u>
4 TO READJUST AND REALIGN HEADLAMP AIM	1.00	100.00	0.00	100.00		Y	<u>30</u>
5 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	120.00	0.00	120.00		Y	<u>X</u>
6 TO VACUUM AND TOPUP A/C GAS FOR A/C CONDENSER	1.00	150.00	0.00	150.00		Y	<u>X</u>
7 TO REMOVE AND REFIT A/C CONDENSER, RADIATOR AND OTHER NECESSARY ITEM TO ENABLE BODYWORK REPAIR	1.00	220.00	0.00	220.00		Y	<u>X</u>
8 TO RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	<u>200</u>
9 TO RESPRAY FRONT BUMPER CENTER UPPER MOULDING	1.00	250.00	0.00	250.00		Y	<u>100</u>
10 TO RESPRAY FRONT BUMPER FOG LAMP COVER	1.00	250.00	0.00	250.00		Y	<u>X</u>
11 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00		Y	<u>X</u>
TOTAL:		3,200.00	0.00	3,200.00			

MATERIALS

1 FRONT BUMPER COVER <i>SCA</i>	1.00	430.90	86.18	344.72	L	Y	
2 FRONT LH BUMPER RETAINER <i>X</i>	1.00	28.00	5.60	22.40	L	Y	
3 FRONT LH BUMPER SIDE SUPPORT <i>X</i>	1.00	12.00	2.40	9.60	L	Y	
BRACKET							
4 FRONT BUMPER ENERGY ABSORBER <i>X</i>	1.00	86.90	17.38	69.52	L	Y	
5 FRONT BUMPER CENTER UPPER MOULDING <i>SCA</i>	1.00	141.10	28.22	112.88	L	Y	
6 FRONT LH BUMPER FOG LAMP COVER <i>X</i>	1.00	93.00	18.60	74.40	L	Y	
7 FRONT LH HEADLAMP <i>SCA</i>	1.00	1,198.80	239.76	959.04	L	Y	
8 FRONT END MODULE CARRIER <i>X</i>	1.00	949.30	189.86	759.44	L	Y	
9 FRONT LH FENDER PANEL <i>X</i>	1.00	588.80	117.76	471.04	L	Y	
10 FRONT LH FENDER LINER <i>X</i>	1.00	114.70	22.94	91.76	L	Y	
11 FRONT LH FENDER EMBLEM <i>X</i>	1.00	26.60	5.32	21.28	L	Y	
12 FRONT LH WHEEL RIM COVER <i>X</i>	1.00	346.40	69.28	277.12	L	Y	
13 FRONT BUMPER CLIP SET <i>M</i>	1.00	55.00	0.00	55.00	S	Y	<u>30</u>
14 FRONT BUMPER RIVET SET <i>M</i>	1.00	50.00	0.00	50.00	S	Y	<u>30</u>

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
15 FRONT BUMPER MOULDING CLIP <i>N</i>	1.00	50.00	0.00	50.00	S	Y	<u>30</u>
16 FRONT FENDER LINER CLIP SET <i>X</i>	1.00	55.00	0.00	55.00	S	Y	
17 RADIATOR COOLANT <i>X</i>	1.00	120.00	0.00	120.00	S	Y	
TOTAL:		4,346.50	803.30	3,543.20			
TOTAL PARTS & LABOUR :		7,546.50	803.30	6,743.20			

EXCESS/LOADING:\$ 0.00

No. Of Day:

3 days

RE-SURVEY: BEFORE AFTER PAINTING

PART-BY-PART OR LUMP SUM:\$

DATE OF SURVEY: 25 / 08 / 22

SURVEYED BY:

RASUL

CONTACT NO:

96016068

FAX NO:

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

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Lump sum

Labour = \$ 530.00

S/N = \$ 90.00

Parts = \$ 1416.64

LetstP = \$ 2036.64 - 20%
= \$ 1629.32

Final Amt = \$ 1629.32

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 Actual 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	24/08/2022 09:46 (SGT)
Reported by	Driver
Date of Accident	24/08/2022 00:00 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	UPPER CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8416G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96604184
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
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	ABDUL RAHMAN BIN ABDUL HAMID
NRIC No	SXXXX413H
Date Of Birth	08/04/1967
Occupation	Outdoor

Date Of Driving Pass	31/12/1994
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96604184
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	298B COMPASSVALE STREET #02-152
Address complement	-
Postcode	542298
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 24/08/2022 AT AROUND 0000HRS, I WAS DRIVING VEHICLE A (SHA8416G) ALONG EU TONG SEN STREET. I WAS IN MY LANE TURNING RIGHT INTO UPPER CROSS STREET WHEN SUDDENLY VEHICLE B (UNKNOWN) WHICH WAS ON THE LANE TO MY RIGHT, SIDE SWIPE VEHICLE A. VEHICLE B LEFT THE SCENE THEREFORE, NO PARTICULARS EXCHANGED. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VEHICLE B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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. 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

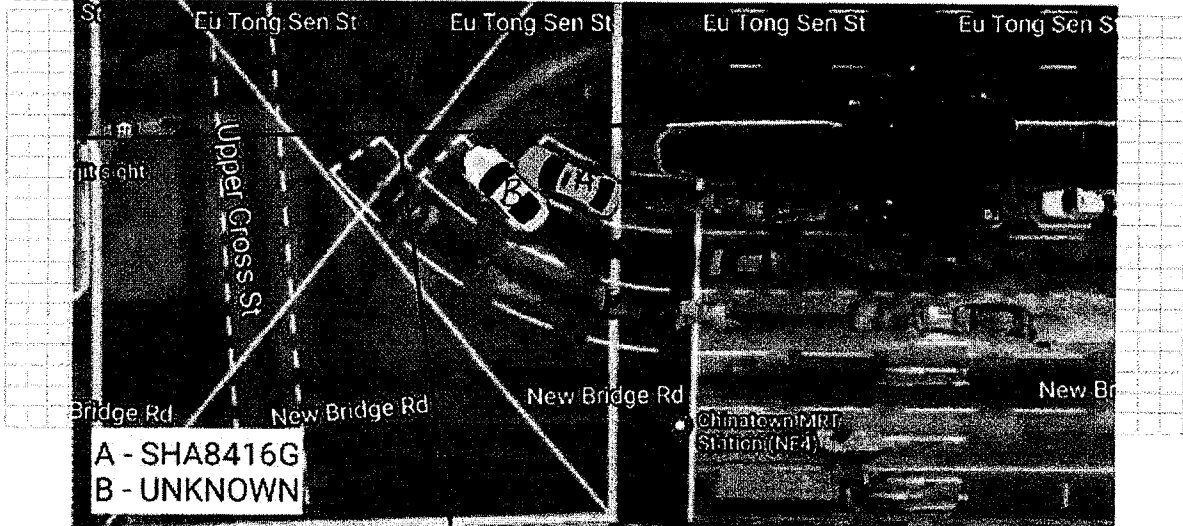
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

24/08/2022 0120HRS

Witnessed by Reporting Centre Personnel FRO Sufiyan

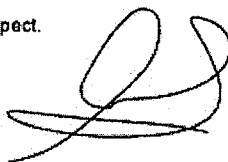
Sketch Plan

Describe Circumstances of the Accident

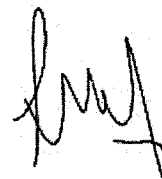
ON 24/08/2022 AT AROUND 0000HRS, I WAS DRIVING VEHICLE A (SHA8416G) ALONG EU TONG SEN STREET. I WAS IN MY LANE TURNING RIGHT INTO UPPER CROSS STREET WHEN SUDDENLY VEHICLE B (UNKNOWN) WHICH WAS ON THE LANE TO MY RIGHT, SIDE SWIPE VEHICLE A. VEHICLE B LEFT THE SCENE THEREFORE, NO PARTICULARS EXCHANGED. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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
24/08/2022 0120HRS

Witnessed by Reporting Centre
Personnel FRO Sufiyan



SINGAPORE POLICE FORCE



T/20220824/2042

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20220824/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2022 12:45	Vide Report No.: T/20220824/2023	Station Diary No.: 44
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN ABDUL HAMID			Address: APT BLK 298B COMPASSVALE STREET #02-152 SINGAPORE 542298		
ID Type / ID No.: NRIC NO / S1806413H			Contact No.: Home/Office: Mobile: 96604184		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 08/04/1967	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/08/2022 00:00	Type of Location: Straight Road
Location: EU TONG SEN STREET				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8416G	Car				Slightly Damaged	1
SMJ377G	Car					0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20220824/2042

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20220824/2042

CONTINUATION OF REPORT

Driver				
Name	ABDUL RAHMAN BIN ABDUL HAMID		ID No.	S1806413H
Related Vehicle	SHA8416G (Car)		Contact No.	96604184
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 24/08/2022 at about 0000hrs, I was driving vehicle (taxi - SHA8416G) along Eu Tong Sen street. I was in my lane turning right into Upper Cross Street when suddenly another car SMJ377G which was on the lane to my right, side swiped my vehicle. The car did not stop and left the scene. There was no particulars exchanged. Nobody was injured and no other vehicles involved. I wish to state that I have in-car camera that is retrievable.



**SINGAPORE
POLICE FORCE**



T/20220824/2042

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20220824/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J/

SR STAFF SGT IQBAL
PRATAMA PUTRA BIN AZMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:

24/08/2022 12:45

Classification Of Case:

NP168


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMJ377G

Date of Accident

24/08/2022 

Reset

% RESULT & RECEIPT**TP Insurer Enquiry**Insurance **China Taiping Insurance (Sing...**Period of Insurance **21/10/2021 - 13/12/2022**Requested By **Hashim (Ding Auto Pte Ltd)**Requested Date **24/08/2022 11:49****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

Our Ref: CC22080417



Date: 01 September 2022

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 24/08/2022 @ 00:00 hrs
ALONG EU TONG SEN ST, SINGAPORE UPPER CROSS
STREET
INVOLVING SMJ377G

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 **SHA8416G** (the "Taxi"). The Taxi was hired to **ABDUL RAHMAN BIN ABDUL HAMID IC NO SXXXX413H** 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).

(\$117) net 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.

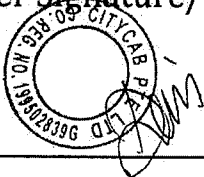
LETTER OF AUTHORITY

Accident involving SHA8416G & SMJ 377G on 24/8/20
along Fu Tong Sen Street turning towards upper cross street

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHA8416G which was rented to Hirer/Driver Mr/Ms Abdul Rahman bin Abdul Hamid NRIC SXXXX 413H, hereby authorize **Ding Automotive Pte Ltd** on this date 24/8/20 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.

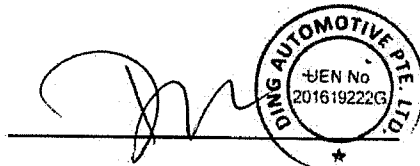
I/We further authorize that agreed settlement amount by third party with **Ding Automotive Pte Ltd** should be made in favour of **Ding Automotive Pte Ltd** and that the said payment be forwarded to them as full and final discharge of my/our claims.

Owner Signature/Co.Chop



Hirer/Driver Signature

Authorized Workshop



Satisfaction Voucher

Date: 24/08/2022

AXA INSURANCE SINGAPORE PTE LTD

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

Abdul Rahman bin Abdul Hamid

27 AUG '22 9:10

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHA8416G

27 AUG '22 11:00

↓
not repair

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 50114410 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 24/08/2022

at ALNG EU TONG SEN ST TURNING TV

Dated this day of 27/8/22, 2021

Signature: [Signature]

NRIC No: 5555 413H

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE
SINGAPORE 575717 0

Company Stamp if applicable

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
GST Registration Number: 199903512M
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.