



**DING AUTOMOTIVE PTE LTD**  
2 Pereira Road, #04-02, 2Connect@TS  
Singapore 368024

OUR REF: 50114927/SHB4891M/DOA/12/03/2023/SO  
YOUR REF: SNB1732M

**Without Prejudice to our  
driver's Injury claims**

19 April 2023  
To: MOTOR CLAIMS DEPARTMENT  
INDIA INTERNATIONAL INSURANCE  
64 CECIL STREET #04/#05  
IOB BUILDING SINGAPORE 049711

ACCIDENT INVOLVING : SHB4891M AND SNB1732M ON 12/03/2023  
LOCATION ALONG : CAIRNHILL RD TOWARDS GRANGE ROAD, 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 8%	Amount After GST
Cost of Repair	\$ -	10	\$ 4,600.00	\$ 368.00	\$ 4,968.00
Loss Of Rental	\$ 120.00	10	\$ 1,200.00	\$ -	\$ 1,200.00
Loss Of Income	\$ 80.00	10	\$ 800.00	\$ -	\$ 800.00
LTA/GIA Search Fee	\$ -	0	\$ 1.85	\$ 0.15	\$ 2.00
Towing Fee	\$ -	0	\$ -	\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 200.00	10	\$ 6,601.85	\$ 368.15	\$ 6,970.00

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
☺	3rd 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  
2 PEREIRA ROAD, #04-02, 2CONNECTT@TS,  
SINGAPORE 368024  
HP : 9239 4128

## REPAIR BILL

M/S: **INDIA INTERNATIONAL INSURANCE**

DOA: 12/03/2023

OUR REF : SHB4891M

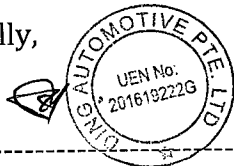
REF: SNB1732M

DATE : 19/4/2023

OIC: --

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair - SHB4891M	\$ 4,600.00	\$ 4,600.00
REMARKS :	Job Card: 50114927 LUMP SUM	SUB TOTAL :	\$ 4,600.00
		GST (8%)	\$ 368.00
		GRAND TOTAL	\$ 4,968.00

Yours faithfully,



-----  
Authorised Signature of Ding Automotive Pte Ltd

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

13/03/2023 15:52

JOB-NO: 50114927

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE

64739522

SINGAPORE 575717 0

**VEHICLE DETAILS**

LICENSE NO: SHB4891M

TRANS: AUTO

CHASSIS: KMHC851CVKU115008

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEJU111714

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	1,600.00	0.00	1,600.00		Y	<u>800</u>
2 TO RUST PROOFING OF THE AFFECTED AREA	1.00	170.00	0.00	170.00		Y	<u>80</u>
3 TO REMOVE AND REFIT OF NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR	1.00	300.00	0.00	300.00		Y	<u>X</u>
4 TO DIAGNOSTIC, CHECK WIRING AND LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	250.00	0.00	<del>250.00</del>		Y	<u>100</u>
5 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	120.00	0.00	120.00		Y	<u>60</u>
6 TO REFIT REAR REVERSE SENSOR	1.00	100.00	0.00	100.00		Y	<u>X</u>
7 TO TRANSFER OF REAR DOOR MECHANISM TO NEW DOOR AND PERFORM WATER SEEPAGE TEST	1.00	200.00	0.00	200.00		Y	<u>60</u>
8 TO REMOVE AND REFIT REAR TAILGATE UPPER AND LOWER WINDSCREEN TO ENABLE BODYWORK REPAIR	1.00	260.00	0.00	<del>260.00</del>		Y	<u>120</u>
9 TO RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	<u>200</u>
10 TO RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	<u>X</u>
11 TO RESPRAY REAR QUARTER PANEL	1.00	250.00	0.00	250.00		Y	<u>200</u>
12 TO RESPRAY REAR DOOR PANEL	1.00	250.00	0.00	250.00		Y	<u>200</u>
13 TO RESPRAY REAR DOOR PANEL OUTER HANDLE AND COVER	1.00	250.00	0.00	250.00		Y	<u>50</u>
14 TO RESPRAY REAR DOOR OUTER WAIST LINE MOULDING	1.00	250.00	0.00	<del>250.00</del>		Y	<u>50</u>
15 TO RESPRAY SIDE SKIRT RH	1.00	250.00	0.00	<del>250.00</del>		Y	<u>100</u>
TOTAL:		4,750.00	0.00	4,750.00			

**MATERIALS**

1 REAR BUMPER COVER <i>repair</i>	1.00	459.40	91.88	367.52	L	Y	
2 REAR RH BUMPER RETAINER <i>X</i>	1.00	33.10	6.62	26.48	L	Y	
3 REAR RH QUARTER PANEL <i>lt</i>	1.00	1,768.30	353.66	1,414.64	L	Y	
4 REAR RH QUARTER PANEL AIR VENT <i>X</i>	1.00	57.60	11.52	46.08	L	Y	
5 SIDE SKIRT RH <i>repair</i>	1.00	290.00	58.00	232.00	L	Y	
6 REAR RH DOOR PANEL <i>lt</i>	1.00	2,147.90	429.58	1,718.32	L	Y	
7 REAR RH OUTER DOOR HANDLE <i>repair</i>	1.00	78.00	15.60	62.40	L	Y	
8 REAR RH WHEEL RIM COVER <i>sur</i>	1.00	346.40	69.28	277.12	L	Y	
9 REAR RH OUTER DOOR WAIST LINE MOULDING <i>repair</i>	1.00	77.10	15.42	61.68	L	Y	

## CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
10 REAR RH DOOR FRAME FRONT BLACK TAPE <i>m/</i>	1.00	7.00	1.40	5.60	L	Y	
11 REAR RH DOOR FRAME REAR BLACK TAPE <i>m/</i>	1.00	7.00	1.40	5.60	L	Y	
12 REAR RH DOOR FRAME UPPER BLACK TAPE <i>m/</i>	1.00	9.70	1.94	7.76	L	Y	
13 REAR BUMPER CLIP SET <i>m/</i>	1.00	55.00	0.00	<del>55.00</del>	S	Y	30
14 REAR QUARTER PANEL SEALANT <i>m/</i>	2.00	120.00	0.00	<del>120.00</del>	S	Y	40
15 REAR TYRE 195/65/15 <i>x</i>	1.00	350.00	0.00	350.00	S	Y	X
16 SIDE SKIRT CLIP SET <i>x</i>	1.00	50.00	0.00	50.00	S	Y	X
17 REAR DOOR "GOOGLE PLAY STORE" STICKER <i>m/</i> <i>21g</i>	1.00	100.00	0.00	<del>100.00</del>	S	Y	50
18 REAR DOOR "COMFORT DELUXE" STICKER <i>x</i>	1.00	100.00	0.00	<del>100.00</del>	S	Y	860
19 REAR DOOR MOULDING CLIP <i>m/</i>	1.00	50.00	0.00	<del>50.00</del>	S	Y	30
20 REAR WINDSCREEN PRIMER <i>m/</i>	2.00	80.00	0.00	<del>80.00</del>	S	Y	40
21 REAR WINDSCREEN SEALANT <i>m/</i>	3.00	150.00	0.00	<del>150.00</del>	S	Y	40
TOTAL:		6,336.50	,056.30	5,280.20			
TOTAL PARTS & LABOUR :		11,086.50	1,056.30	10,030.20			

EXCESS/LOADING:\$ 0.00

No. Of Day: 7 days

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM \$

DATE OF SURVEY: 15 / 03 / 23 @1430SURVEYED BY: RASULCONTACT NO: 90010068

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 = \$ 2000.00*  
*SIN = \$ 290.00*  
*Parts = \$ 3429.04*  
*Cost P = \$ 5739.04 - 209.00*  
*= \$ 4591.24*  
*Final Amt = \$ 4591.24*

# 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	13/03/2023 13:13 (SGT)
Reported by	Driver
Date of Accident	12/03/2022 16:40 (SGT)
Exact Location of Accident	Cairnhill Rd, Singapore
Additional Location Information	TOWARDS GRANGE ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4891M

### 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) +65-98899184
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

### DRIVER

Name of Driver	MOHAMED TAHIR BIN ALIAS
NRIC No	SXXXX175I
Date Of Birth	06/01/1981
Occupation	Outdoor

Date Of Driving Pass .....	22/06/1999
Driving experience .....	22 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98899184
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 260 BUKIT BATOK EAST AVENUE 4 # 04-293
Address complement .....	-
Postcode .....	650260
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF DRIVER
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 - Major/Minor Rd
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 12/03/23 AT ABOUT 1640HRS, I WAS DRIVING VEHICLE A (SHB4891M) ALONG CAIRNHILL ROAD TOWARDS GRANGE ROAD ON THE RIGHT MOST LANE, WHEN SUDDENLY VEHICLE B (SNB1732M) CAME OUT FROM BIDEFORD ROAD AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

#### 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 NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNB1732M
-----------------------------------	----------

Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	CHONG KIA HING
NRIC No .....	SXXXX199D
Contact Number .....	(Phone) +65-93639183
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 correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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.

*[Handwritten Signature]*

FLASH ACCIDENT  
REPORTING OFFICER

FRO AMIN



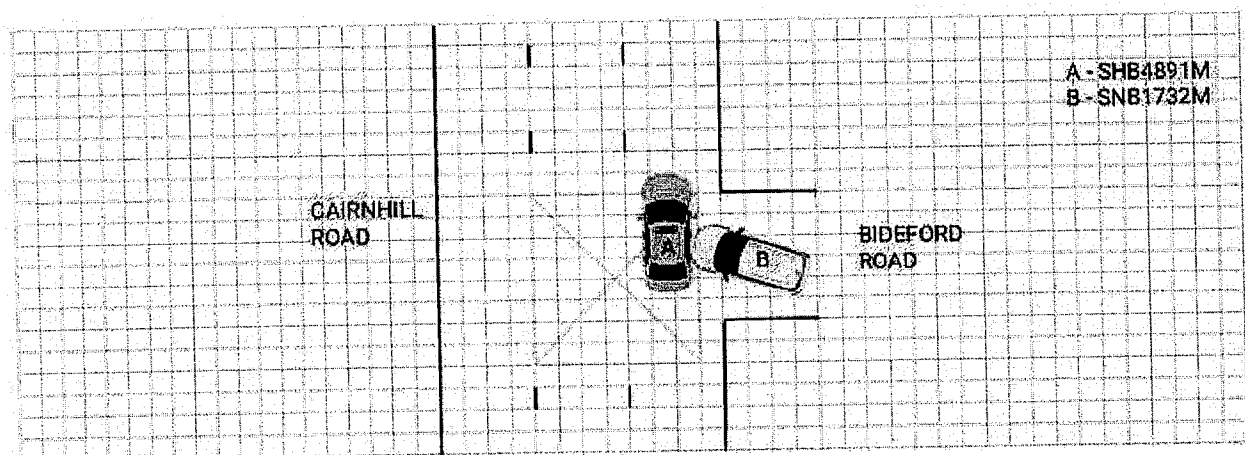
Policyholder's Signature / Date & Time

Sketch Plan

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

120323 2320

Witnessed by Reporting Centre Personnel





Describe Circumstances of the Accident:

ON 12/03/23 AT ABOUT 1640HRS, I WAS DRIVING VEHICLE A (SHB4891M) ALONG CAIRNHILL ROAD TOWARDS GRANGE ROAD ON THE RIGHT MOST LANE, WHEN SUDDENLY VEHICLE B (SNB1732M) CAME OUT FROM BIDEFORD ROAD AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

Declaration

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

*Alkathar*

FLASH ACCIDENT  
REPORTING OFFICER

FRQ AMIN



Policyholder's Signature / Date & Time

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

120323 2320

Witnessed by Reporting Centre Personnel



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Mar 2023 / 15:26:30  
Receipt Date/Time : 13 Mar 2023 / 15:26:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230313-002567  
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 - SNB1732M As at 12 Mar 2023/16:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SNB1732M Enquiry Fee 20230313152517814005	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		24.77	1.98	26.75
Rounding Difference				0.00
Total Amount Payable				26.75
Paid By				
462845XXXXXX0266		eNETS Credit Card		26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
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.





Our Ref: CC23030236



Date: 14 March 2023

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/03/2023 @ 16:40 hrs  
ALONG CAIRNHILL RD TOWARDS GRANGE ROAD  
INVOLVING SNB1732M

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 **SHB4891M** (the "Taxi"). The Taxi was hired to **IBRAHIM BIN HASSAN IC NO SXXXX705D** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.60** per day (inclusive of GST).

*\$120.00 w/o 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

Fleet Insurance Team  
Asset Management

This is a computer generated letter. No signature is required.

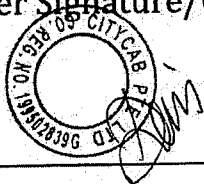
# LETTER OF AUTHORITY

Accident involving SHB 489/m & SNB 1732m on 12/3/23  
along airnhil road towards Grange Road.

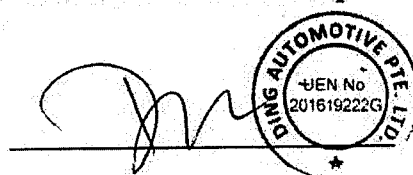
I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHB 489/m which was rented to Hirer/Driver Mr/Ms Ibrahim bin Hassan NRIC SXXXX 7050, hereby authorize **Ding Automotive Pte Ltd** on this date 22/3/23 to submit, correspond, negotiate and settle my/our claim for cost 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



Authorized Workshop



Hirer/Driver Signature

## Satisfaction Voucher

Date: 13/03/2023

AXA INSURANCE SINGAPORE PTE LTD

Attention: MOTOR CLAIMS DEPT

22 MAR '23 12:00

Dear Sir/Madam

Ibrahim bin Hassan

I/We hereby acknowledge having received from Singapore Technologies Kinetics

Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHB4891M

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 50114927 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 12/03/2023

at ALNG CAIRNHILL RD TWDS GRANGE

Dated this day of 22/3/23, 2021

Signature: \_\_\_\_\_

NRIC No: \_\_\_\_\_

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](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)

<b>CERTIFICATE NO.</b>	<b>: VFX/P2419140</b>	<b>Account No.</b>	<b>: 03715</b>
<b>Coverage</b>	<b>: Third Party Fire &amp; Theft</b>		
<b>Sum Insured</b>	<b>: NIL</b>		
<b>Name of Policy Holder</b>	<b>: CityCab Pte Ltd</b>		
<b>Vehicle Registration No.</b>	<b>: All CityCab taxis operating in the Republic of Singapore</b>		
<b>Period of Insurance</b>	<b>: From 1/1/2021 To 31/12/2023 (Both Dates Inclusive)</b>		

**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.