

**DING AUTOMOTIVE PTE LTD**

2 Pereira Road, #04-02, 2Connectt@TS  
Singapore 368024

OUR REF: 50115229/SHB4838T/DOA/29/06/2023/RT  
YOUR REF: GBG9502Z/--

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

11 July 2023

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

ACCIDENT INVOLVING : SHB4838T AND GBG9502Z ON 29/06/2023  
LOCATION ALONG : KALLANG AVE, 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	\$ -	8	\$ 3,000.00	\$ 240.00	\$ 3,240.00
Loss Of Rental	\$ 117.00	8	\$ 936.00	\$ -	\$ 936.00
Loss Of Income	\$ 80.00	8	\$ 640.00	\$ -	\$ 640.00
LTA/GIA Search Fee	\$ -	0	\$ 24.77	\$ 1.98	\$ 26.75
Towing Fee	\$ -	0	\$ 50.00	\$ -	\$ 50.00
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 197.00	8	\$ 4,650.77	\$ 241.98	\$ 4,892.75

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: 29/06/2023

OUR REF : SHB4838T

REF: GBG9502Z

DATE : 11/7/2023

OIC: --

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Cost of Repair - SHB4838T	\$ 3,000.00	\$ 3,000.00
REMARKS :	Job Card: 50115229 LUMP SUM	SUB TOTAL :	\$ 3,000.00
		GST (8%)	\$ 240.00
		GRAND TOTAL	\$ 3,240.00

Yours faithfully,



Authorised Signature of Ding Automotive Pte Ltd

Rasul (LKKAUTO) <Rasul@lkkauto.com>

Tue, Jul 11, 2023 at 9:13 AM

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

Cc: Kelly Ding <kelly@dingautomotive.com>, "sarah@dingautomotive.com" <sarah@dingautomotive.com>, "claims@dingautomotive.com" <claims@dingautomotive.com>, "EzLyna (LKKAUTO)" <ezlyna@lkkauto.com>

Hi Kelly,

We will be advising our principal a cost of repair L/S \$3,000.00 /- with 05 days of repair before GST, 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.*

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

**Sent:** Saturday, 8 July 2023 8:52 am

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

**Cc:** Kelly Ding <kelly@dingautomotive.com>; sarah@dingautomotive.com <sarah@dingautomotive.com>; claims@dingautomotive.com <claims@dingautomotive.com>

**Subject:** 50115229 / SHB4838T - Finalize Amount and After Paint Photo . (DOA: 29/06/2023)

**Without Prejudice**

Dear All,

Please refer below for the finalize according to our conversation to finalize for SHB4838T .

Please refer to the attached Estimate and After Paint for SHB4838T .

**Lump Sum Repair**

Total Repair – 05 Days

Labour = \$ 1600.00

S/N = \$ 190.00

Parts = \$ 1989.84

L+S+P = \$ 3779.84 - 20% = \$ 3023.88

Total Finalize Amount = **\$ 3023.88**

Thanks!

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

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

30/06/2023 10:32

**OWNER'S PARTICULARS**

JOB-NO: 50115229

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

**VEHICLE DETAILS**

LICENSE NO: SHB4838T

TRANS: AUTO

CHASSIS: KMHC851CVLU178639

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU362990

OWNER'S INSURER: AXA INSURANCE SINGAPORE PTE LTD

JOB-CODE: TP

SA: Ding Auto User 1

**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 AREAS	1.00	1,400.00	0.00	1,400.00		Y	600
2 TO RUST PROOFING OF AFFECTED AREAS	1.00	170.00	0.00	170.00		Y	80
3 TO DIAGNOSTIC, CHECK WIRING, LIGHTING SYSTEM AND CLEAR FAULT CODE	1.00	180.00	0.00	180.00		Y	180.80
4 TO READJUST AND REALIGN HEADLAMP AIM	1.00	100.00	0.00	100.00		Y	30
5 TO CONDUCT TYRE BALANCING AND WHEEL ALIGNMENT	1.00	120.00	0.00	120.00		Y	40 X
6 TO VACUUM AND TOPUP A/C GAS	1.00	120.00	0.00	120.00		Y	X
7 TO REMOVE AND REFIT A/C CONDENSER, RADIATOR AND OTHER NECESSARY ITEMS TO ENABLE BODYWORK REPAIR	1.00	260.00	0.00	260.00		Y	X
8 TO RESPRAY FRONT BUMPER COVER	1.00	250.00	0.00	250.00		Y	200
9 TO RESPRAY FRONT BUMPER CENTER UPPER MOULDING	1.00	250.00	0.00	250.00		Y	100
10 TO RESPRAY FRONT BUMPER LOWER MOULDING	1.00	250.00	0.00	250.00		Y	X
11 TO RESPRAY FRONT BUMPER FOG LAMP COVER	1.00	250.00	0.00	250.00		Y	X
12 TO RESPRAY FRONT FENDER PANEL	1.00	250.00	0.00	250.00		Y	200
13 TO RESPRAY FRONT DOOR PANEL	1.00	250.00	0.00	250.00		Y	X
14 TO RESPRAY FRONT SIDE MIRROR	1.00	250.00	0.00	250.00		Y	50
15 TO RESPRAY FRONT BONNET	1.00	250.00	0.00	250.00		Y	200
16 TO RESPRAY A PILLAR RH	1.00	250.00	0.00	250.00		Y	100
TOTAL:		4,600.00	0.00	4,600.00			

**MATERIALS**

1 FRONT BUMPER <i>de</i>	1.00	430.90	86.18	344.72	L	Y	
2 FRONT RH BUMPER RETAINER <i>re</i>	1.00	28.00	5.60	22.40	L	Y	
3 FRONT RH BUMPER SIDE SUPPORT BRACKET <i>re</i>	1.00	12.00	2.40	9.60	L	Y	
4 FRONT BUMPER ENERGY ABSORBER X	1.00	86.90	17.38	69.52	L	Y	
5 FRONT BUMPER REINFORCEMENT X	1.00	1,075.10	215.02	860.08	L	Y	
6 FRONT BUMPER CENTER UPPER MOULDING <i>re</i>	1.00	284.90	56.98	227.92	L	Y	
7 FRONT BUMPER LOWER GRILLE X	1.00	186.90	37.38	149.52	L	Y	
8 FRONT BUMPER LOWER LIP X	1.00	35.10	7.02	28.08	L	Y	
9 FRONT RH HEADLAMP ?	1.00	2,110.30	422.06	1,688.24	L	Y	
10 FRONT END MODULE CARRIER X	1.00	949.30	189.86	759.44	L	Y	
11 WIPER TANK ? X	1.00	150.80	30.16	120.64	L	Y	

## CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
12 FRONT RH WHEEL RIM COVER <i>Sc</i>	1.00	346.40	69.28	277.12	L	Y	
13 FRONT RH FENDER PANEL <i>St</i>	1.00	588.80	117.76	471.04	L	Y	
14 FRONT RH FENDER LINER <i>X</i>	1.00	114.70	22.94	91.76	L	Y	
15 FRONT RH FENDER EMBLEM <i>m</i>	1.00	26.60	5.32	21.28	L	Y	
16 FRONT RH SIDE MIRROR <i>St</i>	1.00	1,054.60	210.92	843.68	L	Y	
17 FRONT RH DELTA GARNISH <i>X</i>	1.00	42.80	8.56	34.24	L	Y	
18 FRONT BUMPER CLIP SET <i>m</i>	1.00	55.00	0.00	55.00	S	Y	<u>30</u>
19 FRONT BUMPER RIVET SET <i>m</i>	1.00	50.00	0.00	50.00	S	Y	<u>30</u>
20 FRONT FENDER INNER SHIELD CLIP SET <i>m</i>	1.00	55.00	0.00	55.00	S	Y	<u>30</u>
21 FRONT FENDER ADS STICKER RH	1.00	250.00	0.00	250.00	S	Y	<u>100</u>
22 SIDE SKIRT ADVERTISEMENT STICKER	1.00	250.00	0.00	250.00	S	Y	<u>X</u>
23 FRONT DOOR STICKER-COMFORT DELGRO RH	1.00	120.00	0.00	120.00	S	Y	<u>X</u>
24 FRONT DOOR ADS STICKER RH	1.00	250.00	0.00	250.00	S	Y	<u>X</u>
25 RADIATOR COOLANT	1.00	100.00	0.00	100.00	S	Y	<u>X</u>
TOTAL:		8,654.10	504.82	7,149.28			
TOTAL PARTS & LABOUR:		13,254.10	1,504.82	11,749.28			

EXCESS/LOADING:\$S: 0.00

No. Of Day: 5 daysRE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: \$SDATE OF SURVEY: 03 / 07 / 23 @ 1500SURVEYED BY: RosulCONTACT NO: 90060068

FAX NO: \_\_\_\_\_

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

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Lumpsum

Labour = \$ 1600.00

SIN = \$ 190.00

Parts = \$ 1989.84

LTSFP = \$ 3779.84 - 20%

= \$ 3023.88

Pay after repairRequired Market ValueFinal Amt = \$ 3023.88

# 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	29/06/2023 11:36 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2023 09:30 (SGT)
Exact Location of Accident	Kallang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4838T
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### 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) +65-91793328
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	PHANG CHOON FATT
NRIC No	SXXXX506F
Date Of Birth	11/03/1953
Occupation	Outdoor

Date Of Driving Pass .....	06/09/1978
Driving experience .....	44 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91793328
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 40 JALAN RUMAH TINGGI #05-276
Address complement .....	-
Postcode .....	151040
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 .....	Collision - Change/cross lane
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) .....	1
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 .....	-

#### 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 29/06/2023 AT ABOUT 09:30HRS, I WAS DRIVING VEHICLE A(SHB4838T) ALONG KALLANG AVE. AS I SLOWDOWN MY VEHICLE INTO TURN LEFT , VEHICLE B(GBG9502Z) OVERTAKE MY VEHICLE AND COLLIDED ONTO VEHICLE A AT RIGHT SIDE. NOBODY WAS INJURED.

#### 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 .....	GBG9502Z
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Cabstar
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAWATCHAI JANWAN
Passport No/FIN .....	AXXXX5943
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2



**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 based outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT  
REPORTING OFFICER  
FRO KHAMARAJ

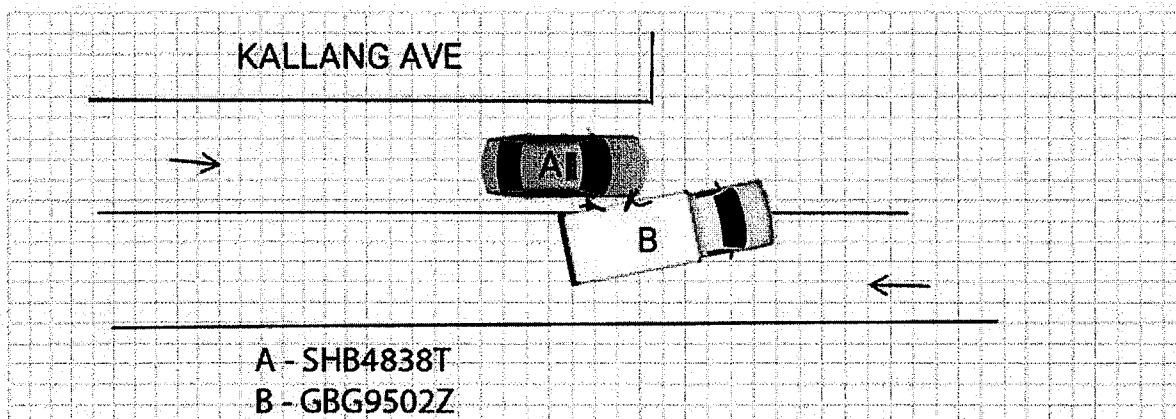
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Sketch Plan

29/06/2023- 1100HRS



## Describe Circumstances of the Accident

ON 29/06/2023 AT ABOUT 09:30HRS, I WAS DRIVING VEHICLE A(SHB4838T) ALONG KALLANG AVE. AS I SLOWDOWN MY VEHICLE INTO TURN LEFT, VEHICLE B(GBG9502Z) OVERTAKE MY VEHICLE AND COLLIDED ONTO VEHICLE A AT RIGHT SIDE. NOBODY WAS INJURED.

## Declaration

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

29/06/2023- 1100HRS

Witnessed by Reporting Centre Personnel



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Jun 2023 / 09:56:28

Receipt Date/Time : 30 Jun 2023 / 09:56:28

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230630-000653

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - GBG9502Z

As at 29 Jun 2023/09:30:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - GBG9502Z  
Enquiry Fee  
20230630095516403439

24.77	1.98	26.75
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**Sub-Total**

24.77	1.98	26.75
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**Total Before Rounding**

24.77	1.98	26.75
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**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: CC23060502



Date: 07 July 2023

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 29/06/2023 @ 09:30 hrs  
ALONG KALLANG AVE, SINGAPORE  
INVOLVING GBG9502Z

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 **SHB4838T** (the "Taxi"). The Taxi was hired to **PHANG CHOON FATT IC NO SXXXX506F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$126.36** per day (inclusive of GST).

(S 117) h e g t

Please be advised that the Taxi was insured with **HSBC Life (Singapore) 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.

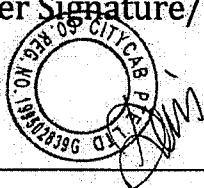
# LETTER OF AUTHORITY

Accident involving SHB4838T & G1669502Z on 29/6/23  
along Kallang Avenue.

I/We, City Cab Pte Ltd NRIC/ Co.Reg Number 199502839G registered owner of vehicle No. SHB4838T which was rented to Hirer/Driver Mr/Ms Pheng choon Fatt NRIC SXXXX 506 F, hereby authorize **Ding Automotive Pte Ltd** on this date 30/6/23 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.

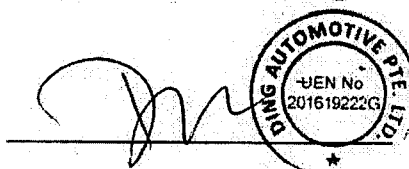
Owner Signature/Co.Chop



Hirer/Driver Signature

CF

Authorized Workshop



## Satisfaction Voucher

Date: 30/06/2023

AXA INSURANCE SINGAPORE PTE LTD

6 JUL '23 18:14

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

Phong chon Fady

I/We hereby acknowledge having received from ST Engineering Mobility Services Pte

Ltd 31 Corporation Road, Singapore 649825, my/our vehicle number SHB4838T

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 50115229 in respect of the damage caused to the

said vehicle in an accident that occurred thereto or about the 29/06/2023

at ALNG KALLANG AVE

Dated this day of 6 July, 201 2023

Signature: 42

NRIC No: 5777 506 F

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)	
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)
<b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b> 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.	
<b>LIMITATIONS AS TO USE*</b> 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)	
<b>EXCESS :</b> <b>All Claims : SGD 2,000.00</b>	
* 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.





# 24 HOUR RECOVERY SERVICES

Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

Blk 647 Jalan Tenaga #11-123 Eunos Tenaga Ville Singapore 410647

Email: 24hoursrecovery@gmail.com

No. 59469

Date : 29/06/23



M/S

DING AUTOMOTIVE

Vehicle No

SHB 4838 T

Model

IONIQ

From

KING GEORGE'S AVE

Call Time

To

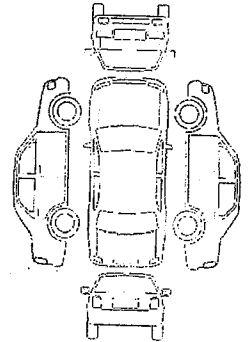
31 CORPORATION RD

Time Arrival

1150

Remarks

Arrival Workshop : 1225



☐ Change Tyres / Patch Tyre

☒ Accident

☐ Use Car Carrier

☐ Loaded

☐ Basement / Multi Carpark

☐ Low Body Kit / Low Spoiler

☐ Open Door

☐ Jump Start

☐ Using King Dolley

☐ Dismantle Brake / Shaft

☐ Crane Up / Winch Out

☐ Break Down

AMOUNT S\$

50/-

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damage or other misdemeanour to your vehicle whilst being transported.