

ASSIGNMENT

Surveyor: Guo Qiang DOI: 02/04/15 Assg Date: 02/04/15

Pre-assign / CCU / FTE



Insured Vehicle No.: SHD 1579A Claim No.: MCP14/0589/01/17
 Name of Insured: Premier Taxis Pte Ltd Policy No.: MPRE 0003
 Insured Tel No.: _____ HP: _____ Make / Model: Hyundai
 Excess Sec II :SS D.O.A: 09/02/15 Place of Accident: Upper Bukit Timah Rd Twos Dunearn Road / City
 Is driver the owner? (YES / NO) Nature of Accident: _____
 If NO, Driver Name / Age: Ng Choon Hup OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No.: 9014 1994 (V/L: YES / NO Insured Liability: % Final ? Yes / No

S361835X →

	INSRS: WSP: <u>Mova Auto</u> Tel: Liability: RMKS:	→		INSRS: WSP: Tel: Liability: RMKS:	→		INSRS: WSP: Tel: Liability: RMKS:	→		INSRS: WSP: Tel: Liability: RMKS:
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Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
<u>10/04/15</u>	Is driver the owner? (YES / NO)	Finalisation:	
<u>Kathy</u>	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: _____ Insurance Company: _____	Apt letter to OI:	
	<u>S361835X - X</u>	Call OI:	<u>05/06/15</u>
	<u>SHD1579A - X</u>	After call ltr to OI:	<u>vic</u>
	<u>NO NEED TO CALL OI/OI.</u>	Type Report:	
	<u>NO NEED TO SEND LETTER TO OI</u>	Prepare Invoice:	
<u>05/06/15</u>	<u>FILE REVIEWED. OI REPORTED TP CHANGED CASE.</u>	Others:	
	<u>TP REPORTED OLD CHANGED CASE.</u>	Documentation Check List:	Handler Typist
	<u>COMPLYING VERSIONS</u>	OI Apt Ltr:	<input type="checkbox"/> <input type="checkbox"/>
	<u>EMAIL III FOR LIABILITY MANDATE.</u>	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	<u>OI GOT WITNESS. PENDING III FURTHER INSTRUCTIONS</u>	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
<u>20/08/15</u>	<u>III APPROVED LIABILITY @ 50%.</u>	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	<u>EMAIL LIABILITY UNCLERE TO TP.</u>	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
<u>15/11/17</u>	<u>SPONS TO TP (OIRO), HIS COMPANY</u>	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
<u>SPM</u>	<u>OWNER DID NOT COME BACK FOR</u>	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	<u>ROYALTY. EMAIL TO TP TO CLOSE CASE.</u>	Approval Email:	<input type="checkbox"/> <input type="checkbox"/>
	<u>EMAIL TO III TO SUBMIT WP REPORT.</u>	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	<u>NO SETTLEMENT.</u>	Others:	<input type="checkbox"/> <input type="checkbox"/>

RECEIVED 15 NOV 2017

COPY SENT 18/11/17

FINAL SETTLEMENT	Date :	Confirm with	(CONFLICTING VERSIONS)
Repair Cost:	SS -	Final Liability	50 % (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>
Loss of Rental:	SS -	(days)	If NO or B 28, Ass. Lia :
Loss of Use:	SS -	(\$ x days)	Format Type : <u>WP REPORT</u>
Disbursement:	SS -		<u>TP WITHDRAWN CLAIM</u>
Total:	SS -	Global Sum: SS	<u>\$ 250.00</u>



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
INDIA INTERNATIONAL INSURANCE PL		Ref : CC6/III15005701/Gre3	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 06-04-2015	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 1879A	Veh. Inspected	SJG 1835X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/04/2015
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	09/02/2015	Inspection Date	02/04/2015
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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Secured Message

[Reply](#)

From: Motor Claim - III <motorclaim@iii.com.sg>
To: suli@lkkauto.com
CC: Irene Zheng Hui Ping - III <huiping@iii.com.sg>
Date: April 7, 2015 6:05:56 AM GMT
Subject: FW: PODS III Ref: MCP14/0589/01/IZ - (TBA) LKK Ref: CC6/III15005701/Gre3 Accident on 09.02.2015 involving SHD 1579A (India) and SJG 1835X (TP) at Upper Bukit Timah Road
Attachments: [TP ESTIMATE.pdf](#) [FTP GIA REPORT.pdf](#) [Preliminary Advice - SJG 1835X.pdf](#) [SAS1791266-SHD1579A.pdf](#)

Dear Su Li,

We refer to your email below on 7th April, 2015.

As requested, we attach our driver's SAS report.

The Claim Handler is Ms. Irene Zheng for Future Communication.

Best Regards

Priya Manivel
Motor Claims Department
India International Insurance Pte Ltd
Tel : 63476100, Ext-284
Email : manivel@iii.com.sg

From: Su Li (LKK Auto) [mailto:suli@lkkauto.com]
Sent: Tuesday, 7 April, 2015 10:10 AM
To: Motor Claim - III
Cc: KKLau; Vic; Kathy Lai; Sharon Yee
Subject: PODS III Ref: (TBA) LKK Ref: CC6/III15005701/Gre3 Accident on 09.02.2015 involving SHD 1579A (India) and SJG 1835X (TP) at Upper Bukit Timah Road

Dear Sir/Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SJG 1835X AT M/S Mova Automotive Pte Ltd.

Enclosed herewith a copy of TP's GIA report , estimated cost of repair and preliminary advice for your perusal.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Kathy and she can be contacted at DID: 6841 2928.

Thank you.

Best Regards,

Su Li | Admin

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: admin-a@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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India International Insurance Pte Ltd.

Registration No. 198703792-K

Reply

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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 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 ability.
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 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 Report	09/02/2015 17:59
Date Of Accident	09/02/2015 16:40
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1835X
Insured/Policyholder	
Name Of Registered Owner	CHIN PENG KIEW
NRIC No	S1775002Z
Email Address	FINISTO7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96893650
Alternative Phone No	Others-96893650

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5037464506-05
Cover Note Number	

Driver

Name of Driver	CHIN PENG KIEW
NRIC No	S1775002Z
Date Of Birth	23/11/1966
Occupation	Indoor
Date Of Driving Pass	04/11/1992
Driving Experience	22 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-96893650
Fax Number	
Contact Number	Others-96893650
Email Address	FINISTO7@HOTMAIL.COM

Address	BLK 51 LENGKOK BAHRU #08-265
Postcode	150051
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - REFER TO SKETCH
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1579A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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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.

[Signature]
29/2/15

Policyholder's Signature / Date & Time

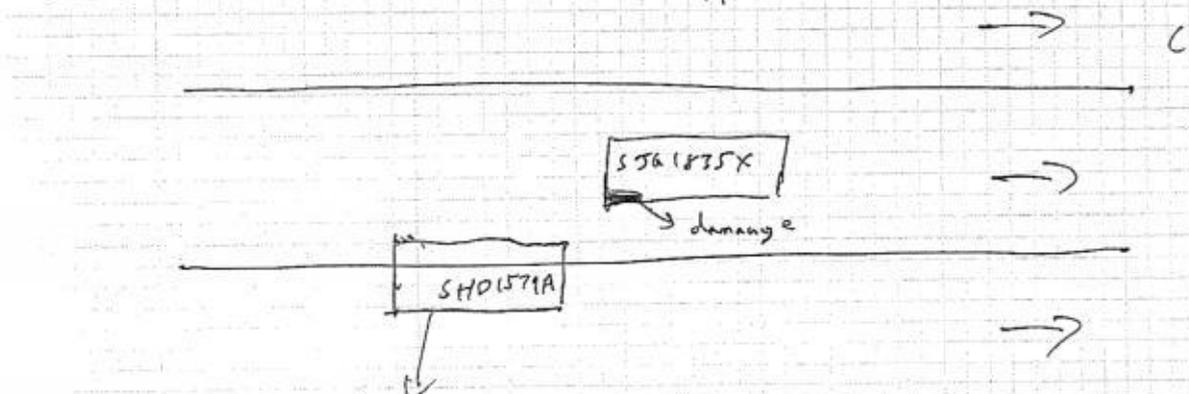
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
MOVA MOTORVEHICLE PTE LTD

Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Bukit Timah Road



change lane > hit ~~SHD~~
SJA 1835X

Describe Circumstances of the Accident

I was driving my car, SJK 835K, along upper Bukit Timah Road towards city, just before Dairy Farm Junction. ~~I was~~ The date is 9 Feb 2015, Time is 4.40pm.

I was using the middle lane (out of 3 lanes).

As I passed by a Silver taxi (Premier cab), SHD1579A the cab suddenly swerved left and changed lane from the right most lane into my lane and knocked on to the right/back end of my car.

Both cars stopped immediately. Photographs were taken.

No injuries happened to anyone. We took down particulars.

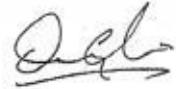
Cab driver = Mr Ng Choon Hup
 IC = 506975606
 Tel = 90141194

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

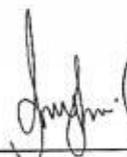
Please State:
 Claim Own Policy Claim Third Party Claim OD/TP at other workshop Reporting only

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

 
 Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	10/02/2015 16:09
Date Of Accident	09/02/2015 16.40 ✓
Exact Location Of Accident	UPPER BUKIT TIMAH RD TWDS DUNEARN ROAD/CITY ✓
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1579A
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62148880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 CW-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	MPRE0003
Cover Note Number	

Driver

Name of Driver	NG CHOON HUP
NRIC No	S0697560G
Date Of Birth	01/03/1953
Occupation	Outdoor
Date Of Driving Pass	24/07/1970
Driving Experience	44 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-90141994
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1 EUNOS CRESCENT #07-2535
Postcode	400001
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	Unknown - TP ENCROACHED AND COLLIDED ONTO INSURED SIDE
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG1835X ✓
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	CHIN PENG KIEU
NRIC/Passport Number	
Contact Number	96893650
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	MR KHAN
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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- (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/patrol 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.



1/c 06975606
NG CHOON HUP

10 FEB 2015

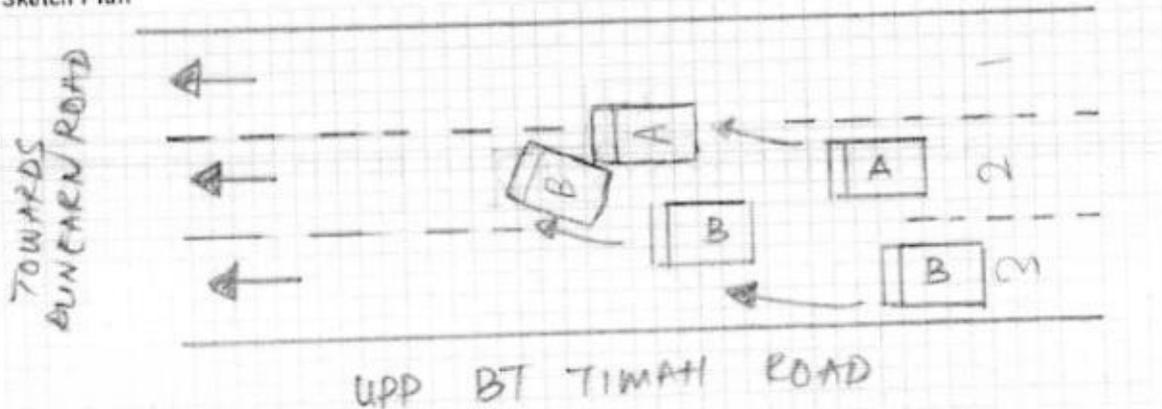


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SHD1579A
B: SJG 1835X

Sketch Plan #2

Describe Circumstance of the Accident.

ON 09/02/2015 AT ABOUT 1640HRS, I WAS DRIVING MY TAXI (SHD1579A) TRAVELLING ALONG UPP BT TIMAH ROAD TOWARDS DUNEARN ROAD/CITY WITH 2 PASSENGERS ONBOARD (INDIAN COUPLES), IN THE MIDDLE LANE.

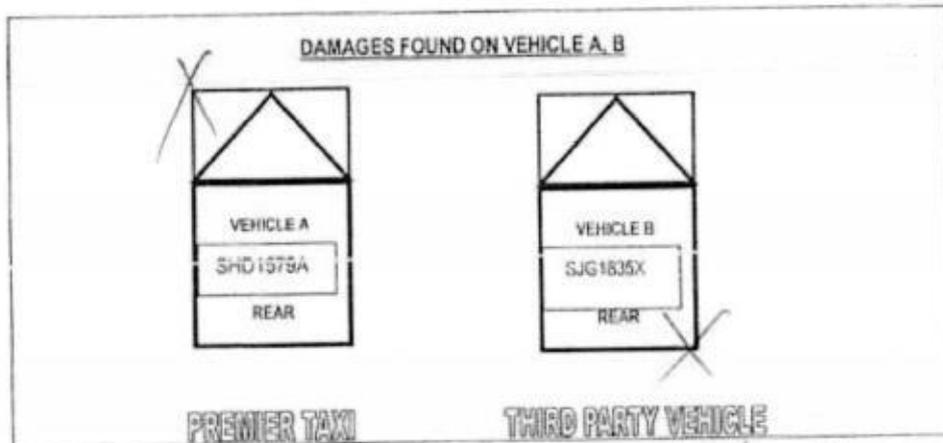
WHILE I WAS MOVING STRAIGHT AHEAD - WITHIN MY LANE & ACCORDING TO THE FLOW OF TRAFFIC, SUDDENLY I NOTICED VEHICLE B (SJK1835X - TOYOTA), WHICH WAS FROM THE LEFT LANE, WAS ENCRDACHING ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, I IMMEDIATELY SWERVED MY TAXI TO THE RIGHT AS TO AVOID THE SAID VEHICLE BUT VEHICLE B CONTINUED ENCRDACHING ONTO MY PATH ON MY FRONT LEFT, CAUSING THE REAR RIGHT PORTION OF VEHICLE B TO COLLIDE ONTO THE FRONT LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI WAS DAMAGED ON THE FRONT LEFT PORTION & VEHICLE B WAS DAMAGED ON THE REAR RIGHT PORTION.

ONE OF MY PASSENGERS - MR KHAN WHO WAS IN THE REAR SEAT, WILLING TO BE MY EYE WITNESS.

NO INJURIES INVOLVED.
NO PASSENGERS ONBOARD VEHICLE B.



Choon Hup 10-2-2015

Driver's Signature
Tuesday, February 10, 2015 @ 11:56:45 AM
(attended by *CS*)

Declaration

We declare the foregoing particulars are true in every respect.



*1/c 06975606
NG CHOON HUP
Choon Hup*

10 FEB 2015



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IDAC	HOTLINE
STA Inspection	65556888
VICOM Assessment Centre	1800-2255822

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: **05566SE**
Third Party

Excess: **S\$3500/- all claims**

CERTIFICATE NO.

MPRE0003

1. Index Mark and Registration Number of Vehicle

SHD1579A

2. Name of Policy Holder

Premier Taxis Pte Ltd

3. Effective date of the commencement of Insurance for the purposes of the Act

20th October 2013

4. Date of Expiry of Insurance

19th October 2016

5. Persons or Classes of Persons entitled to drive*

- (a) Any licensed taxi driver driving on the Policyholder's order or with their permission.
(b) Any person provided he is in the Policyholder's employ and is driving on their 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.

6. Limitations as to use*

- (1) Use as a taxi
(2) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial, or speed-testing
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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 Certificate 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).

Date of Issue: **RI/07.10.2013**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

Authorized Signatory

M.Z. 400/AC
TAXIS

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further 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 that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY

INDIA INTERNATIONAL INSURANCE PTE LTD

CO. REG. NO. 19800722R
64 CECIL STREET #04/05 108 BUILDING SINGAPORE 049111 TEL: 6347 6100 FAX: 6224 4174 • 6275 4743 WEB: www.ii.com.sg
POSTAL ADDRESS: ROBINSON ROAD P.O. BOX NO. 728 SINGAPORE 904436

Driving License

PREMIER TAXI	(HIRE) / RELIEF / SUPER RELIEF
VEHICLE NO.	SHD 1579A
CONTACT NO.	9014 1994
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0697560G



Name: NG CHOON HUP
黄春合
Race: CHINESE
Date of Birth: 01-03-1953
Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0697560G
Name: NG CHOON HUP
Birth Date: 01 Mar 1953
Valid Date: 12 Feb 2004



00117861G

MBIC No: S0697560G



Word Group: Di
Date of issue: 12-05-1993

APT BLK 1 FLATS CRESCENT 807-733A
SINGAPORE 1410
NRIC No: S0697560G
Date: 08-07-1993
No: 0287885

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASSIFICATION	VALID DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Jun 1972
Class 2A	Motorcycles between 201 cc and 400 cc	20 Jun 1972
Class 2	Motorcycles exceeding 400 cc	20 Jun 1972
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Jul 1970
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Nov 1974
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	21 Oct 1976

NP 427A

License No: S0697560G

Land Transport Authority

VOCATIONAL LICENCE

License No: S0697560G
Name: NG CHOON HUP
Issue Date: 3/5/2005

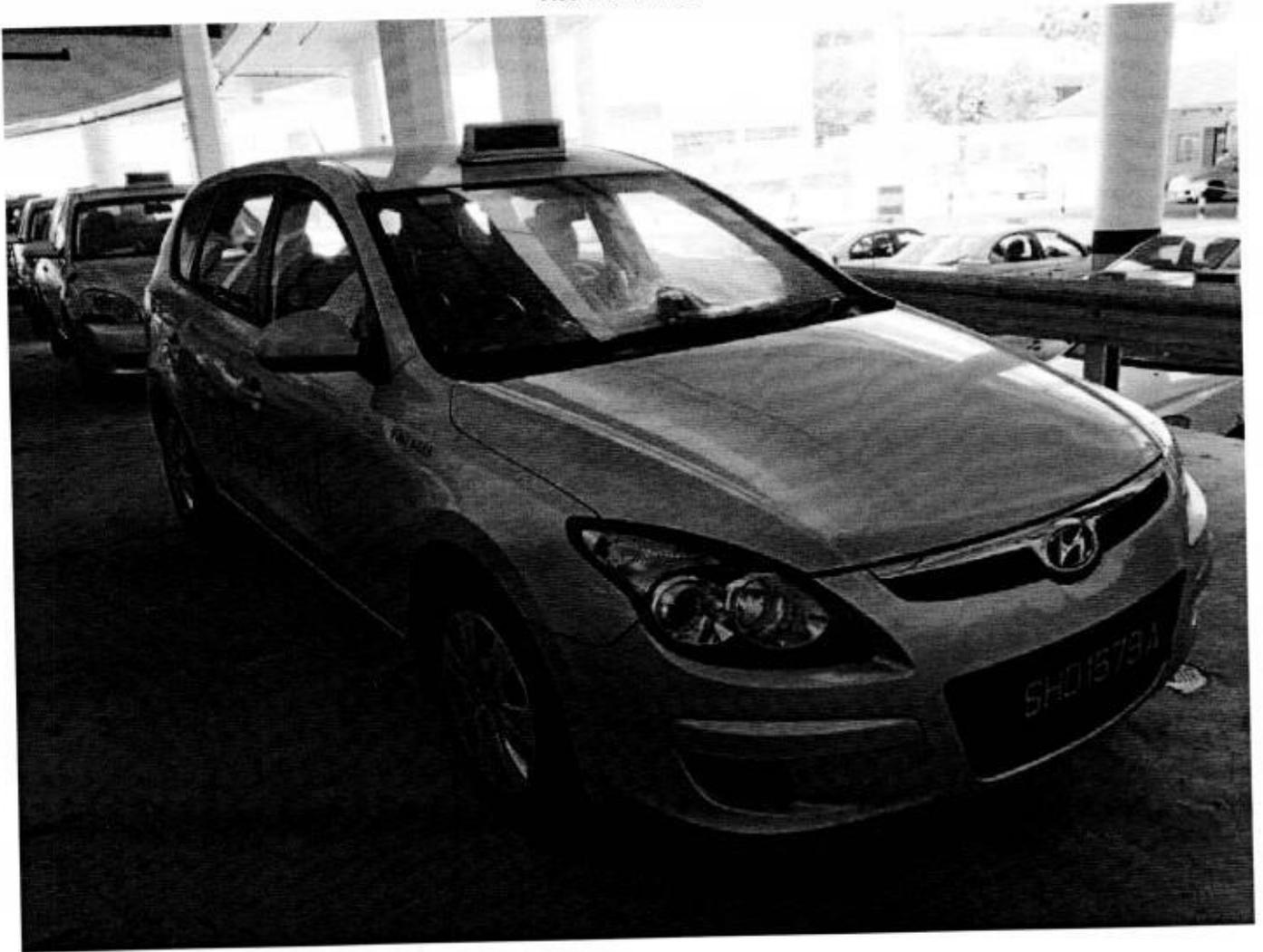


Please visit www.lta.gov.sg to check the status of this vocational licence

Accident Photo



Accident Photo



Accident Photo



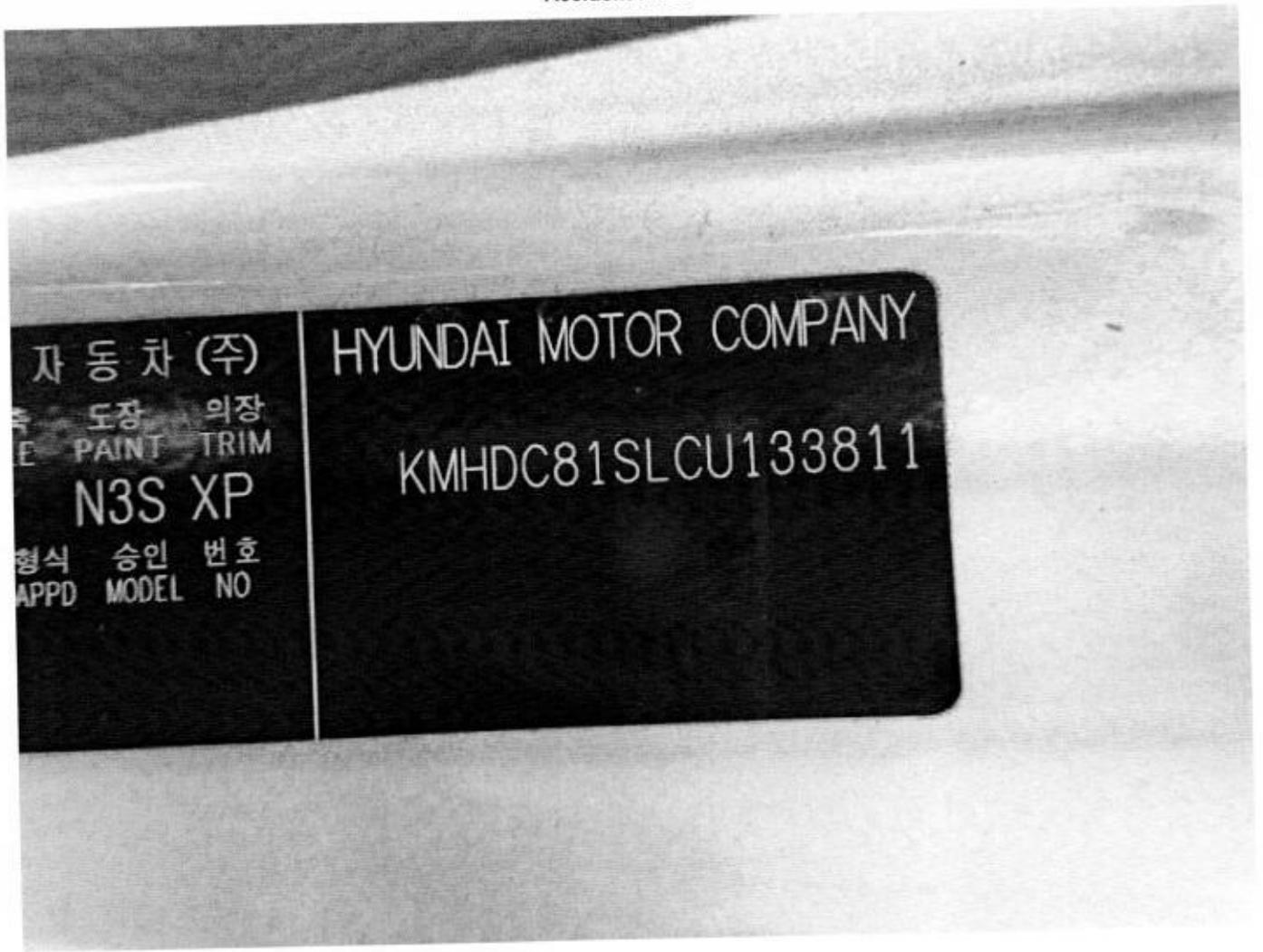
Accident Photo



Accident Photo



Accident Photo



Status of Driving Licence

Licence No. :	S0697560G
Status of Driving Licence :	Valid
Class of Driving Licence :	2,2A,2B,3,4,5
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

The above information is accurate as at 10/04/2015 12:01 AM.



Your ref: To be advised
Our ref: CC6/III15005701/Gre3

Date: 07/04/2015

The Motor Claims Department
M/s INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Madam

PRELIMINARY ADVICE OF VEHICLE NO.

SJG 1835X

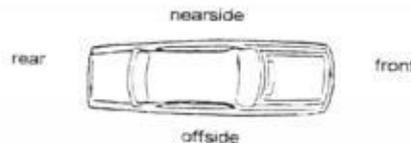
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 02.04.2015 at the premises of M/s Mova Automotive Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,163.03
Revised Estimate Amount	: S\$	798.63
"Check" Items Amount	: S\$	117.75
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the O/S Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

XING GUO QIANG
Licensed Appraiser

2 Days Lumpsum Repair.

Guo Qiang - 82880282
Guo Qiang @ lkk auto.com
02/4/15.



Estimate

10/02/2015

INDIA INT'L INSURANCE PTE LTD
64 CECIL STREET #04-06
IOB BUILDING
SINGAPORE 049711

Page # :- 1
Veh # :- SJG1835X
Veh Model :- TOYOTA COROLLA ALTIS 1.6 AUT
Estimate# :- CK411763
Claim # :-
ACC. Date :- 09/02/15
Terms :- C.O.D Days
Remarks :-

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722
Tel : (65) 6272 3892
Fax : (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

Attention :- XA027

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BUMPER ✓ <i>Cut</i>	1	PC 425.90	425.90
2.	REAR BUMPER RETAINER RH ✓ <i>NEC</i>	1	PC 55.00	55.60
3.	REAR BUMPER END GARNISH RH ?	1	PC 117.75	117.75
4.	REAR BUMPER CLIPS ✓ <i>NEC.</i>	10	PC 5.00	50.00
LIST TOTAL S\$				649.25
25% DISCOUNT S\$				-162.31
				486.94
LABOUR :				
TO KNOCK & STRAIGHTEN REAR FENDER RH. TO REMOVE & REPLACE ACCIDENT DAMAGED PARTS. RE-ALIGN ALL CONNECTION.				150 300.00
TO SPRAY PAINT ON REAR FENDER RH & REAR BUMPER.				250 300.00
LABOUR TOTAL S\$				600.00

E. & O.E

NON-TAX AMOUNT S
AMOUNT S\$ 1,086.94
GST @ 7 % 76.09
AMOUNT DUE S\$ 1,163.03

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

LKK Auto Consultants hence notify the Repairer of the following:
• To resurvey before/after spray painting
• To display damaged part(s) during resurvey
• Parts prices are subject to confirmation
• Third party survey is on a "Without Prejudice" basis
• No illegal modification(s) is allowed
• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company
Acknowledged by Repairer
Signature:
Date:

Vic

From: Sharon Tan - III [sharon@iii.com.sg]
Sent: Thursday, 20 August, 2015 11:09 AM
To: Vic
Cc: Admin A
Subject: PODS III Ref: MCP14/0589/01/ST - (TBA) LKK Ref: CC6/III15005701/Gre3 Accident on 09.02.2015 involving SHD1579A (India) and SJG 1835X (TP) at Upper Bukit Timah Road

Dear Sirs,

We refer to the above matter.

We are agreeable to liability at 50% in this matter.

Please proceed to handle this case under Express Settlement and seek mandate from us on quantum in due course.

Regards

Sharon Tan
Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #04/#05 IOB Building
Singapore 049711
Tel: 63476100 Extn: 216 Fax: 62244174
Email: sharon@iii.com.sg
Co. Reg Number: 198703792K

From: Vic [mailto:vicalpeh@lkkauto.com]
Sent: Monday, 17 August, 2015 5:59 PM
To: Sharon Tan - III
Cc: Admin A; Vic
Subject: RE: PODS III Ref: MCP14/0589/01/ST - (TBA) LKK Ref: CC6/III15005701/Gre3 Accident on 09.02.2015 involving SHD1579A (India) and SJG 1835X (TP) at Upper Bukit Timah Road

Dear Ms Sharon,

We refer to your below email.

Kindly advise for an update.

Thank you.

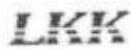
Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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

 Auto Consultants Pte Ltd *Save the Earth. Print only when necessary.*

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From: Vic
Sent: Friday, 3 July, 2015 12:24 PM
To: 'Sharon Tan - III'
Cc: Admin A; Kathy Lai; Vic

Vic

From: Vic
Sent: Thursday, 20 August, 2015 1:59 PM
To: Suann
Cc: 'Caren'; Admin A; Vic
Subject: Your Ref: SJG 1835X_ACCIDENT INVOLVING VEHICLES SHD 1579A AND SJG 1835X ON 09.02.15
Attachments: SHD 1579A Statement.pdf

Your Ref: SJG 1835X "Without Prejudice"
Our Ref: CC6/III15005701/Gha3

Dear Suann,

ACCIDENT INVOLVING VEHICLES SHD 1579A AND SJG 1835X ON 09.02.15

We refer to above matter.

Purely for an amicable settlement on a without prejudice basis without admission of any liability, we proposed to settle your claim on a 50/50 basis due to conflicting versions. We attached a copy of our Insured's statement for your perusal.

Kindly confirm acceptance and forward to us all relevant documents.

Please note that our principal will require the ORIGINAL DOCUMENTS in order to process the payment.

Thank you.

Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

INDIA INTERNATIONAL INSURANCE PL

Ref : CC6/III15005701/Gha3s2

64 CECIL STREET
#05-02 IOB BUILDING SINGAPORE 049711

Date : 27-11-2017



Code : III2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1579A	Veh. Inspected	SJG 1835X
Policy No.	MPRE0003	Coverage (\$)	0.00
Claim No.	MCP14/0589/01/IZ	Excess (\$)	0.00
Assign From		Assign Date	02/04/2015

2. Vehicle Particulars & Condition

Make & Model	TOYOTA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MR053ZEE106111322	Colour	SILVER
Odometer	57885	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/02/2015	Inspection Date	02/04/2015
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **2 Working Days**



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJG 1835X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CUT	425.90	425.90
1	REAR BUMPER RETAINER RH	NECESSARY	55.60	55.60
1	REAR BUMPER END GARNISH RH	* CHECK	117.75	-
10	REAR BUMPER CLIPS @ \$5.00	NECESSARY	50.00	50.00
	LESS 25% DISCOUNT		-162.31	-132.87
			486.94	398.63
LABOUR				
	TO KNOCK & STRAIGHTEN REAR FENDER RH. TO REMOVE & REPLACE ACCIDENT DAMAGED PARTS. RE-ALIGN ALL CONNECTION.		300.00	150.00
	TO SPRAY PAINT ON REAR FENDER RH & REAR BUMPER.		300.00	250.00
			600.00	400.00
GRAND TOTAL			1,086.94	798.63
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$117.75 NETT)				650.00

Report Ref No. CC6/III15005701/Gha3s2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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