INS. CASE OWNER: PRAKASH

CC3 /AIG11000400 / [illegible]

URGENT

ASSIGNMENT

Surveyor: KENNETH KONG

DOI: 05/01/2011

Date / Time: 07/01/2011

Pre-assign / CCU / FTE

Registered in Merimen: 07/01/2011

Insured Vehicle No.: SGU5015G

Claim No.: 8004585 31

Name of Insured: MELVIN CHER TECK LIANG

Policy No.: 210002131?

Insured Tel No.:

HP: 94897601

Make / Model: MITSUBISHI LANCER 1.6 CVT (A)

Excess Sec II :S$

D.O.A: 30/12/2010

Place of Accident: MIDDLE RD X BENCOOLEN STREET

Is driver the owner? (YES / NO)

Nature of Accident: X junction Turning

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO) Insured Liability: % Final ? Yes / No

SHD 942K

INSRS: WSP: TRANS CAB Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SGU5015G - X
	SHD 942K - X
31/1/11 1115 - 1450	Call OI. No P/up - Henry.
20/1/11 1120	Call OI No P/up - Henry. Base on the circumstance of accident, third party is turning right, OI is going straight, we can reject this claim.
	After consulting Mr Yeow, it is in our opinion to reject his claim.
2-2-11	Try to call OI to check / verify traffic light in who's favor. Any witness? - check w/ Trans cab if they have their witness details
22-3-11 @ 11:19	called OI 2x. No answer.
@ 11:23	called OI no. busy.
@ 11:26	e-mailed Merimen to furnish us OI's contact details.
@ 11:37	e-mailed Trans-cab for witness or evidence available.
[illegible]	[illegible]
10/10/11	File pass to Jas. (BASED ON BOLA)
	To be reject claim
	TO CANCEL FILE. 03/01/18
03-01-18	IF FOOTAGE REVEALED T/P'S TURN BEFORE GREEN ARROW SHOWN, TO MAINTAIN OUR REJECTION.

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	
After call ltr to OI:	
Type Report:	
Prepare Invoice:	
Others:	

Documentation Check List:	Handler	Typist
OI Apt Ltr:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
LTA / GIA:	☐	☐
Medical Bill:	☐	☐
Approval Email:	☐	☐
Payment Breakdown Form:	☐	☐
Others:	☐	☐

[FIN]AL SETTLEMENT	Date:	Confirm with		
[Re]pair Cost:	S$	Final Liability	% (Agreed / Assessed)	BOLA S/N No.:
[Co]s of Rental:	S$	(days)		If NO or B 28. Ass. Lia:
[Lo]ss of Use:	S$	(S$ x days)		
[Rei]mbursement:	S$			
[Tot]al:	S$	Global Sum: S$		

Rejected

COPY SENT

Maintain Rejection & to cancel file.

(25-05-03)
ASS. REC BY:

REF: AIG/CC3/AIG11000400/FA/112

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Trans Cab

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJD942R Yr Regn: 08 : 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toy Wish c.c 1798

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 143297 /Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDER12W403002822

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NIL / S/Rim / STD A/Rim or

Tyre Size: F:

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	30/12/10	D.O.I.	5/1/11

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time . Action / Instruction

13/1/11 : L/S #1600 Rec'd $ 469.65 (74%)

Date/Time, File Pass to?	Date/Time, File Return to?
1)	2)
3)	4)
5)	6)
Prel. Report:	
Final Report:	

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL

MTCS1011504B / Trans-Cab Services Pte Ltd - HQ
ENTRY DATE & TIME: 31/12/2010 10:58

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 repud 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	31/12/2010 10:58
Date Of Accident	30/12/2010 12:50
Exact Location Of Accident	Middle Road X Bencoolen Street
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD942R
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Registration No	200303878k
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and reward
Are u 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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-09015310MFSH
Cover Note Number	
Driver	
Name of Driver	CHONG SWEE HIAN
NRIC	S0302348F
Date Of Birth	31/05/1946
Occupation	Outdoor
Date Of Driving Pass	23/03/1973
Driving Experience	37 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-82364885
Fax Number	
Contact Number	
EMail Address	
Address	BLK 250 Jurong East Street 24 #04-156
Postcode	600250
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 (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

General Information of the Accident

Type Of Accident	Collision- Traffic Light Junction
Weather Conditions	Raining
Road Surface	Wet

Other Information

Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes

Details of Police Action

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

Circumstances of Accident

On 30.12.2010 at about 1251hrs, I was stationary at the extreme right lane along Middle road, intended to make right turn towards Bencoolen Street. When traffic light showed green arrow in my favour, I proceeded to make a right turn. In the midst of turning, suddenly I felt an impact from my taxi's front portion and realized that vehicle B (SGU5015G) without stopped and beat the red traffic, thus, vehicle B's right portion collided onto my taxi's front right portion. SHD942R : no passenger onboard. SGU5015G : 1 female passenger onboard.

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU5015G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MELVIN CHER
NRIC/Passport Number	
Contact Number	9489 7607
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

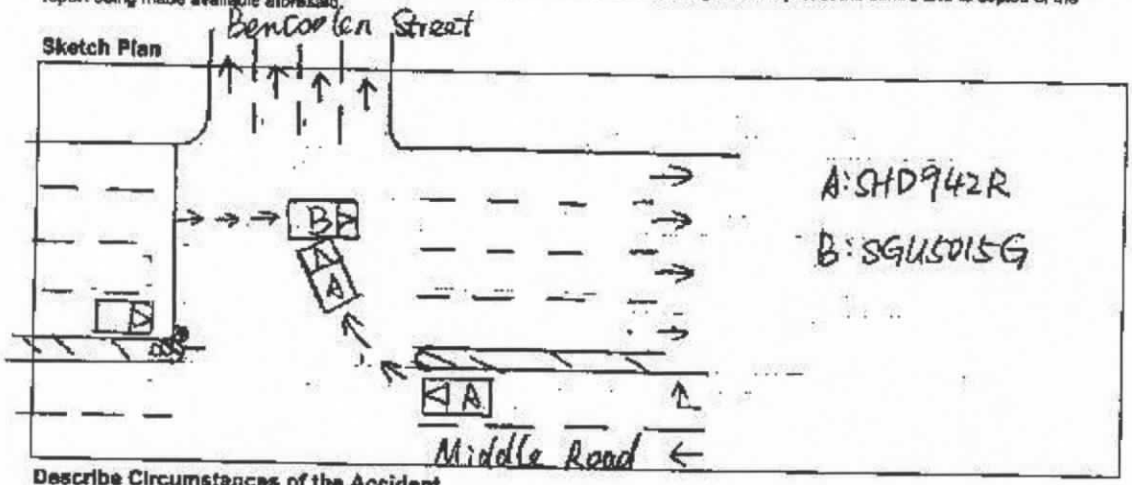
Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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.

Sketch Plan



Describe Circumstances of the Accident

Refer to GIA

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	Witnessed by Reporting Centre Personnel
		Lidan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	30/12/2010 16:36
Date Of Accident	30/12/2010 13:10
Exact Location Of Accident	JUNCTION OF BENCOOLEN ST AMD MIDDLE ROAD
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGU5015G
Insured/Policyholder	
Name Of Registered Owner	MELVIN CHER TECK YIANG
NRIC	S7826314H
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER-1.6 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are u claiming under your own insurance policy for repair to your vehicle?	Yes
If No, Please state action to be taken	
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	American Home Assurance Company
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100021317
Cover Note Number	
Driver	
Name of Driver	MELVIN CHER TECK YIANG
NRIC	S7826314H
Date Of Birth	27/09/1978
Occupation	Indoor
Date Of Driving Pass	06/08/2001
Driving Experience	9 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-94897501
Fax Number	
Contact Number	
EMail Address	
Address	BLK 601 ANG MO KIO AVE 5 #08-2601
Postcode	560601
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 (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
General Information of the Accident	
Type Of Accident	Collision- Head to Side
Weather Conditions	Raining
Road Surface	Wet
Other Information	
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Details of Police Action	
Was the Accident reported tot 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 ATTACHED	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SHD942R
Vehicle Make/Model/Colour	PREMIER RED TAXI
Details Of Properties	
Name of Driver	CHONG SWEE HIAN
NRIC/Passport Number	
Contact Number	82364865
Address	BLK 250 JURONG EAST ST 24 #04-156
Postcode	600250
Insurance Company Name	
Nature Of Damage	
No. Of Passanger (Including Driver)	
Details of Witness	
Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

[illegible]

Any false reports may be referred to the Police for investigation.

[illegible]

Sketch Plan

Describe Circumstances of the Accident

[illegible]

Declaration

[illegible]

[illegible] Date & Time

[illegible] & Time

Witnessed by [illegible]