

INS CASE OWNER:

Vale on

CC 4 / AXA170

14399, h03

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

Motorway



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
26/11/17	SKZ 8320B-X; SKX 8624-X	Non-Reporting ltr (1st):	
6/12/17	Called Motorway. They will check & revert.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	check with OI an update of his claim against TP. If 50/50, we go by 50. If none, to get his workshop details. PIR in.	After call ltr to OI:	05/02/18 - vic
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA:	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input checked="" type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	SS	(days)	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. : NIL
Repair Cost:	SS		
Loss of Rental (LOR):	SS	(days)	
Loss of Use (LOU):	SS	(\$ x days)	
Loss of Income (LOI):	SS	(\$ x days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost	SS		
Total:	SS	Global Sum SS:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

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	18/07/2017 09:16
Date Of Accident	17/07/2017 09:00
Exact Location Of Accident	AT 2ND LINK (TUAS CHECKPOINT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5320B
Insured/Policyholder	
Name Of Registered Owner	ATHENA POLAR CHUA CHOOI KHENG
NRIC No	S6872913J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98179730
Alternative Phone No	OFFICE-98179730

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident

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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V01455/VPE/R01
Cover Note Number	

Driver

Name of Driver	ATHENA POLAR CHUA CHOOI KHENG
NRIC No	S6872913J
Date Of Birth	23/12/1968
Occupation	INDOOR
Date Of Driving Pass	08/10/1990
Driving Experience	26 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98179730
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	30 LORONG 26 GEYLANG, #05-02
Postcode	398497
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	SIDE SWIPE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

WHILE QUEUEING AT TUAS SECOND LINK ARRIVAL SECTION JUST BEFORE CUSTOM BOOT CHECK. I WAS ON EXTREME RIGHT LANE BEHIND SKX862Y. SKX862Y FILTERED LEFT TO GO TO NEXT LANE. I WAITED THEN MOVE FORWARD. AFTER MOVING FORWARD AND STOPPING, SKX862Y CAME FROM BEHIND AND DECIDED TO CUT BACK INTO MY LANE. HE STOPPED SLIGHTLY SLANTED IN FRONT OF MY CAR. WHEN HE CONTINUED TO MOVE FORWARD, HE SWIPE THE FRONT LEFT BUMPER OF MY CAR. AT BOOT CHECK WE BOTH GOT DOWN BUT HE WAS FIERCE AND SHOUTED AT ME. I ASKED HIM WHY HE DAMAGE MY CAR AND HE REPLIED HE DON'T CARE AND DROVE OFF WITHOUT EXCHANGING PARTICULARS. I HAVE IN CAR CAMERA VIDEO RECORDING OF THE INCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX862Y
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

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

While queuing at Tuas second link arrival section just before custom boot check. I was on extreme right lane behind SKX862Y. SKX862Y filtered left to go to next lane. I waited then move forward. After moving forward and stopping, SKX862Y came from behind and decide to cut back into my lane. He stopped slightly slanted in front of my car. When he continued to move forward, he swiped the front left bumper of my car. At boot check we both got down but he was fierce and shouted at me. I asked him why he damage my car and he replied he don't care and drove off without exchanging particulars. I have in car camera video

Declaration Recording of the incident.

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

Mueellue

Policyholder's Signature / Date & Time

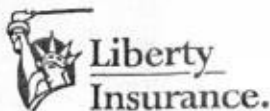
Mueellue

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

Jain

17/7/2017

Witnessed by Reporting Centre Personnel



www.libertyinsurance.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)

Name of Policyholder:

ATHENA POLAR CHUA CHOOI KHENG

Date of Issue:

18 Jan 2017

Registration No.:

SKZ5320B

Effective Date of Commencement:

26 Jan 2017 00:00

Chassis No.:

RU11106872

Certificate No.:

SI17V01455/ VPE / R01

Date of Expiry:

25 Jan 2018 23:59

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

CITIBANK SINGAPORE LTD

Name of Producer:

MOTOR-WAY CREDIT PTE LTD (A1179-5)

...CLAIM SUBFOLDER...(New Assignment)

Non-Reporting

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Jul 2017		25 Jul 2017 14:31 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured: DORTMANS, JOHANNES HENRICUS, ID: S7066714B, Tel: +6591250998, Email: Jerome.Dortmans@gs.com

Main Claimant: ATHENA POLAR CHUA CHOOI KHENG

Vehicle Reg. No.: SKZ5320B **Date of Loss:** 17/07/2017 00:00 - :59

Claim Type: TP / C0445290 **Policy/Cover Note No.:** GA206367 (Comprehensive)

Vehicle Reg. No. (Insured): SKX862Y **Policy No. (Claimant):**

Excess: S\$0.00

Repairer: Motorway Car Care Centre Pte Ltd (HQ) 1094 Lower Delta Road, Motorway Building, 169205 Bukit Merah - Tel: 65719666/64682200

Handling Insurer: AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Vale Oh - 6880 4897]

Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/08/2017]

ASSOCIATED MAIL RECEIVED View All Compose Case Mail

- AXA_SG (25/07/2017): WP / New TP Assignment - C0445290/GA206367

ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

25/07/2017 @ 233pm

James veh not in

Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	S7066714B
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

PROVISIONAL DRIVING LICENCE

You (S7066714B) are not a valid Provisional Driving Licence Holder.

The above information is accurate as at 26/01/2018 12:01 AM.



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/37805/2017
Date : 28 August 2017

Atena Polar Chua Chooi Kheng
30 Lorong 26 Geylang
#05-02
Singapore 398497

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SKX862Y AND SKZ5320B ALONG SECOND LINK ON
17/07/2017 AT ABOUT 0903 HRS**

I refer to the above accident.

2 Please be informed that we have completed our investigations which revealed that the driver of SKX862Y had committed the following offences:

- (i) Failing to exchange particulars after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
- (ii) Failing to report accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276.

Action has been initiated against the driver for the said offences.

3 If you have any clarification, you may contact the Investigation Officer, SI Kaleswari at office number: 6547 6902.

4 Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

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



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

29 JANUARY 2018

**DORTMANS JOHANNES HENRICUS
2 SHANGHAI ROAD
#03-10
SINGAPORE 248209**

Dear Sir/Madam,

**OUR REF : CC4/AXA17014399/ha3
YOUR REF : SKX 862Y
ACCIDENT INVOLVING SKX 862Y AND SKZ 5320B ALONG TUAS CUSTOM
BORDER ON 17.07.2017**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **MOTORWAY CAR CARE CENTRE PTE LTD**, acting on behalf of the owner of SKZ 5320B against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided the Third Party vehicle SKZ 5320B. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Siti Jaafar
Case Handler
DID: 6256 3561
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

Print Received Message

This mail is associated with :

***SKZ5320B (C0445290)**
[SKX862Y]

TP

ATHENA POLAR CHUA CHOOI KHENG

Jul 17 2017 12:00AM

[DORTMANS, JOHANNES HENRICUS]

Motorway Car Care Centre Pte Ltd

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on 27/04/2018 14:11 PM.
To LKK_HQ
CC AXA_SG
Subject Re: Fw: Re: PLS OBSTAIN EVIDENCE FR TP/INSRD IN VIEW OF CONFLICTING VERSION MADE BY BOTH SIDES-VO

Hi Vic,

Thank you furnishing us the video footage, pls proceed to reject TP claim, thanks.

Regards

Vale

<-- Original Message -->

From: LKK_HQ
To: AXA_SG; AXA_ValeOh
CC: Admin-a@lkkauto.com; vicalpeh@lkkauto.com
Sent On: 26/04/2018 10:26 AM
Subject: Fw: Re: PLS OBSTAIN EVIDENCE FR TP/INSRD IN VIEW OF CONFLICTING VERSION MADE BY BOTH SIDES-VO

Dear Vale,

We refer further to our below email.

Please be informed that TP had just provided to us the full length video footage that shows the entire incident. Video footage sent out via accellion.

Based on the footage, we are of the view that Insured was already in lane when TP vehicle tried to squeeze/cut in lane towards the customs.

We also tried to contact the Insured but to no avail and we are unable to request for a copy of his video footage.

As per TP video footage, we are of the view that Insured is not liable of this accident.

Kindly advise as TP is chasing for settlement.

Thank you.

Vic Alpeh
LKK Auto Consultants Pte Ltd
Tel: 68412096

<-- Original Message -->

From: LKK_HQ
To: AXA_SG; AXA_ValeOh
CC: admin-a@lkkauto.com; vicalpeh@lkkauto.com; ashersng@lkkauto.com
Sent On: 17/01/2018 04:47 PM
Subject: Re: PLS OBSTAIN EVIDENCE FR TP/INSRD IN VIEW OF CONFLICTING VERSION MADE BY BOTH SIDES-VO

Dear Vale,

We refer to your below email.

Please be informed that a copy of TP CCTV footage was forwarded to your email via Accellion. A copy of the PIR was also uploaded in merimen for your reference.

Based on the footage, it seems both vehicles side swiped each other.

Thank you.

Vic Alpeh
LKK Auto Consultants Pte Ltd
Tel: 6841 2096

<-- Original Message -->

From: AXA_SG

To: LKK_HQ

CC: AXA_SG

Sent On: 23/08/2017 10:24 AM

Subject: PLS OBSTAIN EVIDENCE FR TP/INSRD IN VIEW OF CONFLICTING VERSION MADE BY BOTH SIDES-VO



AXA INSURANCE PTE LTD
8 Woodson Way, #24-01 AXA Tower
Singapore 068121
Customer Centre #01-01
☎ (RS) 6860 4308
☎ (RS) 6338 2622
🌐 www.axa.com.sg
GST Reg No.: 199903512M
Co. Reg. No.: 199903512M