

19/9/2010

LKK:

INS. CASE OWNER:

Valc

CC 4 / AXA17023498

j23

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

11/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 528D

Claim No.:

Name of Insured:

TRANS-CAB SERVICES PTE LTD

Policy No.:

P168020

Insured Tel No.:

HP:

Make / Model:

RENAULT LATITUDE - 2.0 L (A)

Excess Sec II :\$S

D.O.A:

30/11/17

Place of Accident:

EAST COAST ROAD TOWARDS
MOUNGATTEN ROAD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: NGOH AH BAH @ NG AH BAH

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

Driver Tel No.: 9666 9662

(V/L: YES / NO)

Insured Liability: % Final? Yes / No

SKI 9694E



INSRS:

WSP: Chay Hae (83hm)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKI 9694E - CC3/TMT17022995/Kvb DPA: 30/11/17
J- NGA/TNC16008172/Y DPA: 02/05/16
SHD 528D - CC3/TMT17022995/Kvb DPA: 30/11/17

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

30-1-19

CONFLICTING VERSIONS, LIABILITY IS SHARED EQUALLY.

15-02-19

CONFIRMED WITH JUNE OF CHENG HOE, THEIR CLIENT
DID NOT INTEND TO PROCEED, SO TO CLOSE FILE, NO SURVEY
DONE.NO SURVEY, TO CHECK W/ JUNE IF
WE MAY CANCEL.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

50%

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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	01/12/2017 14:55
Date Of Accident	30/11/2017 16:45
Exact Location Of Accident	JUNCTION OF EAST COAST RD TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9694E
Insured/Policyholder	
Name Of Registered Owner	SIN HIAP MUI PTE LTD
Co Reg No	200406735E
Email Address	RONNIEOH@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62619694

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT BMT 5G13GZ
Exact Purpose for which vehicle was being used at time of accident	PTE 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MY008399-R03
Cover Note Number	28/01/17 - 27/01/18

Driver

Name of Driver	OH JI CHUAN (HU ZHICHUAN)
NRIC No	S8812107D
Date Of Birth	13/04/1988 (29/RS)
Occupation	INDOOR
Date Of Driving Pass	01/08/2013
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97889694
Fax Number	
Contact Number	
EMail Address	JICHUAN88@GMAIL.COM

Address	BLK 329 JURONG EAST AVE 1 #08-1692
Postcode	600329
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON OF OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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)	2

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

I was stationary on the extreme right lane due to red traffic which is for straight and right turn. When traffic had just turned green, middle lane front vehicles started to move on and I wanted to go straight and noticed a bus was still not moving hence I signal left, check side mirror then filter in slowly. Out of sudden, I felt an impact at my left and realised m/taxi SHD528D also filtered into middle lane thus causing the collision. In order not to jam the traffic behind, both of us move to the side to settle. As such, I was unable to take photos of the accident scenario.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD528D
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	
Name of Driver	NEOH AH BAH @NG AH BAH
NRIC/Passport Number	S1243088D
Contact Number	96669662
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SKJ 9694E
INSURER: Tokio Marine
DATE & TIME: 30/11/17 @ 4.45pm

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



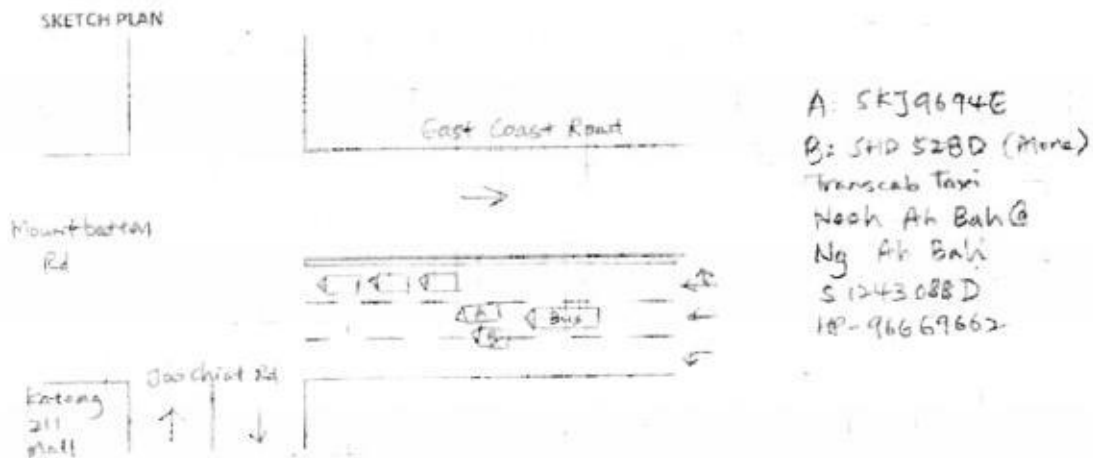
Policyholder's Signature
Date & Time

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



Repeating Centre Personnel's Signature
Name: CYS
NRIC/FIN No.

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary on the extreme right lane due to red traffic which is for straight and right turn. When traffic had just turned green, middle lane front vehicles started to move on and I wanted to go straight and noticed a bus was still not moving hence I signal left, check side mirror then filter in slowly. Out of sudden I felt an impact at my left and realised my taxi SHD 528D also filtered into middle lane thus causing the collision. In order not to join the traffic behind both of us move to the side to settle. As such, I was unable to take photos of the accident scenario.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: (VS)
NRIC/IN No.:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim QCTP at other workshop

IC & DL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8812107D



Name
OH JI CHUAN
(HU ZHICHUAN)
胡志川
Race
CHINESE
Date of birth
13-04-1988 Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Vehicle Number: S8812107D

Name
OH JI CHUAN
(HU ZHICHUAN)

Birth Date: 13 Apr 1988

Issue Date: 01 Aug 2013



5443842



Vehicle No. S8812107D

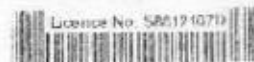
First of issue
13-12-2003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2	Motor cars < 2000 kg with < 7 passengers, excluding off-road, and motor cycles < 250 kg	31 Aug 2013
Class 4	Heavy motor cars and motor trucks > 2500 kg	16 Apr 2013
Class 5	Motor engines > 7200 kg and a permitted to carry any load	21 May 2013

S8812107D

S / No 9000174791



Licence No. S8812107D

Nº 428A

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

Proceed Direct Settlement

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Trx Auth'd	Status
Main	07 Dec 2017		10 Dec 2017 07:48 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878X									
Main Claimant: -									
Vehicle Reg. No.: SKJ9694E		Date of Loss: 30/11/2017 16:00 ~ :59							
Claim Type: TP		Policy/Cover Note No.: P1680520 (Third Party Only)							
Vehicle Reg. No. (Insured): SHDS28D		Policy No. (Claimant):							
		Excess: S\$5,000.00							
Repairer: Cheng Hoe Motor Pte Ltd (Yishun) Bldg 1019 #01-374/382, Yishun Industrial Park A, 768761 Yishun - Tel: 6755 6142									
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 19/12/2017]									
Adj Asg. Remarks: TP-ARC PLS OBTAIN VIDEO OR OTHER EVIDENCE IN VIEW OF CONFLICTING VERSION									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
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.									

11.12.2017 @ 10:27am
Cheng veh not in

Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	S1243088D
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 (S1243088D) are not a valid Provisional Driving Licence Holder.

The above information is accurate as at 16/01/2018 12:01 AM.

Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Wednesday, 17 January 2018 11:55 AM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A; Vic (LKKAUTO)
Subject: YOUR REF : P1680520 (SHD 528D) ACCIDENT INVOLVING SHD 528D & SKJ 9694E ALONG EAST COAST ROAD TOWARDS MOUNTBATTEN ROAD ON 30/11/2017

17 January 2018

Transcab Taxi
Singapore

Dear Sir/Madam,

OUR REF : CC4/AXA17023498/ja3
YOUR REF : P1680520 (SHD 528D)

ACCIDENT INVOLVING SHD 528D & SKJ 9694E ALONG EAST COAST ROAD TOWARDS MOUNTBATTEN ROAD ON 30/11/2017

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 **CHENG HOE MOTOR PTE LTD** acting on behalf of the owner of SKJ 9694E against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability is to be shared equally in case of no conclusive evidence from both parties giving conflicting versions. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of **\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **if not provided at our 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)
- 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg / joyirene@lkkauto.com or deliver it by hand to our Customer Care Centre.

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 authorized driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or cst@axa.com.sg / joyirene@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,
 Joy Irene | Case Handler
 LKK Auto Consultants Pte Ltd
 DID: 6749-5792 | email: joyirene@lkkauto.com | Fax: 6741-4108
 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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