

review

KENNETH

## DOI: 15/06/2022

Emite e Fecha: 15/06/2012

Registered in District

Pre-align / CCU / FTE

Injured Vehicle No. : GAA72BM

Claim No : 1022948 MC / FA

Name of Insured: THU KIM SOK

Policy No. : 70420554

Int'l Tel No. 82086080 FAX:

Make / Model : NISSAN 7/UP D/CAB

Excess Sec II: 58 NT D.O.A. 15/06/2012

Place of Accident: UPPER SPRANGBURN ROAD X  
Slashing traffic

Is driver the owner? ( ☒ YES ☐ NO )

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

IF NO, Driver Name / Age :

C/L ~~SPR~~ / NO Insured Liability

% Final = Yes / No

Driver Tel No. :

SHD/24F

INSERS

WSP: TEARSCAB

14

Lubliner

PMIS

INSITU:

WSP

Tel:

Lindholm C

45015

INSRS:

WSP

Tel:

### 1. Introduction

2005年12月

INSBS

WSA

Tel.

Liability/

R.M.S.

Date/Time	FOR CSO ONLY:	STAGE	DATE/PIC
	Is driver the owner? (YES / NO)	Finalisation	
	If NO, Driver Name / Age:	Email AIG for CI/GIA:	
	Driver's Own Vehicle Number:	Apt letter to OE	
	Insurance Company:	Call OE	
		After call hr to OE	
		Type Report:	
		Prepare Invoice:	
		Others:	
		Documentation Check List:	
		Handler	Typist
		CI Apt Ltr	
		Authorisation To Act	
		Release Voucher	
		Final Repair Bill:	
		Car Rental Invoice:	
		LTA / GIA:	
		Medical Bill:	
		Approval Email:	
		Payment Breakdown Form:	
		Others:	
1/2/13	can reject.		
1/2/13	Informed case handler to get witness statement from TP to establish the liability.		
1/6/13	File transfer from thei xir to kathy.		
1/6/13	Email to workshop request for parts but no reply.		
	Letter out to OS transformed about the liability and WCB issue file is still kept.		
	Do not settle first.		
4/7/13	called OE, Mr Tan 8208 6030 Machine speaking.		
4/7/13	OS's son called in. Mr Tan. apm R claim. Agreed to settle. Aware of WCB will be affected. OS has no photo. no witness. OS said R was turning right, he was going straight.		

FINAL SETTLEMENT	Date:	Confirms with	TP turning right.	BOLA SN No.:
Repair Cost:	SS	Final Liability	20 % (Agreed / Assessed)	If NO at B 25, Ass. 1 is:
Loss of Rental:	SS	( days)		Reported L&C
Loss of Use:	SS	(3 x days)		3500
Other Damages:	SS			

12-JUNE<sup>SS</sup>-2018 AXA MAINTAINED REJECTION  
CLOSE FILE.

ASS REC BY

Kenneth

REF:

ALA/

03

ASSIGNMENT

Estimated Cost

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

To inspect Vehicle No

at Workshop m/s

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.



Est. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S14D 124K

Vr Regn:

06, 08

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

Truck / Trailer or

Make:

Toy Wish

c.c

1799

Colour:

Red

AW:

Insured / Std / NI / NA

Sp. Reading

412137

TRadio:

Insured / Std / NI / NA

Eng/No:

JTDER12W103000039

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SIRim / STD AIRim or

Tyre Size:

195/65R15

R: 1799

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal

2

mm

R/Bal

2

mm

L/Bal

2

mm

L/Bal

2

mm

D.O.A.

15/6/12

D.O.I.

15/6/12

Survey held at

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

NIS FR

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

29-08

SEE IF T/P HAVING PSR AT THE TIME OF COLLISION BEFORE CONSIDERING NEGOTIATION

31/9/13

L1 Rep B 26000 Confirmed Janss. (4 x 94.16 + 200)

Chet # 809796 / 75%

12/2/12

Email to workshop to provide evidence / witness / see report

2 Get video clip from w/s

No video from TP w/s

Reject Case
By: Kelly
On: 13-11-13

Date/Time. File Pass to?

Date/Time. File Return to?

1)  
3)  
5)

2)  
4)  
6)

Part Prices Check:

IN

OUT

Survey Fee:

Basic & Add.

\_\_\_ S + RS. \_\_\_ \$

Photos

Others

TOTAL

Date:


**ANS-CAB AUTO SERVICES PTE LTD**  
 0.58 DEFU LANE 1 SINGAPORE 539498  
 TEL NO. 6287 6666 FAX NO. 6281 1400  
 CO/GST REG NO. 201019626G  
 SHD124K - NTUC INCOME

1/9/24/chc3

Not Attached

11 Sep 8 2600f

Surveyed on 15/6/12

Vehicle No.:  
 Chassis No.:  
 Vehicle Make:  
 Vehicle Model:  
 Date of Accident:  
 Third Party Insurer:

SHD 124K - Andrea  
 JTDER12W003000039  
 TOYOTA  
 WISH 1.8 BI-FUEL  
 15.06.2012  
 AXA

PART		LIST	
1	1 Front Bumper Cover	\$	104 487.80 ✓
2	1 Front Bumper Reinforcement	\$	R 265.09 X
3	1 Front Bumper Side Support LH	\$	DIT 63.50 ✓
4	1 Front Bumper Retainer LH	\$	CDA 68.50 ✓
5	1 Front Bumper Bracket LH	\$	R 49.00 X
6	1 Front bumper centre grille	\$	Sm 349.80 X
7	1 Front bumper lower grille	\$	Sm 215.60 X
8	1 Front bumper fog lamp cover LH	\$	DIT 17.60 ✓
9	1 Headlamp LH	\$	CDA 800.02 ✓
10	1 Front headlamp support panel LH	\$	R 732.00 X
11	1 Front Fender LH	\$	R 698.00 ✓
12	1 Front Fender Liner LH	\$	DIT 153.81 ✓
13	1 Arpon Assy Front Fender LH	\$	R 409.20 X
14	1 Louver Cowl Top LH	\$	Sm 254.40 X
15	1 Front fender inner wheel house panel LH	\$	R 595.72 X
16	1 Bonnet	\$	R 849.30 X
17	1 Bonnet TOYOTA badge	\$	Nu 189.00 ✓
18	1 Bonnet hinge LH	\$	R 68.00 X
19	1 Radiator Grille	\$	Sm 169.80 X
20	1 Radiator Grille Lower	\$	Sm 107.80 X

TOTAL	\$	6,543.94
25%	\$	1,635.99
	\$	<u>4,907.96</u>

ANS-CAB AUTO SERVICES PTE LTD  
 58 DEFU LANE 1 SINGAPORE 539498  
 TEL NO.6287 6666 FAX NO.6281 1400  
 CO/GST REG NO.201019626G  
 SHD124K - NTUC INCOME

### Special Nett

1 CNG sticker	\$	Nu 15.00 ✓
4 Front Fender Liner clip LH	\$	Nu 12.00 ✓
19 Louver Cowl Top clip	\$	Nu 30.00 X
4 Front Bumper fastener clip	\$	Nu 12.00 ✓
1 Front Fender Advertisement Sticker	\$	Nu 150.00 X
6 Bonnet under weatherstrip seal clips	\$	Nu 18.00 ✓
2 Front Bonnet Stopper	\$	Sm 10.00 ✓
6 pc Radiator Grille clip	\$	Nu 18.00 X
7 Bonnet insulator clip	\$	Nu 35.00 X

TOTAL \$ 300.00

TOTAL PARTS \$ 5,207.96

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,500.00 540
To rust-proofing of the affected areas.	\$	200.00 300
To check electrical lighting concerned.	\$	100.00 200
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	Nu 240.00 X
Putty and spray painting of the affected portion.	\$	1,800.00 720
To transfer of fender fittings, attachments and perform water seepage test.	\$	Nu 150.00 X
To transfer of bonnet fittings, attachments and perform water seepage test.	\$	Nu 150.00 X

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SHD124K - NTUC INCOME

To check steering geometry and computer wheel  
alignment. \$ 200.00 *601*

To transfer of tire, rim and on wheel balancing. \$ *~* 150.00 *X*

TOTAL \$ 5,490.00

Over all total \$ 10,697.96

Total repair days *10* days



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To be advised  
Our ref: CC3/AXA12011929/Khc3

Date: 09.07.2012

The Motor Claims Department  
M/s AXA Insurance Singapore Pte Ltd

Dear Sir/Madam

**PRELIMINARY ADVICE OF VEHICLE NO. SHD 124K**

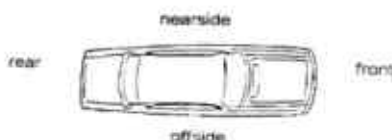
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 15.06.2012 at the premises of M/s TRANS CAB and have the following to report:-

Workshop Estimate Amount	: S\$	10,697.96
Revised Estimate Amount	: S\$	2,817.67
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
ETA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

**Description of Damage:**

The vehicle sustained damages at the  
**M/S REAR PORTION**



**Comments/Present Status:**

Damages Consistent

Estimated normal period for repairs: 4 days

Yours faithfully,

**KENNETH KONG**  
Licensed Appraiser

## 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 15/06/2012 11:08  
Date Of Accident 15/06/2012 10:15  
Exact Location Of Accident UPPER SERANGOON ROAD X SUNSHINE TERRACE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD124K  
Insured/Policyholder  
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD  
Co Reg 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 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 First Capital Insurance Ltd  
Type Of Coverage Third Party  
Fleet Policy Yes  
Policy Number D-09015310MFSH  
Cover Note Number

#### Driver

Name of Driver ZAINI BIN SAHALI  
NRIC No S1498218C  
Date Of Birth 04/12/1961  
Occupation Outdoor  
Date Of Driving Pass 31/01/1989  
Driving Experience 23 Years And 4 Months  
Gender Male  
Mobile Number (Local) +65-98203044

Fax Number

Contact Number

Email Address

Address BLOCK 326 TAH CHING ROAD  
#11-18

Postcode 610326

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 Collision- Cross Junction

Weather Conditions Clear

Road Surface Dry

### 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 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

ON 15.06.2012 AT ABOUT 1015HRS. I WAS TRAVELING ALONG UPPER SERANGOON ROAD AND WAS INTENDING TO TURN RIGHT TOWARDS SUNSHINE TERRACE. AS THE RIGHT TURN ARROW TURNED GREEN IN MY FAVOUR ALONG UPPER SERANGOON ROAD, I PROCEEDED TO TURN SLOWLY. WHILE IN THE MIDST OF TURNING, VEHICLE B - GM7288M WHICH WAS TRAVELING FROM THE OPPOSITE DIRECTION OF UPPER SERANGOON ROAD, SUDDENLY DASHED OUT AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI. MY PASSENGER WHO WAS SITTING BESIDE ME IS WILLING TO BE MY WITNESS. VEHICLE A - 1 MALE PASSENGER VEHICLE B - 1 FEMALE PASSENGER

Are accident photos available for attachment? Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GM7288M  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver TAN KIM SIOK  
NRIC/Passport Number S2081810G  
Contact Number 82086080  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (including Driver)

### Details of Witness

Name S.Y. TAN  
Phone Number  
Email Address



**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 to the insurers.

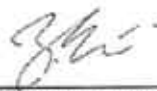



**Describe Circumstances of the Accident**

Refer to GIA.

**Declaration**

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

 Policyholder's Signature / Date & Time	15 JUN 2012 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
---	---	--

Date: 15-06-12 Time: Around 10:10am-10:20am

I took a red cab (SHD124K) along Upper Serangoon Road to Geylang and seated beside the taxi driver. I have told him to turn right at Sunshine Terrace. So, he waited for the right turn arrow to turn green. As the arrow turned green, the taxi driver started to turn right slowly. When, a blue pick up van (GM7228M) which supposed to stop, did not stop and hit onto the taxi. Luckily, the taxi driver was not moving fast as it could have hit the front left passenger door.

I witnessed the said accident and giving this statement without any threat, inducement or influence or against my will and that it was given of my free will and consent.

Name: YAN SENG YONG

NRIC: S 0298380-2

ADDRESS: 3-B BARTLEY RD.

Sporz 539758

  
16-6-2012

## Shirley Hiew (LKK Auto)

**From:** Thin Thin (LKKAuto)  
**Sent:** Monday, 18 December, 2017 9:24 AM  
**To:** Jasmine Tan; 'Ng Wai Yin'; Admin A  
**Cc:** claims@transcab.com.sg; Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)  
**Subject:** RE: 11 cases Original LOD mailed to LKK  
**Attachments:** SHD 124K - DOA 15.6.2012 - WITNESS STATEMENT.PDF

Dear Jasmine,

We acknowledge your email below.

We will look into the matter and will revert back to you.

Dear Admin,

Kindly assist: [CC3/AXA12011929/Krc3](#)

Best Regards,  
Thin Thin Hlaing | Case Handler  
LKK Auto Consultants Pte Ltd  
Phone: 6841-2360 | email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com) | fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Jasmine Tan [mailto:jasminetan@transcab.com.sg]  
**Sent:** Saturday, 16 December, 2017 11:33 AM  
**To:** Thin Thin (LKKAuto) <thinthin@lkkauto.com>; 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>  
**Cc:** claims@transcab.com.sg; Admin A <admin-a@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>  
**Subject:** RE: 11 cases Original LOD mailed to LKK

Without Prejudice

Dear Thin Thin

For S/No. 10, please refer to the witness statement as per attach.

Thank You  
Best Regards  
Jasmine Tan  
General Manager



**TRANS-CAB SERVICES PTE LTD**  
No. 2 Ang Mo Kio Street 63, Singapore 569111  
Main Line : (65) 6287 6666 Fax Line: (65) 6257 1330  
Direct Line : (65) 6603 1250  
Website: [www.transcab.com.sg](http://www.transcab.com.sg)

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

**From:** Thin Thin (LKKAuto) [mailto:thinthin@lkkauto.com]  
**Sent:** Wednesday, 27 September 2017 4:24 PM  
**To:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Cc:** 'Jasmine Tan' <jasminetan@transcab.com.sg>; claims@transcab.com.sg; Admin A <admin-a@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>  
**Subject:** RE: 11 cases Original LOD mailed to LKK

Dear Wai Yin,

Please refer to below status.

S/No.	TCS Ref. No.	3rd Party Ins.	Status
1	AAD1201-306	AXA	Rejected
2	AAD1203-350	AXA	Rejected
3	AAD1204-129	AXA	Rejected
4	AAD1204-212	AXA	Repudiate
5	AAD1205-031	AXA	Rejected
6	AAD1205-077	AXA	Rejected
7	AAD1205-175	AXA	submit independent report
8	AAD1206-110	AXA	OI undertake
9	AAD1206-134	AXA	Rejected
10	AAD1206-152	AXA	Rejected
11	AAD1206-292	AXA	Rejected



Thanks.

Best Regards,  
Thin Thin Hlaing | Case Handler  
LKK Auto Consultants Pte Ltd  
Phone: 6841-2360 | email: thinthin@lkkauto.com | fax: 6741-4108  
Unit 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Ng Wai Yin [mailto:waiyin.ng@transcab.com.sg]  
**Sent:** Wednesday, 27 September, 2017 4:09 PM  
**To:** Thin Thin (LKKAuto) <thinthin@lkkauto.com>  
**Cc:** 'Jasmine Tan' <jasminetan@transcab.com.sg>; claims@transcab.com.sg  
**Subject:** 11 cases Original LOD mailed to LKK

WITHOUT PREJUDICE

Dear Thin Thin

Below 11 cases LOD will mailed to you by today.

S/No.	TCS Ref. No.	3rd Party Ins.
1	AAD1201-306	AXA

2	AAD1203-350	AXA
3	AAD1204-129	AXA
4	AAD1204-212	AXA
5	AAD1205-031	AXA
6	AAD1205-077	AXA
7	AAD1205-175	AXA
8	AAD1206-110	AXA
9	AAD1206-134	AXA
10	AAD1206-152	AXA
11	AAD1206-292	AXA

Thank You  
 Best Regards,  
 Ng Wai Yin  
 Finance Department  
 TEL: 6603 1265 Ext.308



**TRANS-CAB SERVICES PTE LTD**

No. 2 Ang Mo Kio Street 63, Singapore 569111  
 Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764  
 Website: [www.transcab.com.sg](http://www.transcab.com.sg)

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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	15/06/2012 17:39
Date Of Accident	15/06/2012 10:15
Exact Location Of Accident	SERANGOON ROAD

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GM7228M
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#### Insured/Policyholder

Name Of Registered Owner	TAN KIM SIOK
NRIC No	S2081810G

#### Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP D /CAB

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 Reporting Only

Vehicle Category Commercial Vehicle

#### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	P0420554
Cover Note Number	

#### Driver

Name of Driver	TAN KIM SIOK
NRIC No	S2081810G
Date Of Birth	23/08/1941
Occupation	Outdoor
Date Of Driving Pass	06/06/1980
Driving Experience	32 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-82086080

Fax Number

Contact Number

EMail Address

Address

Postcode

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 - COLLISION - HEAD TO SIDE  
Weather Conditions Clear  
Road Surface Dry

#### 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 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD124K  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver ZAINI BIN SAHALI  
NRIC/Passport Number S1498218C  
Contact Number 98203044  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address



## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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#### Sketch Plan




#### Describe Circumstances of the Accident

CAR B dash across traffic light about to turn.
red. my car is go straight hit onto his
left side headlamp.


- ① Amber light
- ② T/P HAS witness statement

#### Declaration

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

  
Policyholder's Signature / Date & Time  
15/6/2012  
4.45 pm

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

  
Witnessed by Reporting Centre Personnel  
15/6/2012  
4:50 pm

## AS (PART I)

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 15/6/2012 10:15		2 Exact location of accident Serangoon Road		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) —	

Registration No. **GM 7228M**

6 Insured / policyholder (see insurance cert.)  
Name **TAN KIM SIOK**  
(capital letters)  
Address  
NRIC / Passport no. **S20818106**  
Tel no. (from 9am till 5pm)  
HP **8208 6080**

7 Vehicle  
Make, type **NISSAN P1UPD / CAB**

8 Insurance company  
**AVA (TAFT)**  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. (if available) **P042054**

9 Driver (See driving licence)  
(if different from insured A above)  
Name **AS ahr**  
(capital letters)  
NRIC / Passport no. **—**  
Class of licence **3**

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. **SHB 124E**

6 Insured / policyholder (see insurance cert.)  
Name  
(capital letters)  
Address  
NRIC / Passport no.  
Tel no. (from 9am till 5pm)  
HP **9820 3044**

7 Vehicle  
Make, type

8 Insurance company  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

9 Driver (See driving licence)  
(if different from insured B above)  
Name **Zaini Bin Sabali**  
(capital letters)  
NRIC / Passport no. **81498218C**  
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page

15 Signatures of drivers

A 陳錦楷

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

## IS (PART II)

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or T&S or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) <u>outdoor</u>		Email:		
	2 Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward				
	<input type="checkbox"/> Others - please specify				
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present: Tel no.:				
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>NO</u>				
	If no, state action to be taken: <u>Reporting only</u>				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>23/8/1941</u>		<u>06/4/1982</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability: <u>NIL</u>				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, please state which Police station:				
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, against whom?				
	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: <input type="checkbox"/>				
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others: <input type="checkbox"/>				
	16 Speed of vehicles: A <u>10</u> km/hr B <u>      </u> km/hr				
	17 What warnings were given by driver or other party? <u>NO</u>				
Declaration	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)?				
	20 If your vehicle is commercial, state weight of load carried at time of accident:				
	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary):				
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature: <u>陳國瑞</u> Date: <u>15/6/2012</u>				
Driver's signature (if driver is not the policyholder): <u>      </u> Date: <u>      </u>					

Accident Photo



Accident Photo



Accident Photo



Accident Photo





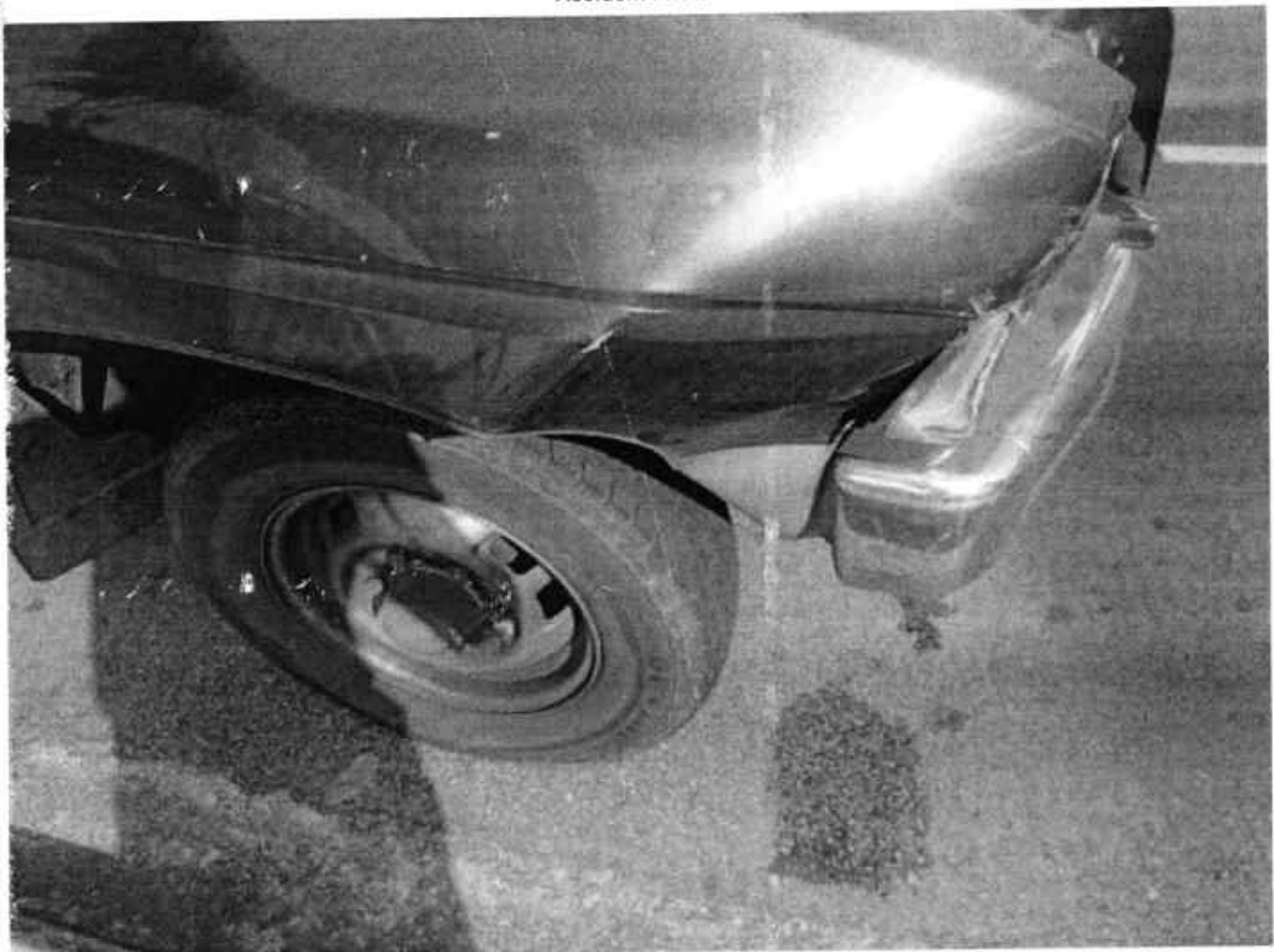
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Joy Irene (LKKAUTO)

---

**From:** ANG Richard <richard.angbs@axa.com.sg>  
**Sent:** Tuesday, 12 June 2018 2:53 PM  
**To:** Olivia Lau (LKKAUTO)  
**Cc:** KHOR Saw Theng; Hsiao Tong (LKKAUTO); NG Stacey; OH Vale  
**Subject:** RE: [TIME-BAR CASE]: DOA 15 JUNE 2012 – 4 DAYS TO TIME BAR

Hi Olivia,

We maintained our rejection based on BOLA S5.

Thank you.

Regards,

---

**Richard Ang** | Specialist, Motor (Property) Claims  
AXA Insurance Pte Ltd | 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 | [www.axa.com.sg](http://www.axa.com.sg)  
Email: [richard.angbs@axa.com.sg](mailto:richard.angbs@axa.com.sg)  
Customer Care No. 1800 8804888



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---

**From:** OH Vale  
**Sent:** Tuesday, June 12, 2018 9:11 AM  
**To:** Olivia Lau (LKKAUTO) <olivialau@lkkauto.com>  
**Cc:** KHOR Saw Theng <sawtheng.khor@axa.com.sg>; Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>; ANG Richard <richard.angbs@axa.com.sg>; NG Stacey <stacey.ng@axa.com.sg>  
**Subject:** RE: [TIME-BAR CASE]: DOA 15 JUNE 2012 – 4 DAYS TO TIME BAR

Hi Olivia

Richard will get back to you on the above matter, thanks.

\*Please note we have terminated our fax-line. Hence, please send in your correspondences to our two common mail boxes instead. For OD/TP survey, send it to [motor.survey@axa.com.sg](mailto:motor.survey@axa.com.sg) and other correspondences send it to [motor.doc@axa.com.sg](mailto:motor.doc@axa.com.sg), thanks.

**Best Regards**

---

Vale Oh/A.Manager – Motor Claims  
AXA Insurance Pte Ltd/ 8 Shenton Way, #24-01 AXA Tower, Singapore 068811/[www.axa.com.sg](http://www.axa.com.sg)  
[vale.oh@axa.com.sg](mailto:vale.oh@axa.com.sg)  
Customer Care No. 1800 8804741



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BRAND  
FOR THE 9<sup>th</sup>  
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**From:** Olivia Lau (LKKAUTO) [mailto:[olivialau@lkkauto.com](mailto:olivialau@lkkauto.com)]  
**Sent:** Monday, June 11, 2018 5:58 PM  
**To:** OH Vale <[vale.oh@axa.com.sg](mailto:vale.oh@axa.com.sg)>  
**Cc:** KHOR Saw Theng <[sawtheng.khor@axa.com.sg](mailto:sawtheng.khor@axa.com.sg)>; Hsiao Tong (LKKAUTO) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>  
**Subject:** [TIME-BAR CASE]: DOA 15 JUNE 2012 – 4 DAYS TO TIME BAR

**URGENT – TIME BAR CASE – DOA 15 JUNE 2012 – 4 DAYS TO TIME BAR**

Accident involving GM 7228M (Insured) and SHD 124K (Trans-cab Third party) at Serangoon Road cross junction on 15 June 2012

Dear Vale,

We handled the above claim on behalf of AXA, and had rejected the claim previously. Please refer to enclosed email to AXA dated 08/11/2013.

TP repairer Trans-cab has recently provided fresh supporting evidence in the form of a witness statement. The witness was the front seat passenger of TP taxi, and statement is dated 16/06/2012. Please refer enclosed witness statement.

Given the time that has since lapsed from the accident, we are not optimistic that the TP witness is still able to remember or accurately verify the accident circumstances. In the absence of strong concrete evidence, MAG's guideline for conflicting versions as to the state of traffic lights is 50/50 solely for settlement purposes (MAG Guide, Section 7(c)).

**Please advise if we should maintain rejection on the grounds that OI was travelling straight (BOLA, Scenario 5) or propose settlement according to MAG guidelines (Section 7(c)).**

The above is for your instruction please. *Both TP and OI GIA reports are also enclosed for reference.*

Thank you.



Best Regards,

**Olivia Lau** | Admin Manager

**LKK Auto Consultants**

phone: 6256-3561 | email: [olivialau@lkkauto.com](mailto:olivialau@lkkauto.com) | fax: 6741-4108

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good  
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## Joy Irene (LKKAuto)

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Wednesday, 13 June 2018 3:17 PM  
**To:** 'Jasmine Tan'; 'Ng Wai Yin'  
**Cc:** 'claims@transcab.com.sg'; Olivia Lau (LKKAuto); Admin A; CS A Team  
**Subject:** RE: 11 cases Original LOD mailed to LKK (S/N 10. AAD-1206-152 / SHD 124K / 15.06.2012/ GM 7228M)

"WITHOUT PREJUDICE"

Dear Ms. Jasmine,

We refer to our e-mail correspondence below.

In the matter of S/N 10. Reference AAD-1206-152, as provided by the Barometer of Liability (BOLA) agreement, under the general rule and exclusions, the witness should be independent and should affirm the version presented by your driver by way of Statutory Declaration.

We wrote to our principal M/s AXA for their review and consideration and we regret to inform you that our principal maintained their position that your driver is more liable in accordance to scenario 5 of BOLA wherein your driver turned right and our insured was travelling straight in a cross junction.

Should you have further contrary evidence to provide, please send us a copy for our principal's attention and reconsideration.

Thank you.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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---

**From:** Thin Thin (LKKAuto)  
**Sent:** Monday, 18 December, 2017 9:24 AM  
**To:** Jasmine Tan <[jasminetan@transcab.com.sg](mailto:jasminetan@transcab.com.sg)>; 'Ng Wai Yin' <[waiyin.ng@transcab.com.sg](mailto:waiyin.ng@transcab.com.sg)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Cc:** [claims@transcab.com.sg](mailto:claims@transcab.com.sg); Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>; Olivia Lau (LKKAuto) <[olivialau@lkkauto.com](mailto:olivialau@lkkauto.com)>  
**Subject:** RE: 11 cases Original LOD mailed to LKK

Dear Jasmine,

We acknowledge your email below .

We will look into the matter and will revert back to you.

Dear Admin,

Kindly assist. [CC3/AXA12011929/Krc3](#)

Best Regards,  
Thin Thin Hlaing | Case Handler  
LKK Auto Consultants Pte Ltd  
Phone: 6841-2360 | email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com) | fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Jasmine Tan [<mailto:jasminetan@transcab.com.sg>]  
**Sent:** Saturday, 16 December, 2017 11:33 AM  
**To:** Thin Thin (LKKAuto) <[thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)>; 'Ng Wai Yin' <[waiyin.ng@transcab.com.sg](mailto:waiyin.ng@transcab.com.sg)>  
**Cc:** [claims@transcab.com.sg](mailto:claims@transcab.com.sg); Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>; Olivia Lau (LKKAuto) <[olivialau@lkkauto.com](mailto:olivialau@lkkauto.com)>  
**Subject:** RE: 11 cases Original LOD mailed to LKK

Without Prejudice

Dear Thin Thin

For S/No. 10, please refer to the witness statement as per attach.

Thank You  
Best Regards  
Jasmine Tan  
General Manager



**TRANS-CAB SERVICES PTE LTD**

No. 2 Ang Mo Kio Street 63, Singapore 569111  
Main Line : (65) 6287 6666 Fax Line: (65) 6257 1330  
Direct Line : (65) 6603 1250  
Website: [www.transcab.com.sg](http://www.transcab.com.sg)

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**From:** Thin Thin (LKKAuto) [<mailto:thinthin@lkkauto.com>]  
**Sent:** Wednesday, 27 September 2017 4:24 PM  
**To:** Ng Wai Yin <[waiyin.ng@transcab.com.sg](mailto:waiyin.ng@transcab.com.sg)>  
**Cc:** 'Jasmine Tan' <[jasminetan@transcab.com.sg](mailto:jasminetan@transcab.com.sg)>; [claims@transcab.com.sg](mailto:claims@transcab.com.sg); Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>; Olivia Lau (LKKAuto) <[olivialau@lkkauto.com](mailto:olivialau@lkkauto.com)>  
**Subject:** RE: 11 cases Original LOD mailed to LKK

Dear Wai Yin,

Please refer to below status.

S/No.	TCS Ref. No.	3rd Party Ins.	Status
1	AAD1201-306	AXA	Rejected
2	AAD1203-350	AXA	Rejected
3	AAD1204-129	AXA	Rejected
4	AAD1204-212	AXA	Repudiate
5	AAD1205-031	AXA	Rejected
6	AAD1205-077	AXA	Rejected
7	AAD1205-175	AXA	submit independent report
8	AAD1206-110	AXA	OI undertake
9	AAD1206-134	AXA	Rejected
10	AAD1206-152	AXA	Rejected
11	AAD1206-292	AXA	Rejected

Thanks.

Best Regards,

Thin Thin Hlaing | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2360 | email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com) | fax: 6741-4108

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---

**From:** Ng Wai Yin [<mailto:waiyin.ng@transcab.com.sg>]

**Sent:** Wednesday, 27 September, 2017 4:09 PM

**To:** Thin Thin (LKKAuto) <[thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)>

**Cc:** 'Jasmine Tan' <[jasminetan@transcab.com.sg](mailto:jasminetan@transcab.com.sg)>; [claims@transcab.com.sg](mailto:claims@transcab.com.sg)

**Subject:** 11 cases Original LOD mailed to LKK

WITHOUT PREJUDICE

Dear Thin Thin

Below 11 cases LOD will mailed to you by today.

S/No.	TCS Ref. No.	3rd Party Ins.
1	AAD1201-306	AXA
2	AAD1203-350	AXA
3	AAD1204-129	AXA
4	AAD1204-212	AXA
5	AAD1205-031	AXA
6	AAD1205-077	AXA
7	AAD1205-175	AXA
8	AAD1206-110	AXA
9	AAD1206-134	AXA
10	AAD1206-152	AXA
11	AAD1206-292	AXA

Thank You  
Best Regards,  
Ng Wai Yin  
Finance Department  
TEL: 6603 1265 Ext.308



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**Olivia Lau (LKKAUTO)**

---

**From:** Olivia Lau (LKKAUTO)  
**Sent:** Monday, 11 June, 2018 5:58 PM  
**To:** OH Vale  
**Cc:** KHOR Saw Theng; Hsiao Tong (LKKAUTO)  
**Subject:** [TIME-BAR CASE]: DOA 15 JUNE 2012 – 4 DAYS TO TIME BAR  
**Attachments:** Email to AXA to reject (dd 8 Nov 2013).pdf; Witness statement for SHD 124K (dd 16 June 2012).PDF; OI GIA Report (GM 7228M).pdf; TP GIA Report (SHD 124K).pdf

URGENT – TIME BAR CASE – DOA 15 JUNE 2012 – 4 DAYS TO TIME BAR

Accident involving GM 7228M (Insured) and SHD 124K (Trans-cab Third party) at Serangoon Road cross junction on 15 June 2012

Dear Vale,

We handled the above claim on behalf of AXA, and had rejected the claim previously. Please refer to enclosed email to AXA dated 08/11/2013.

TP repairer Trans-cab has recently provided fresh supporting evidence in the form of a witness statement. The witness was the front seat passenger of TP taxi, and statement is dated 16/06/2012. Please refer enclosed witness statement.

Given the time that has since lapsed from the accident, we are not optimistic that the TP witness is still able to remember or accurately verify the accident circumstances. In the absence of strong concrete evidence, MAG's guideline for conflicting versions as to the state of traffic lights is 50/50 solely for settlement purposes (MAG Guide, Section 7(c)).

**Please advise if we should maintain rejection on the grounds that OI was travelling straight (BOLA, Scenario 5) or propose settlement according to MAG guidelines (Section 7(c)).**

The above is for your instruction please. *Both TP and OI GIA reports are also enclosed for reference.*

Thank you.

Best Regards,

Olivia Lau | Admin Manager

LKK Auto Consultants

phone: 6256-3561 | email: [olivialau@lkkauto.com](mailto:olivialau@lkkauto.com) | fax: 6741-4108

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use of  
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# Report Remarks Entry - CC3/AXA12011929/Krc3

Remarks

Remarks

Add

Remarks 1	By	On
<input type="checkbox"/> SHD 124K; GM 7228;	TLF	18/6/2012 4:25:21 PM
<input type="checkbox"/> EST: -- SUR: KENNETHL WSP : TRANS CAB;	TLF	18/6/2012 4:25:45 PM
<input type="checkbox"/> 12.07.2012- FILE PASS TO ZAYYER OT CALL OI- CINDY	TLF	12/7/2012 9:15:32 PM
<input type="checkbox"/> 1/3/13 File transfer from khai xin to kathy.	GKX	1/3/2013 8:50:42 AM
<input type="checkbox"/> 1/3/13 File pass back to zayer.	GKX	1/3/2013 8:51:17 AM
<input type="checkbox"/> FILE PASS IT BACK TO KATHY...ZAYER	ZYL	12/6/2013 9:09:39 AM
<input type="checkbox"/> 12/06/13 -Email to workshop to get proof Kathy	LSC	12/6/2013 10:03:23 AM
<input type="checkbox"/> 12/16/13 email to workshop request for proof but no reply...zayer	ZYL	11/7/2013 11:31:04 AM
<input type="checkbox"/> called OI Mr Tan 82086080 Madrine speaking. call back...zayer	ZYL	11/7/2013 11:36:04 AM
<input type="checkbox"/> 11/07/13 letter out to OI to inform him about the liability and NCD issue. File is still kept...zayer	ZYL	11/7/2013 11:36:55 AM
<input type="checkbox"/> 11.07.13 OI's son Mr Tan called in, infrom TP claim. agree to settle and aware NCD will be affected. but OI's son Mr tan wish us to explain to OI tat liability is nt in his favour.	LPF	11/7/2013 12:27:37 PM
<input type="checkbox"/> file pass it to Kathy...zayer	ZYL	23/8/2013 2:03:38 PM
<input type="checkbox"/> SHD 124K; GM 7228; **BNIL-20%**	ZYL	23/8/2013 2:03:52 PM
<input type="checkbox"/> 11.07.13 CSO:ZAYER	KNK	12/9/2013 1:55:43 PM
<input type="checkbox"/> 9/10/2013 -Pending CCTV from TP worshop Kathy	LSC	9/10/2013 6:52:33 PM
<input type="checkbox"/> 12/7/2013 - Rejected Case \$350.00 File pass to Jojo Kathy	LSC	13/11/2013 4:52:20 PM
<input type="checkbox"/> FILE PASS TO TYPIST TO CLOSE.	NSW	13/11/2013 5:24:47 PM
<input type="checkbox"/> RECEIVED WITNESS STATEMENT *** SHIRLEY TO FOLLOW UP	HMK	18/12/2017 1:33:22 PM

Witness may not be able to remember the events since it happened so long ago

In the absence of any ~~physical~~ warehouse evidence, ~~the~~ HABS...? guideline for such cases is 50% in the absence of any strong warehouse evidence to support claim of traffic light.

We maintain due to Mr. OZ going straight or increase traffic light claim  
Transit/Refund — amount held



## Report Remarks Entry - CC3/AXA12011929/Kma3-1

Remarks

Remarks

Add

Remarks 1	By	On
<input type="checkbox"/> Without Prejudice Dear Thin Thin For S/No. 10, please refer to the witness statement as per attach. Thank You Best Regards Jasmine Tan General Manager	HMF	20/12/2017 2:14:58 PM
<input type="checkbox"/> PLEASE REFER CC3/AXA12011929/Krc3	HMF	20/12/2017 2:21:37 PM
<input type="checkbox"/> FILE PASS TO JAS	HMF	20/12/2017 2:21:44 PM
<input type="checkbox"/> FILE TRANSFER TO BEVAN FROM JAS	KPW	20/3/2018 3:58:04 PM

Date: 15-06-12 Time: Around 10:10am-10:20am

I took a red cab (SHD124K) along Upper Serangoon Road to Geylang and seated beside the taxi driver. I have told him to turn right at Sunshine Terrace. So, he waited for the right turn arrow to turn green. As the arrow turned green, the taxi driver started to turn right slowly. When, a blue pick up van (GM7228M) which supposed to stop, did not stop and hit onto the taxi. Luckily, the taxi driver was not moving fast as it could have hit the front left passenger door.

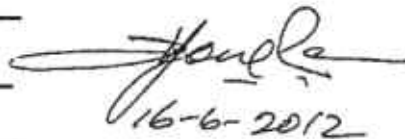
I witnessed the said accident and giving this statement without any threat, Inducement or influence or against my will and that it was given of my free will and consent.

Name: YAN SENG YONG

NRIC: S 0298380-2

ADDRESS: 3-B BARTLEY RD.

S'PORE 539758

  
16-6-2012



## 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 3

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 124K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Cost Price (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>					
1	FRONT BUMPER COVER (CONSISTENT)	BENT	487.80	-	487.80
1	FRONT BUMPER REINFORCEMENT (CONSISTENT)	TO REPAIR SEE LABOUR	265.09	-	-
1	FRONT BUMPER SIDE SUPPORT LH (CONSISTENT)	DISTORTED	63.50	-	63.50
1	FRONT BUMPER RETAINER LH (CONSISTENT)	CRACKED	68.50	-	68.50
1	FRONT BUMPER BRACKET LH (CONSISTENT)	TO REPAIR SEE LABOUR	49.00	-	-
1	FRONT BUMPER CENTRE GRILLE (CONSISTENT)	SERVICEABLE	349.80	-	-
1	FRONT BUMPER LOWER GRILLE (CONSISTENT)	SERVICEABLE	215.60	-	-
1	FRONT BUMPER FOG LAMP COVER LH (CONSISTENT)	DISTORTED	17.60	-	17.60
1	HEADLAMP LH (CONSISTENT)	CRACKED	800.02	-	800.02
1	FRONT HEADLAMP SUPPORT PANEL LH (CONSISTENT)	TO REPAIR SEE LABOUR	732.00	-	-
1	FRONT FENDER LH (CONSISTENT)	BENT	698.00	-	698.00
1	FRONT FENDER LINER LH (CONSISTENT)	DISTORTED	153.81	-	153.81
1	ARPON ASSY FRONT FENDER LH (CONSISTENT)	TO REPAIR SEE LABOUR	409.20	-	-
1	LOUVER COWL TOP LH (CONSISTENT)	SERVICEABLE	254.40	-	-
1	FRONT FENDER INNER WHEEL HOUSE PANEL LH (CONSISTENT)	TO REPAIR SEE LABOUR	595.72	-	-
1	BONNET (CONSISTENT)	TO REPAIR SEE LABOUR	849.30	-	-
1	BONNET TOYOTA BADGE (CONSISTENT)	NECESSARY	189.00	-	189.00
1	BONNET HINGE LH (CONSISTENT)	TO REPAIR SEE LABOUR	68.00	-	-
1	RADIATOR GRILLE (CONSISTENT)	SERVICEABLE	169.80	-	-
1	RADIATOR GRILLE LOWER (CONSISTENT)	SERVICEABLE	107.80	-	-
	LESS 25% DISCOUNT		-1,635.98	-	-619.56
			4,907.96	-	1,858.67
<b>SPECIAL NETT ITEMS</b>					
1	CNG STICKER(SN)(CONSISTENT)	NECESSARY	15.00	-	15.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Cost Price (\$)	Our Adjusted (\$)
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	200.00	-	60.00
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.		150.00	-	-
			5,490.00	-	1,370.00
<b>GRAND TOTAL</b>			<b>10,697.96</b>	-	<b>3,267.67</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>					<b>2,600.00</b>

Report Ref No. CC3/AXA12011929/Krc3

**KONG SENG CHEONG**

Licensed Appraiser

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Kathy Lai

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**From:** Flossie Ang [Flossie.Ang@axa.com.sg]  
**Sent:** Friday, 8 November, 2013 8:54 AM  
**To:** Kathy Lai  
**Subject:** RE: Your ref : C0229468MC/FA : Our ref : CC3/AXA12011929/Krc3

Dear Kathy,

Please proceed and inform insured accordingly.

**Best Regards**

**Flossie ANG**

Senior Executive-Motor Claims Department

**AXA Insurance Singapore Pte Ltd**

8 Shenton Way, #27-01 AXA Tower, Singapore 068811

[flossie.ang@axa.com.sg](mailto:flossie.ang@axa.com.sg)

DID: (65) 6880 4823 Fax: (65) 6880 4838

Website: [www.axa.com.sg](http://www.axa.com.sg)



redefining / insurance

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*From 14 March 2011, AXA Insurance will be located at 8 Shenton Way, #27-01 Singapore 068811.  
Our Customer Service Centre will be located at #B1-01. All contact numbers remain unchanged.*

Please consider the environment before printing this email

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**From:** Kathy Lai [mailto:kathylai@lkkauto.com]  
**Sent:** 01 November 2013 09:22  
**To:** Flossie Ang  
**Subject:** Your ref : C0229468MC/FA : Our ref : CC3/AXA12011929/Krc3

Dear Flossie,

**Refer to your email.**

Kindly be informed that TP have no video clip on this accident mount on them.

Kindly let us have your instruction, we intending to reject TP claim

Thanks & Regards,

**KATHY LAI**

LKK Auto Consultant Pte Ltd

Tel : 6841 2928

Fax: 6741 4108

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**From:** Flossie Ang [mailto:Flossie.Ang@axa.com.sg]  
**Sent:** Wednesday, 9 October, 2013 1:33 PM  
**To:** Kathy Lai  
**Subject:** RE: Your ref : P0420554 : Our ref : CC3/AXA12011929/Krc3

Dear Kathy,

C0229468MC/FA