

SS CASE OWNER:

Elaine Cheong / CC3/EQ11 400 4198, K23 12/3/14

LKK:
IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

10/3/14

Date / Time:

12/3/14
10/3/14

Registered in Merimen:

re-assign / CCU / FTE

Insured Vehicle No.:

SGH 65067

Claim No.:

DM14 1420-EC

Name of Insured:

Au Kim Chu

Policy No.:

DMPPH 13-003618

Insured Tel No.:

HP:

Make / Model:

HYUNDAI

Excess Sec II :SS

D.O.A.:

9/3/14

Place of Accident:

DEPUT ROAD

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TOH CHIN WEI

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

Driver Tel No.:

81839592

(V/L: YES / NO Insured Liability:

% Final ? Yes / No

SHO 5795R

INSRS:
WSP: TRANS, Cab
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	FOR CSO ONLY:	STAGE	DATE / PIC
4/14/14	Is driver the owner? (YES / NO)	Finalisation:	
20/1/14	If NO, Does driver got his/her owned vehicle? : (YES / NO)	Email AJG for OI GIA:	
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	SHO 5795R, X, SHH 65067-X	Call OI:	25/1/14
		After call ltr to OI:	25/1/14
		Type Report:	
22/1/14 4:39	called ASD & times not pickup.	Prepare Invoice:	
		Others:	
22/1/14 5:15	called ASD. Ms Au Kim Chu. Dispute the liability. Mentioned that TP's way making illegal U-turn no video no photos.	Documentation Check List:	Handler Typist
	want us to talk to her son.	OI Apt Ltr:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		LTA / GIA:	<input checked="" type="checkbox"/>
25/1/14 10:10	called ASD. spoke to Mr Tan. Inq. about the claim. Confirm the accident. Dispute the liability. He mentioned taxi was driving on his left side.	Medical Bill:	<input checked="" type="checkbox"/>
	After picking up the taxi, taxi wanted to make U-turn. Sp. taxi encroached into his lane. So he moved into TP from sp. behind. But no proof no witnesses. ASD got video after the accident which recorded that taxi wants to pay the CO2 bill on his vehicle. He now forward the video to us by email or by post. 26/1 Inq. on ASD, ASD will be affected. Pending video.	Approval Email:	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input checked="" type="checkbox"/>
		Others:	<input checked="" type="checkbox"/>

FINAL SETTLEMENT	Date:	Confirm with	and Liability	days	BOLA S/N No.:
Repair Cost:	2514.50	SS 125.25	50 % (Agreed / Assessed)	98.41 x 4	W1
Loss of Rental:	393.76	SS 198.88			
Loss of Use:		SS			
Disbursement:	6.00	SS 6.00			
Legal Cost		SS			
Total:	2914.26	SS 1460.13	Global Sum: SS		

TP did not provide LOB up to date

\$1460.13 - Trans Cab Auto Services Pte Ltd

8/11/14 022 came down to office Pass the video recording to us. He mentioned that Jane was on the left side picking up the pace. Then it attempt to make a turn. So, Jane encroached into his lane. Then he swerved to the left but still collected into TP. After that TP continued to make a turn.

Then Jane driver admitted his fault. So, he did not ask the driver to sign an admission note.

video file pass it to 022.

Based on TP version indicates he "slowed down before turning if 02 was following behind him". That TP was at the junction intending to turn right. 02 for sure could slow down as well. If there is a collision, going to that could not have been so badly. Also part of impact on 02 should have been made at the central front instead of at the front right corner. I suggest in order to consider this claim:

- (1) TO PRODUCE HIS PDS'S STATEMENT FOR OUR PERUSAL
- (2) TO MONITOR 02'S COUNTERCLAIM AGAINST TP.

I DON'T KNOW WHETHER TP DRIVER HAS KNOWLEDGE OF VIDEO RECORDER TO PROVE HIS GUILTY CONSCIENCE BY ADMITTING TO PAY LER & own 02 vehicle.

As per 02 instruction, still 02/10.

Wait for INJURY CLAIM.

ASS. REC. BY:

REF: EQ /**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Tiger 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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S110 573SR Yr Regn: 11, 10

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

Truck / Trailer or TruckMake: Toy Wish c.c. 1987Colour: Red A/C: Insured / Std / NI / NASp. Reading: 471121 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD GJ20W005002950

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: 195/65R15

R: _____

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

TOYO / YOKO or FalkenFront 2 mm Rear 4 mmR/Bal. 2 mm L/Bal. 4 mmL/Bal. 2 mm L/Bal. 4 mmD.O.A. 9/3/14 D.O.I. 10/3/14Survey held at ✓

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

Rear O/S

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

Date / Time Action / Instruction

24/8/14	11 Day @ 235cc Confirmed Damage (4 x 9.44 + 200)
	was for repair charges
	Red (\$7680.50/76.1)

Date/Time, File Pass to?

☐ : Preil. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

Report Format : _____

Lump Sum / I.B.I. (\$) _____

TOTAL

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 10/03/2014 10:27
Date Of Accident 09/03/2014 19:20
Exact Location Of Accident DEPOT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5795R
Insured/Policyholder
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Co Reg No 200303878K

Vehicle Particulars

Manufacturer TOYOTA
Model WSH-2.0 BI-FUEL (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-12047359MFSH/2958
Cover Note Number

Driver

Name of Driver TAY SWEE HUAT
NRIC No S1120973D
Date Of Birth 19/02/1955
Occupation Outdoor
Date Of Driving Pass 04/08/1977
Driving Experience 36 Years And 7 Months
Gender Male
Mobile Number (Local) +65-90932062
Fax Number
Contact Number
E-Mail Address NOEMAIL
Address BLK 946 HOUGANG STREET 92
#06-163
Postcode 530946
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- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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 09.03.2014 AT ABOUT 1920HRS, I WAS AT THE RIGHT LANE TRAVELLING ALONG DEPOT ROAD AND WAS INTENDING TO TURN RIGHT TO DEPOT HEIGHTS. RIGHT SIGNAL LIGHT WERE ALSO LIT AT THAT TIME AND AS I APPROACHED THE TURNING SLOT, I SLOWLY MANEUVERED TO TURN. SUDDENLY I FELT AN IMPACT AND REALIZED THAT VEHICLE B - SGH5506T COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI. VEHICLE A - 1 PASSENGER VEHICLE B - 2 PASSENGERS

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

Vehicle Registration Number	SGH5506T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TOH CHIN WEI
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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

	<p>A: SHD07H5R B: SHH6506T</p>
<p>Describe Circumstances of the Accident</p> <p style="text-align: center;">↑ ↓</p> <p style="text-align: center;">Refer to GIA Report.</p>	

Declaration

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

Policyholder's Signature / Date & Time	10 MAR 2014 Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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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.
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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	10/03/2014 17:10
Date Of Accident	09/03/2014 19:15
Exact Location Of Accident	Along Depot Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH6506T
Insured/Policyholder	
Name Of Registered Owner	AU KIM CHU
NRIC No	S1457853F
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	GETZ-1.5 3 DR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	EQ Insurance Company Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ13-003618
Cover Note Number	NA

Driver

Name of Driver	TOH CHIN WEI
NRIC No	S8435057E
Date Of Birth	17/11/1984
Occupation	Indoor
Date Of Driving Pass	10/06/2004
Driving Experience	9 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-81839592
Fax Number	
Contact Number	
EMail Address	briantohcw@gmail.com
Address	NA
Postcode	NA
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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 travelling along Depot Rd on the right lane. A taxi SHD5795R was on the left lane when it suddenly made a U-turn across my lane. I managed to brake but couldn't stop on time and collided onto the taxi rear. Damage to my car were on the front right side. No injuries were involved.

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

Vehicle Registration Number	SHD5795R
Vehicle Make/Model/Colour	TOYOTA WISH 2.0 BI-FUE
Details Of Properties	NA
Name of Driver	TAY SWEE HUAT
NRIC/Passport Number	S1120973D
Contact Number	90932062
Address	NA
	NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

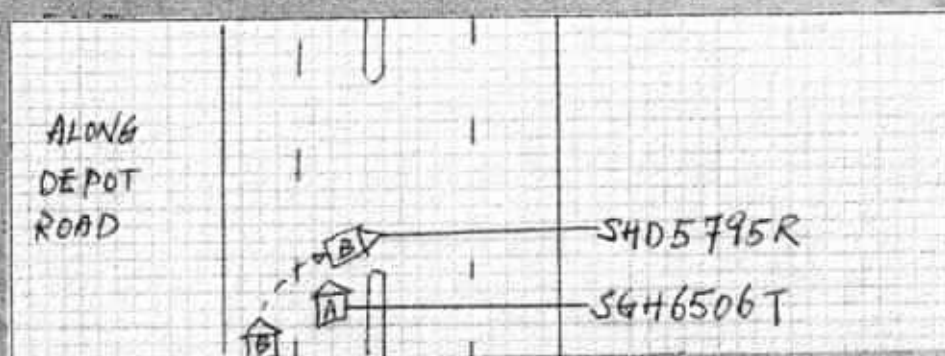
Name	NA
Phone Number	NA
Email Address	NA

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any false information or withholding of material facts may make insurance companies to cancel the policy holder.
4. The issue and completion of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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6. The report will be forwarded by the inquiry of the OIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and this copy of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and in copies of the report being made available provided.



I was travelling along depot road on the right lane. A taxi SHD 5795R was on the left lane when it suddenly made a U-turn across my lane. I managed to brake but couldn't stop on time and collided with the taxi car.

Damage to my car was on the front right side.

No injuries were involved.

Declaration

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

VERIFIED BY
TEAM LEADER

FAIZAL
S8535848J

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT AT DEPOT ROAD SHB 5795R / SGH 6506T

- C/I SAID T/P WAS MAKING AN 'U' TURN FROM LEFT LANE AFTER PICKING UP A PASSENGER; T/P SAID THAT C/I HIT HIM FROM BEHIND WHILE MAKING RIGHT TURN AT 'T' JUNCTION.
- T/P CLAIMED C/I FOR DAMAGES. C/I ALSO INTENDING TO COUNTER CLAIM
- T/P SAID THAT HE HAD SLOWED DOWN AND PUT ON INDICATOR BEFORE TURNING.
- ITS DAMAGE WAS IMPACTED BY FAST VEHICLE (C/I) WITHOUT SIGN OF MOVING SLOWING DOWN BEFORE TRAFFIC JUNCTION WHICH IS NOT LOGICAL.
C/I SHOULD HAVE ALSO SLOWED DOWN HIS VEHICLE. IF SO, DAMAGE TO T/P SHOULD HAVE BEEN LIGHTER THAN WHAT PHOTOS HAVE SHOWN
- IF BASED ON T/P VERSION POINT OF IMPACT SUSTAINED BY C/I VEHICLE SHOULD HAVE BEEN MORE ON CENTRAL PORTION RATHER THAN FOCUSING ON FRONT RIGHT CORNER.
- TAXI SAID THAT HE HAD A PASSENGER. ASK HIM TO PRODUCE EVIDENCE OF STATEMENT TO PROVE HIS INNOCENT.
- C/I HAD RECORDED CONVERSATION BETWEEN PARTIES INVOLVED TO SHOW THAT T/P HAD OFFERED TO PAY CASH MONEY FOR REPAIR WORKS TO C/I VEHICLE.

01-08-14

SPOKE TO ELAINE DURING
CPD TRAINING ORGANISED
BY ER.

TRANS-CAB AUTO SERVICES PTE LTD

NO.42 SUNGEI KADUT STEET 1 SINGAPORE 729346

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHD 5795R - EQ

Andrea

Not Attached
61 Sing 82350h

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHD 5795R - Andrea

JTDGJ20W005002958*

TOYOTA

WISH 2.0 BI-FUEL

09.03.2014

EQ

		PART		LIST
1	1	Rear Bumper	\$	<i>Rt</i> 585.36 ✓
2	1	Rear Bumper Side Retainer RH	\$	<i>D17</i> 68.76 —
3	1	Rear Bumper Side Support RH	\$	<i>D17</i> 104.76 —
4	1	Rear Bumper Reflectors RH	\$	<i>B20</i> 66.00 ✓
5	1	Rear Bumper Side Retainer LH	\$	<i>Sm</i> 68.76 X
6	1	Rear Bumper Side Support LH	\$	<i>Sm</i> 104.76 X
7	1	Rear Bumper Reflectors LH	\$	<i>Sm</i> 66.00 X
8	1	Rear End Panel Outer	\$	<i>Rt</i> 623.76 ✓
9	1	Rear End Panel Inner	\$	<i>K</i> 336.84 X
10	1	Rear End Panel Inner Trim	\$	<i>Sm</i> 263.84 X
11	1	Tailgate Lid	\$	<i>R</i> 1,480.44 X
12	1	Tailgate Lid Centre Logo Badge	\$	<i>Sm</i> 66.82 —
13	1	Tailgate Lid Weatherstrip	\$	<i>Sm</i> 344.28 X
14	1	Tailgate lid outer chrome garnish	\$	<i>Sm</i> 214.48 X
15	1	Tailgate Lid Inner Garnish Top	\$	<i>Sm</i> 245.52 X
16	1	Rear fender RH	\$	<i>R</i> 1,216.32 X
17	1	Rear fender panel deck trim side RH	\$	<i>Sm</i> 738.00 X
TOTAL			\$	6,594.70
25%			\$	1,648.68
			\$	4,946.03

Specical Nett

1	1 Set	Rear Bumper Parking Sensor	\$	<i>Sm</i> 300.00 X
2	1 Set	Rear Bumper Fastener Clip	\$	<i>Sm</i> 30.00 —
3	1 Set	Rear end panel inner trim clip	\$	<i>Sm</i> 36.00 X
4	1	CNG Sticker	\$	<i>Sm</i> 15.00 —
5	2	Rear Windscreen Sealant	\$	<i>Sm</i> 80.00 405m
6	1	Rear Windscreen Inner Sponge Seal	\$	<i>Sm</i> 60.00 305m
7	1	Tailgate Lid Inner handle	\$	<i>Sm</i> 20.96 X
8	1	Rear windscreen weatherstrip seal	\$	<i>Sm</i> 82.51 X
9	1	Tailgate Sticker "TRANS-CAB"	\$	<i>Sm</i> 50.00 305m

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT STEET 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD 5795R - EQ

Andrea

10	1	Tailgate Sticker "TRANS-LINK"	\$	50.00	3018-
11	1	Tailgate Sticker "6555-3333"	\$	50.00	3018-
12	1	Rear fender panel deck trim side RH Clip	\$	40.00	X
TOTAL			\$	814.47	
TOTAL PARTS			\$	5,760.50	

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,680.00	701
To Rust-Proofing Of The Affected Areas.	\$	170.00	301
To Check Electrical Lighting Concerned.	\$	120.00	201
Putty And Spray Painting Of The Affected Portion.	\$	1,620.00	7201
To Remove And Refit Rear W/ Screen Glass To Facilitate Bodywork Repair.	\$	170.00	X
To Transfer Of Tailgate Fittings, Attachments And Perform Water Seepage Test.	\$	170.00	X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00	801
To reinstall rear bumper parking sensor.	\$	170.00	501
		\$	4,270.00

TOTAL \$ 10,030.50

REPAIR DAYS

Date: _____
 Signature: _____
 Acknowledged by Repairer
 LKK Auto Compliant here
 the Repairer of the following
 • To remove and refit rear w/ screen glass
 • To transfer of fender fittings, attachments
 • To transfer of tailgate fittings, attachments
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplemental item(s) must be resurveyed and
 is subject to final approval from Insurance Company

LKK Auto Compliant here
 the Repairer of the following:
 • To resurvey before painting
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplemental item(s) must be resurveyed and
 is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature: _____
 Date: _____

Jas Khine (LKK Auto)

From: Jas Khine (LKK Auto)
Sent: Thursday, 29 October, 2015 7:33 PM
To: Elaine Cheong (elaine.cheong@eqinsurance.com.sg)
Cc: Olivia Lau
Subject: FW: Your Ref: DM14/420-EC ACCIDENT INVOLVING SGH 6506T & SHD 5795R ON 09/03/2014

Dear Elaine,

Please be informed that our surveyor had finalised the below matter case with TP's repairer since 21 August 2014.

TP's repairer did not submit the LOD until now. In view of no further development, we will proceed to temporary close the file and submit the report to your office.

If any new development in future, we will keep you informed for an update and follow up the matter accordingly

Thank you.

Best Regards,

Jas Khine | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2928 | email: jaskhine@lkkauto.com | fax: 6741-4108

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

From: Jas Khine (LKK Auto)
Sent: Monday, 12 October, 2015 4:54 PM
To: Elaine Cheong (elaine.cheong@eqinsurance.com.sg)
Cc: Olivia Lau
Subject: Your Ref: DM14/420-EC ACCIDENT INVOLVING SGH 6506T & SHD 5795R ON 09/03/2014

Your Ref: DM14/420-EC

Our Ref : CC3/EQ14004698/Kya3

Dear Elaine,

ACCIDENT INVOLVING SGH 6506T & SHD 5795R ON 09/03/2014

We refer to the above subject claim.

We received this assignment for third-party claim and have surveyed TP client vehicle since 10/03/2014 and offer made 50% of liability since 21/08/2014.

To date, we still have not receive TP's Letter of Demand (LOD) with all its supporting claim documents such as the final repair bill/tax invoice, rental receipt and LTA search document.

At present, there is still no response for their supporting claim documents despite follow-ups made.

Mei Kwan (LKKAUTO)

From: Jas Khine (LKKAUTO)
Sent: Thursday, 22 February, 2018 11:23 AM
To: Ng Wai Yin
Cc: Bazlin Ahmad; Mei Kwan (LKKAUTO)
Subject: FW: EQ REF : DM14HO00420 ~SGH6506T - TCS REF: AAD1403-102--Accident involving SGH6506T & SHD5795R on 09.03.14 *** LKK REF - CC3/EQI14004698/Kya3n2
Attachments: image004.wmz; image012.wmz; SHD5795R 09.03.2014 - GIA.pdf; AAD1403-102 - LOD.pdf
Follow Up Flag: Follow up
Flag Status: Flagged
Categories: HMK

Dear Wai Yin,

Noted with received.

We will look into the matter and will revert to you with our offer soon.

Dear Mei Kwan,

Please reopen the case with -1 and let me have the file for my further action.

Thank you.

Best Regards,
Jas Khine | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6841-2928 | email: jaskhine@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng Wai Yin [mailto:waiyin.ng@transcab.com.sg]
Sent: Thursday, 22 February 2018 11:17 AM
To: Jas Khine (LKKAUTO) <jaskhine@lkkauto.com>
Cc: bazlin.ahmad@eqinsurance.com.sg
Subject: RE: EQ REF : DM14HO00420 ~SGH6506T - TCS REF: AAD1403-102--Accident involving SGH6506T & SHD5795R on 09.03.14 *** LKK REF - CC3/EQI14004698/Kya3n2

WITHOUT PREJUDICE

Dear Jas

Enclosed is the GIA report and LOD for your action.

Original hard copy will pass to Kenneth's to bring back your office.

Thank You
Best Regards,
Ng Wai Yin
Finance Department



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate



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

Sent: Monday, February 12, 2018 5:37 PM

To: Bazlin Ahmad

Cc: 'Jasmine Tan'; claims@transcab.com.sg

Subject: TCS REF: AAD1403-102--Accident involving SGH6506T & SHD5795R on 09.03.14

WITHOUT PREJUDICE

Dear Bazlin

We are making a claim against the owner of SGH 6506T.

Kindly let us know the latest claim settlement.

Thank You

Best Regards,

Ng Wai Yin

Finance Department

TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



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

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Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD5795R
Vehicle to be Exported: Yes
Intended De-registration Date: 10 Mar 2014
Vehicle Make: TOYOTA
Vehicle Model: WISH 2.0 BI-FUEL AUTO
Primary Colour: Red
Manufacturing Year: 2010
Engine No.: 3ZRA509446
Chassis No.: JTDGJ20W005002958
Maximum Power Output: 104.0 kW (139 bhp)
Open Market Value: \$25,053.00
Original Registration Date: 30 Nov 2010
First Registration Date: 30 Nov 2010
Transfer Count: 0
Actual ARF Paid: \$15,032.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 29 Nov 2018
PARF Rebate Amount: \$11,274.00

Intended COE Rebate Details

COE Expiry Date: 29 Nov 2018
COE Category: A - Car (1600cc & below)
COE Period(Years): 8
QP Paid: \$24,001.00
COE Rebate Amount: \$14,158.00

Total Rebate Amount: \$25,432.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 10 Mar 2014

OK

Land Transport Authority

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TRANS-CAB AUTO SERVICES PTE LTD

No. 58 Defu Lane 1 Singapore 539498
Tel : 6287 6666 Fax No. : 6281 1400
Co./GST Reg. No. 201019626G

Waf 27 FEB 2018
Certified True Copy

Our Reference : AAD 1403 - 102

Your Reference : SGH 6506 T

Date : 10 APR 2014

EQ INSURANCE BERHAD
22 Gemmill Lane
Singapore 069257
Attention : Motor Claims Department

WITHOUT PREJUDICE
BY HAND

Dear Sir / Madam

ACCIDENT INVOLVING SHD5795R AND SGH 6506 T
ON 09.03.14 AT 1920 HRS ALONG DEPOT ROAD

It appears that the above accident was caused by your Insured's negligence. We, therefore seeking compensation from you for our financial loss as itemized below:-

1.	Cost of Repair (inclusive 7% GST)	:	\$ <u>2514.50</u>
2.	Loss of Rental for <u>4</u> days @ \$ <u>98.44</u> per day	:	\$ <u>393.76</u>
3.	Loss of Income for _____ days @ \$ _____ per day	:	\$ _____
4.	LTA Search	:	\$ <u>6.00</u>
5.	Survey Fee	:	\$ <u>-</u>
TOTAL		:	\$ <u>2914.26</u>

We enclose a copy of the following documents for your consideration :-

- | | |
|------------------------------------|------------------------------------|
| a. GIA report lodged by our driver | d. Rental rate and mileage records |
| b. Certificate of Insurance | e. Authorization To Act |
| c. Original final repair bill | f. Surveyor Report |

Kindly let us have your discharge voucher within the next 14 days, failing which we shall proceed to hand over the conduct of this matter to our solicitors without further reference to you.

Yours faithfully
TRANS-CAB AUTO SERVICES PTE LTD

JASMINE TAN
General Manager
Tel : 6603 1250 (DID)
jasminetan@transcabservices.com.sg

Note : Please email any future correspondence to claims@transcabservices.com.sg. (6389 6904)



Auto
Consultants
Pte Ltd

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

Our Ref: CC3/EQ114004698/Km3

25 April 2014

AU KIM CHU

466 Sembawang Drive

#09-327

Singapore 752466

Dear Sir/Madam,

ACCIDENT INVOLVING SGH 6506T & SHD 5795R ON 09/03/2014

We refer to the above accident where we are acting for EQ INSURANCE COMPANY LIMITED to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

If you have evidence/information to proof that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by 5/5/2014, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Zayer

Case Handler

DID: 6749 9635

FAX: 6741 4108

Email: zayer@lkkauto.com

Case Handler

c.c. **EQ INSURANCE COMPANY LIMITED**

(Motor Claims Dept)

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Authorization To Act

We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHD5795R and SGH6506T along DEPOT ROAD on 09/03/14 07:20 PM.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 19 (day) of February 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Trans-Cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

Tax Invoice / Debit Note

TO: EQ INSURANCE LIMITED 133 Cecil Street #04-02 Keck Seng Tower 069535 Singapore ATTENTION:	INVOICE NO. : INV1403-256 DATE : 31. March 2014 REFERENCE NO : AAD1403-102 TERMS : DUE DATE : 31. March 2014 PAGE : 1
---	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	Sales - Repair(Lump Sum-14)SHD5795R-DOA:9.3.14	1	2,514.50	2,514.50

Total SGD Excl. GST : 2,350.00

7% GST : 164.50

**** TWO THOUSAND FIVE HUNDRED FOURTEEN AND FIFTY SGD ONLY ****

Total SGD Incl. GST : 2,514.50

1) All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"

2) Please quote our Invoice Number during payment.

3) We reserve the right to charge interest @ 1.5% per month on overdue invoice.

4) Any dispute as to the accuracy, charges etc of this invoice must be communicated within 10 days from the date hereof failing which it shall be deemed to have been unconditionally accepted.

E. & O. E.

THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE



得運私人有限公司

TRANS-CAB SERVICES PTE LTD

Co. Reg. No: 200303878K

10. March 2014

To Whom It May Concern

Dear Sir / Madam,

Accident on 09/03/14 07:20 PM at DEPOT ROAD

1. We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the registered owner of the taxi bearing vehicle registration no. SHD5795R. The taxi was hired to TAY SWEE HUAT a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$98.44 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with First Capital Insurance Ltd on a third party basis at the material time of the accident.
3. Please liaise with us directly for any settlement of claims in respect of the said accident.

Yours faithfully,

Jasmine Tan
General Manager

This is a computer generated print-out. No signature is required.

No. 58 Defu Lane 1, Singapore 539498
Tel: 6287 6666 Fax: 6281 1400

Text size + -

Enquire Vehicle & Owner Information (Vehicle No. SGH6506T As At 09 Mar 2014 / 19:20:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ANDREA)SHD5795R

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1457853F

Owner Name: AU KIM CHU

Registered Address Type: HDB / HUDC

Registered Block/House No.: 466B

Registered Street Name: SEMBAWANG DRIVE

Registered Unit No.: # 09 - 327

Registered Building Name: -

Registered Postal Code: 752466

Current Vehicle Details

Vehicle No.: SGH6506T

Make Description/Model: HYUNDAI / GETZ1.1 5M

Insurance Company Name: EQ INSURANCE COMPANY LTD



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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

To : M/s EQ INSURANCE COMPANY LTD

Date: 03/07/2019

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	SGH 6506T (Insd Veh)	Your Ref. No. : DM14/420-EC
	SHD 5795R (TP Veh)	Our Ref. No. : CC3/EQI14004698/Kwa3q2-1
Date of Accident	9/3/2014	

Liability	50%	
Final Repair Cost	: \$ 1,257.25	
Loss of Income	: \$	days
Rental (If any)	: \$ 196.88	4 days
Others:	: \$ 6.00	
	: \$	
	1,460.13	
Final Settlement Sum	: \$ 1,460.13	
Remarks	:	

Payment Instruction: Payee's Breakdown

1)	TRANS-CAB AUTO SERVICES PTE LTD	: \$ 1,460.13
		: \$

JOANNE LEE

LKK Auto Consultants Pte Ltd



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
EQ INSURANCE COMPANY LTD			Ref : CC3/EQ14004698/Kya3n2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Date : 09-11-2015	
			Code : EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGH 6506T	Veh. Inspected	SHD 5795R	
Policy No.	DMPPHQ13-003618	Coverage (\$)	0.00	
Claim No.	DM14/420-EC	Excess (\$)	0.00	
Assign From		Assign Date	10/03/2014	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)	c.c	1987	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JTDGJ20W005002958	Colour	RED	
Odometer	471121	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	2 mm	
L/H Front Tyre	195/65 R15	FALKEN	2 mm	
R/H Rear Tyre	195/65 R15	FALKEN	4 mm	
L/H Rear Tyre	195/65 R15	FALKEN	4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	09/03/2014	Inspection Date	10/03/2014	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5795R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	BENT	585.36	585.36
1	REAR BUMPER SIDE RETAINER RH	DISTORTED	68.76	68.76
1	REAR BUMPER SIDE SUPPORT RH	DISTORTED	104.76	104.76
1	REAR BUMPER REFLECTORS RH	BROKEN	66.00	66.00
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	68.76	-
1	REAR BUMPER SIDE SUPPORT LH	SERVICEABLE	104.76	-
1	REAR BUMPER REFLECTORS LH	SERVICEABLE	66.00	-
1	REAR END PANEL OUTER	BENT	623.76	623.76
1	REAR END PANEL INNER	TO REPAIR SEE LABOUR	336.84	-
1	REAR END PANEL INNER TRIM	SERVICEABLE	263.84	-
1	TAILGATE LID	TO REPAIR SEE LABOUR	1,480.44	-
1	TAILGATE LID CENTRE LOGO BADGE	NECESSARY	66.82	66.82
1	TAILGATE LID WEATHERSTRIP	SERVICEABLE	344.28	-
1	TAILGATE LID OUTER CHROME GARNISH	SERVICEABLE	214.48	-
1	TAILGATE LID INNER GARNISH TOP	SERVICEABLE	245.52	-
1	REAR FENDER RH	TO REPAIR SEE LABOUR	1,216.32	-
1	REAR FENDER PANEL DECK TRIM SIDE RH	SERVICEABLE	738.00	-
	LESS 25% DISCOUNT		-1,648.67	-378.87
			4,946.03	1,136.59
SPECIAL NETT ITEMS				
1	SET REAR BUMPER PARKING SENSOR (SN)	SERVICEABLE	300.00	-
1	SET REAR BUMPER FASTENER CLIP (SN)	NECESSARY	30.00	30.00
1	SET REAR END PANEL INNER TRIM CLIP (SN)	NOT NECESSARY	36.00	-
1	CNG STICKER (SN)	NECESSARY	15.00	15.00
2	REAR WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NECESSARY	60.00	30.00
1	TAILGATE LID INNER HANDLE (SN)	SERVICEABLE	20.96	-
1	REAR WINDSCREEN WEATHERSTRIP SEAL (SN)	NOT NECESSARY	82.51	-

Report Ref No. CC3/EQI14004698/Kya3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	TAILGATE STICKER "TRANS-CAB" (SN)	NECESSARY	50.00	30.00
1	TAILGATE STICKER "TRANS-LINK" (SN)	NECESSARY	50.00	30.00
1	TAILGATE STICKER "6555-3333" (SN)	NECESSARY	50.00	30.00
1	REAR FENDER PANEL DECK TRIM SIDE RH CLIP (SN)	NOT NECESSARY	40.00	-
			814.47	205.00
	LABOUR			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCUSIVE OF THE REPAIR OF REAR END PANEL INNER, TAILGATE LID AND REAR FENDER RH.		1,680.00	700.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		120.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		1,620.00	720.00
	TO REMOVE AND REFIT REAR W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	170.00	-
	TO TRANSFER OF TAILGATE FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.		170.00	80.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
			4,270.00	1,600.00
GRAND TOTAL			10,030.50	2,941.59
RECOMMENDED COST OF LUMP SUM REPAIRS. (TO ITS PRE-ACCIDENT CONDITION)				2,350.00

Report Ref No. CC3/EQ114004698/Kya3n2

KONG SENG CHEONG

Licensed Appraiser

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Joanne Lee (LKK Auto)

From: Joanne Lee (LKK Auto) <report@lkkauto.com>
Sent: Friday, 5 July 2019 11:55 AM
To: 'eqiprs@eqinsurance.com.sg'
Cc: 'vivianlau@lkkauto.com'
Subject: TP Direct Settlement - Accident Involving SGH 6506T (OI) and SHD 5795R (TP) on 09/03/2014
Attachments: LKK REPORT.pdf; TP DS SUPPORTING DOCUMENT.pdf

Dear Sir/Madam,

Please be informed that the above-mentioned case had been settled.

Enclose herewith final report & relevant documents for your necessary action please.

Thank you.

Best Regards,

JOANNE | Reports

LKK Auto Consultants Pte.Ltd.

Phone: 6256-3561 Ext.111 Fax: 6741-4108 email: report@lkkauto.com

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