

INSURANCE

INS. CASE OWNER

Sundari

CC 4/111700 1279

KLW352

LEK
IDAC

ASSIGNMENT

Surveyor

Falvin

DOI

19/1/17

Date / Time

19/1/17

Registered in Merimen

2/1/17

Pre-assign / CCU / FTE

mt(17110661

mt(17110661

Make / Model

TOA PRYOH EAST CROSS T/A

PRYOH WOK 6



Insured Vehicle No.

SHD 4203P

Name of Insured

CTPL

Insured Tel No.

HP

Excess Sec II :SS

D.O.A

12/1/17

Is driver the owner?

(YES / NO)

Nature of Accident

If NO, Driver Name / Age

TPO SALLY BEAN PETER

Driver Tel No

(V/L YES / NO)

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

Insured Liability

% Final ? Yes / No

SEL 107H



INSRS

WSP

Tel

Liability

RMKS

Twin wheels Auto



INSRS

WSP

Tel

Liability

RMKS



INSRS

WSP

Tel

Liability

RMKS



INSRS

WSP

Tel

Liability

RMKS

Date / Time

27/1/17
vivan

23/1/17

Seek liability via merimen

2/1/17

Receive notice from TPL

2/1/17

Seek liability via merimen
If BOLA not met, send notice a right to be paid
from merimen

2/1/17

Liability received SS / via merimen
via merimen SS /

10/4/17

Seek mandate via merimen

RECEIVED 28 MAY 2018

STAGE

DATE / PIC

Non-Reporting Itr (1st)
Non-Reporting Itr (2nd)
Non-Reporting Itr (Final)
Notification Itr (if non-pickup)
Call OI
After call Itr to OI

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)
After call Itr 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

PRELIMINARY ADVICE

Date/Time

Sent By

FINALIZATION

Date/Time

Confirm with

Confirm by

Repair Cost

SS

(

days) Reduction

%

FINAL SETTLEMENT

Date/Time

Confirm with Christine

Email

Final Liability

%

50

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

If NO or B 28, Ass. Lia :

Repair Cost

19634.50

SS

9811.25

Loss of Rental (LOR)

SS

(

days)

Loss of Use (LOU): 1200.00

SS

600.00

(S

100

x

12

days)

Loss of Income (LOI)

SS

(S

x

days)

LOR only

LOI only

LOR + LOU

LOR + LOI

Tick only one

GIA/LTA Search

SS

5.35

Medical

SS

Disbursement

SS

50.00

(e.g. Tow/ Independent)

Legal Cost

SS

Total: 20889.85

SS

10475.60

Global Sum SS: 10475.00

FINAL PAYMENT

Date/Time

Confirm with

Email

Payee 1

SS

10475.00

Name 1

Twin wheel Auto Trading Enterprise

Payee 2 (Strike if N.A.)

SS

Name 2

Payee 3 (Strike if N.A.)

SS

Name 3

Charge Balance

\$600.00 - \$450.00
= \$150.00

Surveyor: Kelvin

REF:

ASSIGNMENT

From:

Date: 19/1/12

Estimated Cost:

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

To Inspect Vehicle No:

SKL 107H

at Workshop m/s

Twin Wheels Ash

of

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

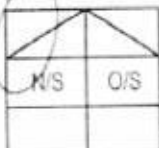
(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12 days

Res: Yes or No

Lum Sum:

20 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKL 107H

Yr Regn:

21 Dec 2010

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

Truck / Trailer or

Make:

Skoda Octavia VR6 cc 1984

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp Reading

109541

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

TMPEF6178A2014209

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Asphalt

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225 / 40 ZR 18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal:

2

mm

R/Bal:

3

mm

L/Bal:

2

mm

L/Bal:

3

mm

D.O.A:

12/1/12

D.O.I:

19/1/12

1700

Survey held at

Twin Wheels Ash

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

Front w/s.

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

Date / Time

Action / Instruction

15/5/12

TO HP.
Calculated 41518350 / 12 Reps Aug.

(Ref - 18145.65
50%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

\$ + RS \$

Photos

Others

TOTAL

Report Format :

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




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			
INDIA INTERNATIONAL INSURANCE PL		Ref: CC4/III17001339/K1wb3	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date: 20-01-2017	
		Code III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 4203P	Veh. Inspected	SKL 107H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/01/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer		Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	17/01/2017	Inspection Date	19/01/2017
Survey held at	TWIN WHEELS AUTO TRADING ENTERPRISE BLK 12 SIN MING IND. ESTATE #01-69 SECTOR B SINGAPORE 575656		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/01/2017 13:15
Date Of Accident	17/01/2017 11:50
Exact Location Of Accident	JUNCTION OF TOA PAYOH EAST & TOA PAYOH LOR 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL107H
Insured/Policyholder	
Name Of Registered Owner	MT SINGAPORE CAR RENTAL PTE LTD
Co Reg No	201630785W
Email Address	twin_woodlands@singnet.com.sg
Mobile Phone No	
Alternative Phone No	Office-67652616
Vehicle Particulars	
Manufacturer	SKODA
Model	OCTAVIA VRS 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	PVT 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	Commercial Vehicle
Insurance Company	
Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSN1688911600
Cover Note Number	20/12/16-22/12/17
Driver	
Name of Driver	MAK JIAYU,JACKEY
NRIC No	S9445753Z
Date Of Birth	10/12/1994
Occupation	Indoor
Date Of Driving Pass	17/02/2015
Driving Experience	1 Year And 11 Months
Gender	Male
Mobile Number	(Local) +65-91147994
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 241 KIM KEAT LINK #07-189
 Postcode 310241
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Spouse *child*
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Unknown - REFER TO SKETCH
 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 TRAVELLING STRAIGHT ALONG TOA PAYOH EAST. WHEN I COMING TO THE TOA PAYOH EAST AND TAO PAYOH LOR 6 JUNCTION, TRAFFIC WAS GREEN IN MY FAVOUR, SO I PROCEED STRAIGHT. SUDDENLY VEHICLE(B) SHD4203P TURN OUT AND CAUSED THE ACCIDENT. MY VEHICLE FRONT PORTION IS BADLY DAMAGED. *Toa*

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 SHD4203P
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver TEO SAY BENG PETER
 NRIC/Passport Number S1813110B
 Contact Number
 Address BLK 161 LORONG 1 TOA PAYOH #07-1592
 Postcode 310161
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

VEHICLE NO: SKL 107-H
INSURER : Cham Teo ping
DOA : 19/01/2017

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 edgement 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.

6. Consent under the Personal Data Protection Act (PDPA)

I/understanding, 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' law yers/law firm, 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' law yers/law firm, 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

P.T.O.

Sketch Plan #2

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

☐ Claim Own Policy ☐ Claim TP ☒ Claim OD/TP at other workshop ☐ Reporting Only

Describe Circumstances of the Accident

Sketch Plan

Please refer to the attachment

I was travelling straight along Tin Fung East.

When I coming to the Top Mugh East and Top Mugh, lot of junction, traffic was green in my favour, so I proceed straight. Suddenly vehicle (B) SHD A203P turn out and caused the accident. My vehicle front portion is badly damaged.

Repair by own workshop: Two H&S Autotrading Enterprise
32 Woodlands Industrial Park E2
#03-1K Singapore 757700
Tel: 6765 2816

Declaration

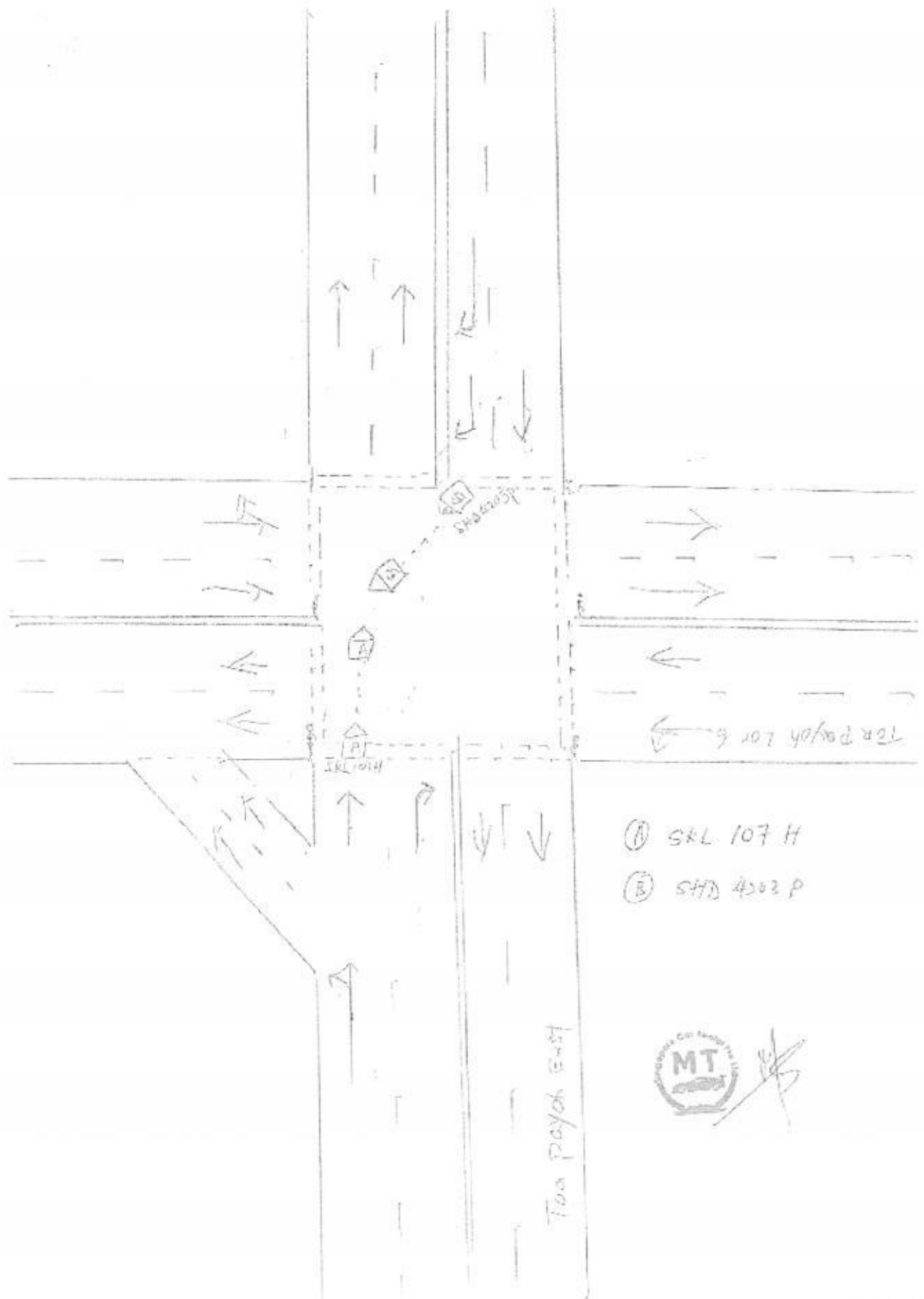
We declare the foregoing particulars are true in every respect

Police Officer's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan #3



SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	17/01/2017 17:14
Date Of Accident	17/01/2017 11:55
Exact Location Of Accident	TOA PAYOH EAST X TOA PAYOH LOR 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4203P
Insured/Policyholder	
Name Of Registered Owner	COMFORT
Co Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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

Are you claiming under your own insurance policy for repair to your vehicle? No

If No, Please state action to be taken Reporting Only

Vehicle Category Taxi

Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MC0M0016
Cover Note Number	

Driver

Name of Driver	TEO SAY BENG PETER
NRIC No	S1813110B
Date Of Birth	18/11/1967
Occupation	Outdoor
Date Of Driving Pass	29/01/1988
Driving Experience	28 Years And 11 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	PETER2138@HOTMAIL.COM

Address: 161 LORONG 1 TOA PAYOH #07-1592
 Postcode: S310161
 Was driver an employee of the Insured's Company: No
 If No, Relationship of the Driver with the Insured: Other - TAXI DRIVER
 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 Side
 Weather Conditions: Clear
 Road Surface: Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 I have been approached by unknown person(s) soliciting/offering accident claims assistance: No
 Number of Passengers (Including Driver): 1

Details of Police Action

Was the accident reported to the police? No
 If Yes, Please state which Police Station:
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Remarks/ Reasons: -
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: SKL107H
 Vehicle Make/Model/Colour:
 Details Of Properties:
 Name of Driver:
 NRIC/Passport Number:
 Contact Number:
 Address:
 Postcode:
 Insurance Company Name:
 Nature Of Damage: FRT
 No. Of Passenger (Including Driver):

Details of Witness

Name:
 Phone Number:
 Email Address:

SKETCH PLAN

IMPORTANT NOTICE

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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.

COMFORT TRANSPORTATION PTE LTD

253 SIN MING DRIVE

SINGAPORE 573747

TEL: 6565 1108 FAX: 6433 3182

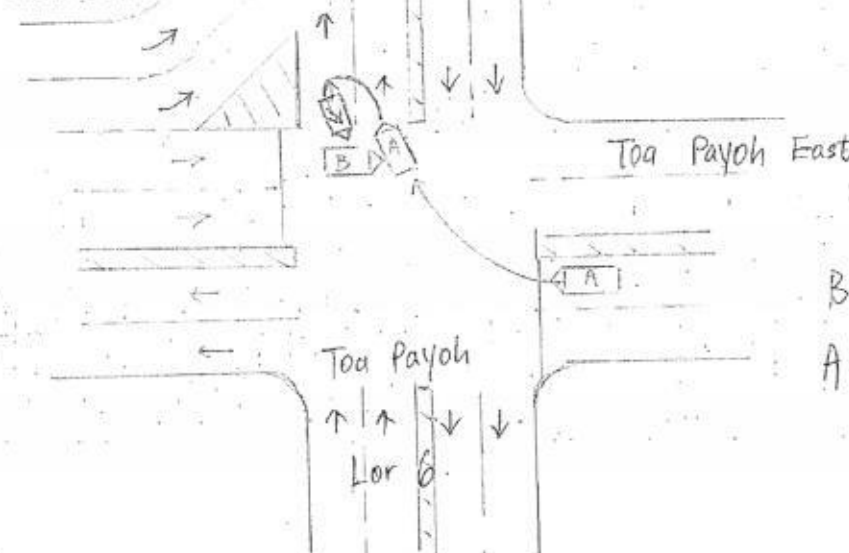
CO REG NO 134038210

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



B: SKL107H
A: SHD4203P

Describe Circumstances of the Accident

On 17/01/2017 @ about 11:55hrs, my taxi (A) was making a right turn from Toa Payoh East to Toa Payoh Lor 6, as my taxi entered to the junction with the amber light. As my taxi approaching near to the Toa Payoh Lor 6, Veh B beat the red light from Toa Payoh East with a speedy manner and hit onto my taxi left rear portion, due to the great impact, my taxi had spang 180 degree. Eventually, my taxi landed against the traffic flow. Both vehicle had serious damage. No injury at the point of accident.

* I would like to state that, the driver involved was the young man. but his ~~us~~ father told me to take his particular as the driver involved. I rejected his request.

WISDOM TRADING COMPANY LTD
200 SIM MING DRIVE
SINGAPORE 375717
TEL: 6355 1188 FAX: 6403 3180
CO REG NO: 103402815

Policyholder's
Signature / Date &

Driver's Signature (If Driver is not
the policy holder) / Date & Time

Anikka Lai

Witnessed by Reporting
Center Personnel

Accident Photo



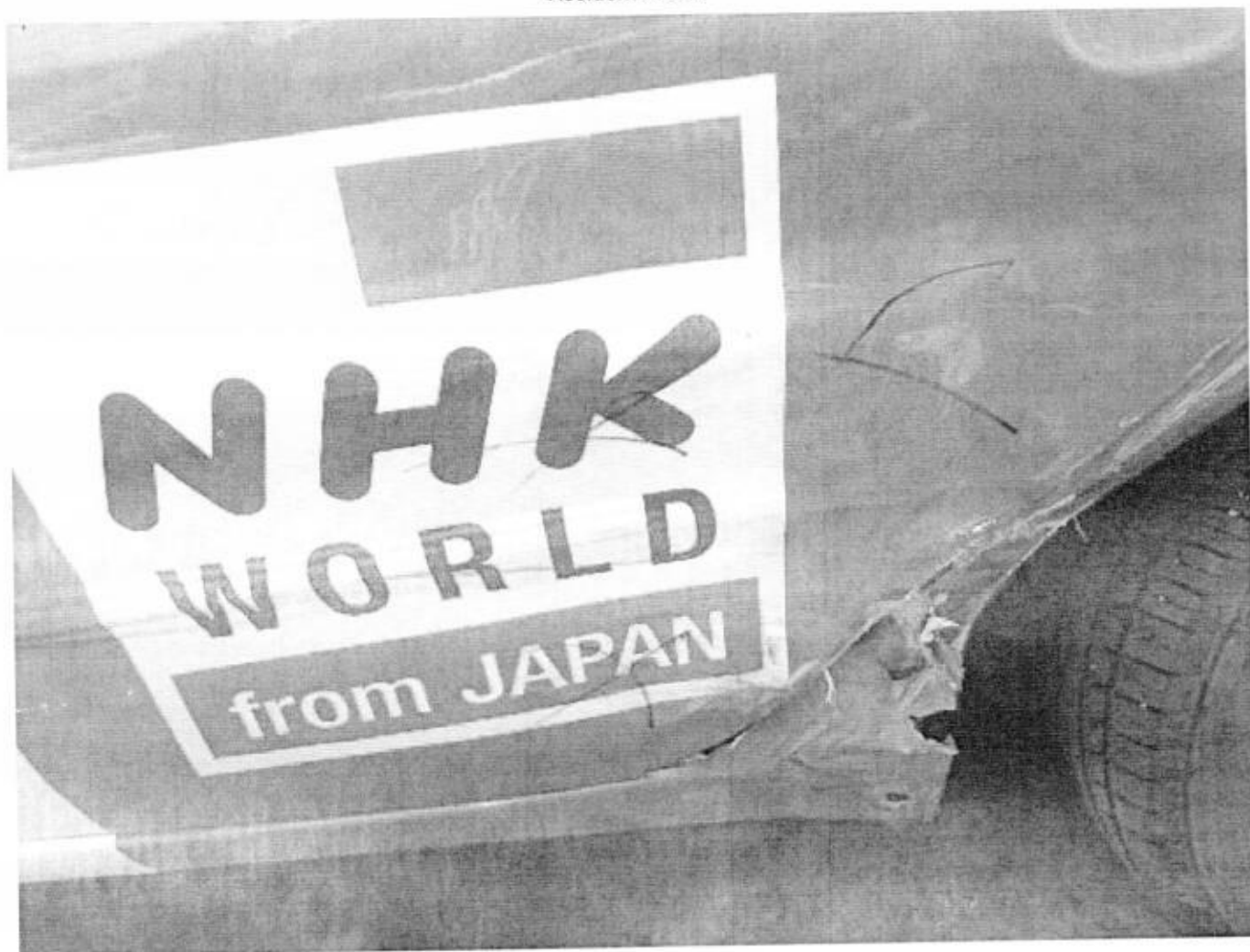
Accident Photo



Accident Photo



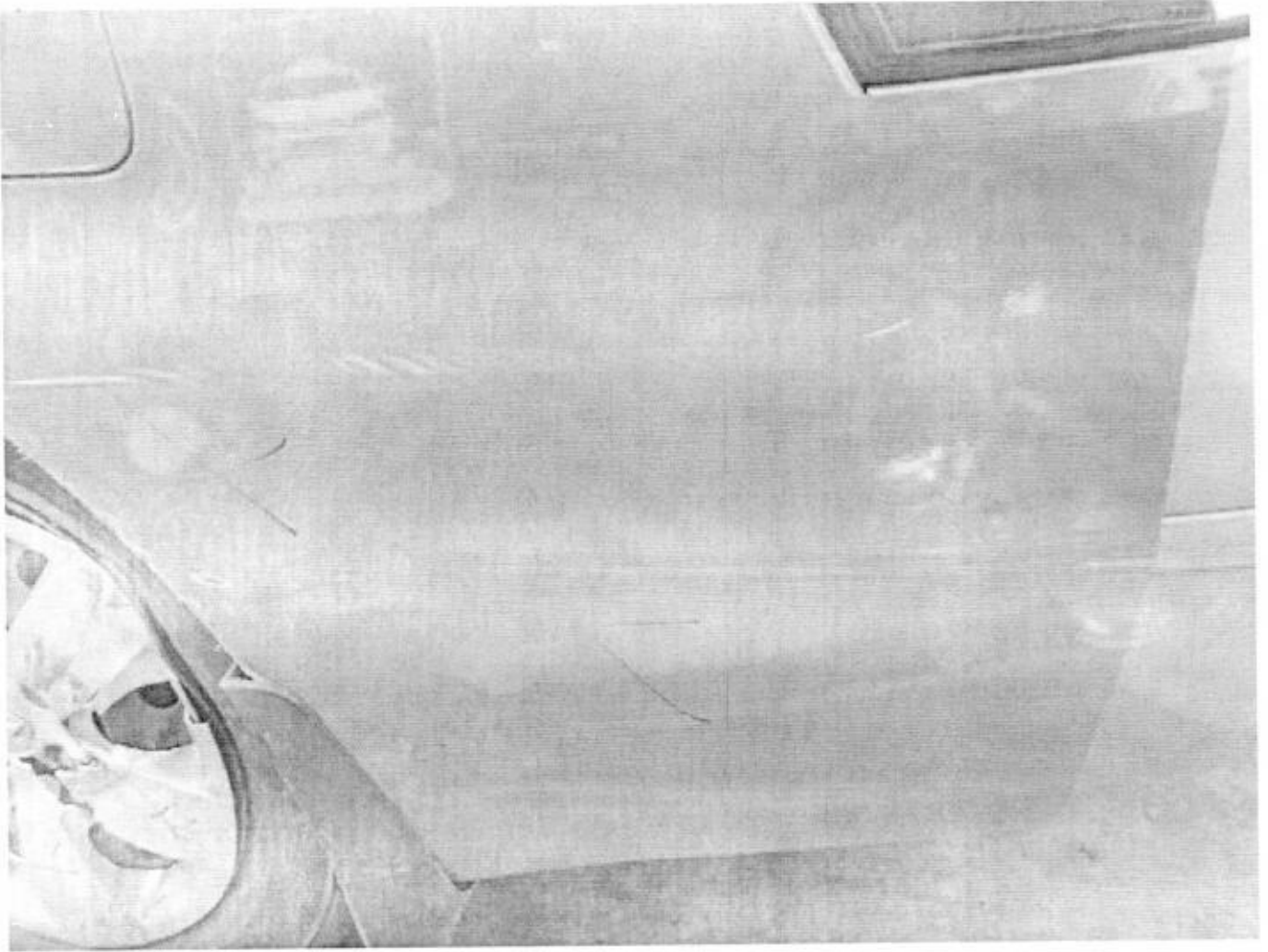
Accident Photo



Accident Photo



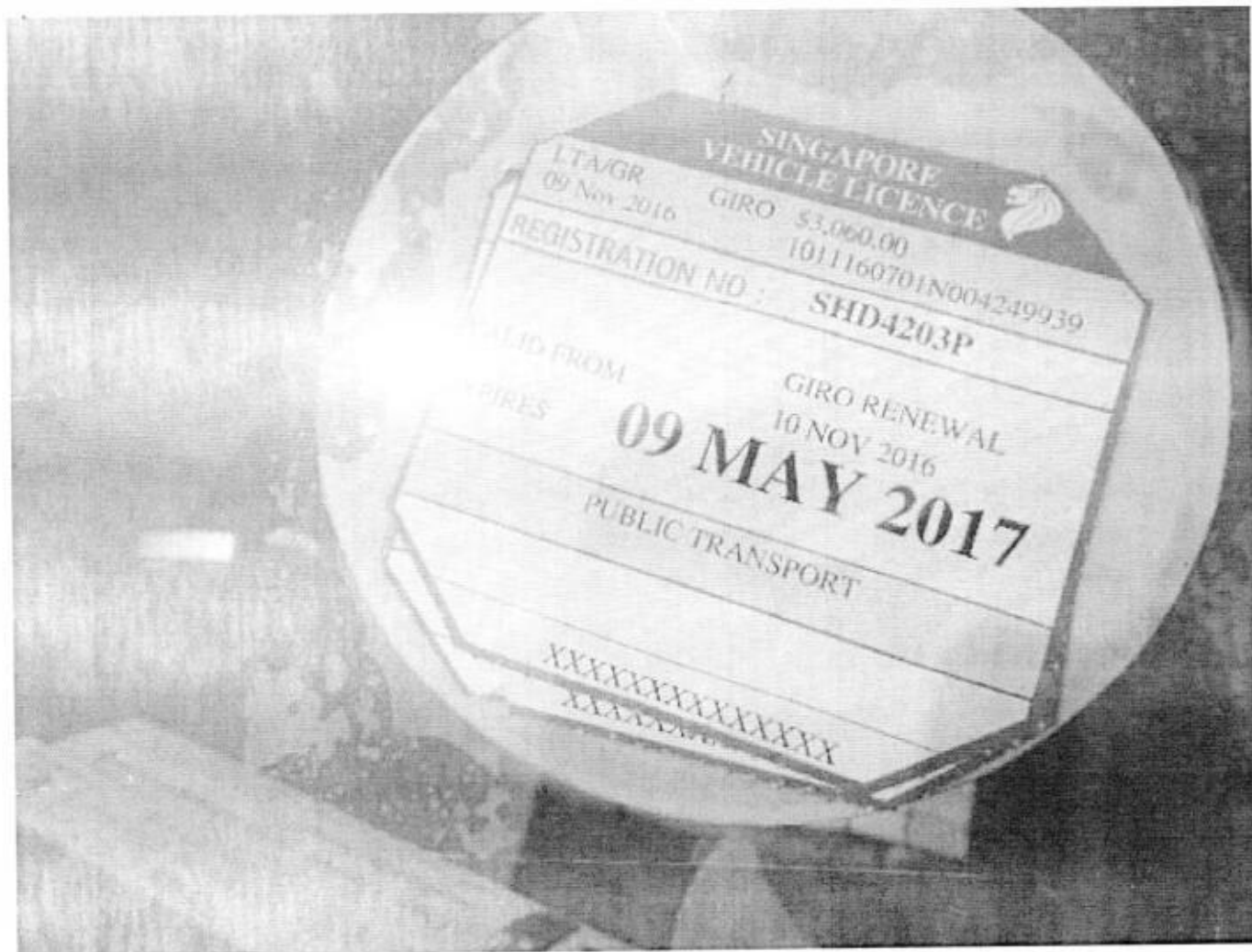
Accident Photo



Accident Photo



Accident Photo



scene photo



scene photo



scene photos

