

15/5/2010

INS. CASE OWNER:

Ishale C C3 /AIG1500 5516 / KAG3

LKK:

IDAC:

Surveyor:

ICOMNETH

DOI:

31-03-15

Date / Time:

1-4-15
31-03-15

Registered in Merimen:

2-4-15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFE 2626 J

Claim No.:

563899797286

Name of Insured:

KARTHA GAN SURPIAH NARENDRA

Policy No.:

200356753070W

Insured Tel No.:

HP:

98632604

Make / Model:

Audi A7

Excess Sec II :SS

D.O.A.:

30-03-15

Place of Accident:

MARINE TERRANCE C/P HDB

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO Insured Liability:

% Final ? Yes / No

SHD 5964U



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans. Gab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
21/4/15 VIC	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	SHD 5964U - X SFE 2626 J - X	Call OI: 10045 BEVAN	
		After call ltr to OI: 10045 - BEVAN	
		Type Report:	12/4/15
10045 @ 1700	CALL OI CONFIRM ACCIDENT DETAILS. OI WAS TURNING TO EXIT THE CARPARK WHEN ACCIDENT HAPPEN. OI MENTION TP DIDNT SEE A7 STOP LINE TP AS OI SLOWLY TURN OUT. TP MOVING FORWARD AND COLLIED WITH OI. OI MENTION TP HAVE CTU. INFORM ABOUT TP CLAIM. OI AWARE NCD WILL BE AFFECT. LETTER SEND TO OI. OI CHANGE OF ADDRESS. TO GET TP CTU FOOTAGE. KUN FIVE AFTER LETTER SENT OUT. POTENTIAL ROSET. TP FROM MINOR ROAD.	Prepare Invoice:	
		Others:	
		Documentation Check List:	Handler Typist
		OI Apt Ltr:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		Approval Email:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
	FINANSED. (\$1,300.00 / 1.5 PAYS) To get CCTV from TP workshop.		
12/05/15	NO UPDATE FROM TP. SEND EMAIL TO AIG TO CLOSE CASE BUT TO TP INACTIVITY. NO SETTLEMENT. TO CLOSE CASE.		

FINAL SETTLEMENT	Date :	Confirm with	CONFECTION, BEHIND
Repair Cost:	SS -	Final Liability:	% (Agreed / Assessed)
Loss of Rental:	SS -	(days)	BOLA S/N No. : NLL
Loss of Use:	SS -	(\$ x days)	If NO or B 28, Ass. Lia :
Disbursement:			1) Claim status: Normal/Reject/Private Settle
Legal Cost :	SS -		2) Report Format: WP REPORT TP INACTIVITY
Total:	SS -	Global Sum: SS	3) Survey fee: \$320.00

ASS. REC. BY:

Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans 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: 1 1/2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S140 5964 U Yr Regn: 02, 11Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or

Make: Toy Wish c.c. 1987Colour: Red A/C: Insured / Std / NI / NASp. Reading: 573712 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70 GJ20W805 003209Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/65R15

R: _____

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

TOYO / YOKO or Falken

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 30/3/15Survey held at ✓

Rear

R/Bal. 3 mmL/Bal. 3 mmD.O.I. 31/3/15

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

O/S 1st

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

Date / Time Action / Instruction

215 \$1300(ret 10336.43/88.8%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format : _____

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

TRANS-CAB AUTO SERVICES PTE LTD

NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHD 5964U - *AG***RIZA***Not Authored
61 Sep @ 1300.*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHD 5964U - RIZA

JTDGJ20W805003209

TOYOTA

WISH 2.0 BI-FUEL

30.03.2015

*AG***PART****LIST**

1	1	Front Bumper	\$
2	1	Front Bumper Lower Absorber	\$
3	1	Front Bumper Reinforcement	\$
4	1	Front Bumper Retainer RH	\$
5	1	Front Bumper Retainer LH	\$
6	1	Front Fog Lamp Outer Chrome RH	\$
7	1	Front Bumper Fog Lamp Grille RH	\$
8	1	Front Headlamp RH	\$
9	1	Front Fender RH	\$
10	1	Front Fender Liner RH	\$
11	1	Windscreen washer tank	\$
12	1	Radiator Grille	\$
13	1	Bonnet	\$
14	1	Bonnet Centre 'TOYOTA' Logo Badge	\$

<i>BT</i>	585.36	✓
<i>Sn</i>	130.00	X
<i>R</i>	318.11	X
<i>Dis</i>	74.50	✓
<i>Sn</i>	74.50	X
<i>Ref</i>	190.00	✓
<i>Sn</i>	150.00	X
<i>CR</i>	672.00	✓
<i>R</i>	837.60	X
<i>Sn</i>	369.14	X
<i>Sn</i>	166.00	X
<i>Sn</i>	462.48	X
<i>R</i>	1,019.16	X
<i>Sn</i>	115.44	X

TOTAL \$ **5,164.29***20%* \$ **1,032.86***25%* \$ **4,131.43****Special Nett**

1	Front Licence Plate	\$
1 Set	Front Bumper Fastener Clip	\$
1	CNG Sticker	\$
1 Set	Front Fender Liner Clip	\$
1 Set	Rocker panel outer Garnish Clip	\$
1	Tyre FRT RH	\$
1	Tyre Rim FRT RH	\$
1	Front Fender Advertisement Sticker	\$

<i>Sn</i>	50.00	X
<i>Mer</i>	40.00	✓
<i>Mer</i>	30.00	<i>15.00</i>
<i>na</i>	40.00	X
<i>na</i>	35.00	X
<i>Sn</i>	180.00	X
<i>Sn</i>	120.00	X
<i>na</i>	250.00	X

TOTAL \$ **745.00****TOTAL PARTS** \$ **4,876.43**

Panel Beating, Knocking And Straightening
The Necessary Portion, Remove And Renewal
Of Parts, Adjust And Realign The same

\$

2,800.00 *200*

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

RIZA

SHD 5964U - A19

To transfer of door fittings, attachment and perform water seepage test.	\$	nn 170.00 X
To Rust-Proofing Of The Affected Areas.	\$	nn 220.00 X
Putty And Spray Painting Of The Affected Portion.	\$	2,700.00 2001
To check steering geometry and computer wheel alignment	\$	nn 220.00 X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn 380.00 X
To transfer of tire, rim and on wheel	\$	nn 170.00 X
To Check Electrical Lighting Concerned.	\$	120.00 201

TOTAL \$ 6,780.00

Over All Total \$ 11,656.43

REPAIR DAYS

~~10~~ DAYS

1 1/2

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD5964U
Vehicle to be Exported: Yes
Intended De-registration Date: 30 Mar 2015
Vehicle Make: TOYOTA
Vehicle Model: WISH 2.0 BI-FUEL AUTO
Primary Colour: Red
Manufacturing Year: 2010
Engine No.: 3ZRA517305
Chassis No.: JTDGJ20W805003209
Maximum Power Output: 104.0 kW (139 bhp)
Open Market Value: \$25,053.00
Original Registration Date: 28 Feb 2011
First Registration Date: 28 Feb 2011
Transfer Count: 0
Actual ARF Paid: \$15,032.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 Feb 2019
PARF Rebate Amount: \$11,274.00

Intended COE Rebate Details

COE Expiry Date: 27 Feb 2019
COE Category: A - Car (1600cc & below)
COE Period (Years): 8
QP Paid: \$29,700.00
COE Rebate Amount: \$14,539.00
Total Rebate Amount: \$25,813.00

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 30 Mar 2015

OK

Land Transport Authority

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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				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/AIG15005516/Kra3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 01-04-2015		
		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFE 2626J	Veh. Inspected	SHD 5964U	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	01/04/2015	
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	30/03/2015	Inspection Date	31/03/2015	
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.				

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	30/03/2015 13:41
Date Of Accident	30/03/2015 10:35
Exact Location Of Accident	BLK 59 MARINE TERRACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5964U
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-2.0 (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-I2047359MFSH/3066
Cover Note Number	

Driver

Name of Driver	NG SOON HONG (HUANG SHUNFENG)
NRIC No	S7539011D
Date Of Birth	04/12/1975
Occupation	Indoor
Date Of Driving Pass	02/02/1995
Driving Experience	20 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-91144751
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 227 PENDING ROAD #11-231
Postcode	670227
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	Side Swipe- Opposite Direction
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
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

On 30/03/2015 at about 1035 hrs, I was travelling straight along Block 59 Marine Terrace Carpark with the intention to make a left turn when I noticed Vehicle B (SFE2626J) as he intended to make a right turn to exit the carpark so I stop and reversed a little for him to get enough space. As I reversed, Vehicle B still proceeded to moved forward. Thus resulted, Vehicle B's right rear portion collided onto my taxi's right front portion.

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFE2626J
Vehicle Make/Model/Colour	AUDI Q7
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

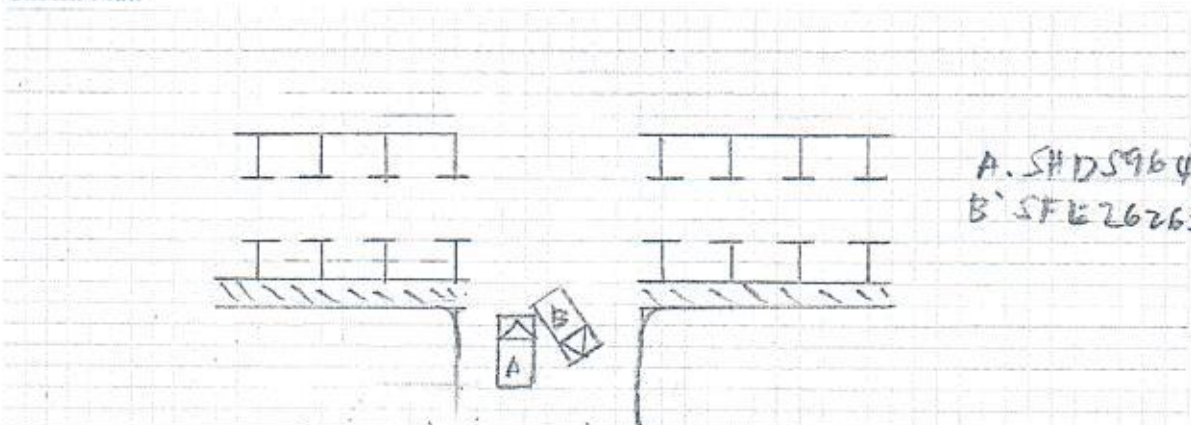
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 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



BLK 59 MARINE TERRACE CARPARK

Describe Circumstances of the Accident

Please refer to GIA REPORT.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	31/03/2015 17:02
Date Of Accident	30/03/2015 10:40
Exact Location Of Accident	MARINE TERRANCE CAR PARK HDB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE2626J
Insured/Policyholder	
Name Of Registered Owner	KARTHIGASU SUPPIAH NARENDRA
NRIC No	S1809182H
Email Address	NANDARYT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98632604
Alternative Phone No	Others-98632604

Vehicle Particulars

Manufacturer	AUDI
Model	Q7-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100356753-01000
Cover Note Number	

Driver

Name of Driver	KARTHIGASU SUPPIAH NARENDRA
NRIC No	S1809182H
Date Of Birth	26/04/1967
Occupation	Indoor
Date Of Driving Pass	05/03/2001
Driving Experience	14 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-98632604
Fax Number	
Contact Number	Others-98632604
Email Address	nandaryt@gmail.com

Address 28 SINGLAP WALK
 Postcode S455759
 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 -
 -
 -

46 WOODMAN CHEW RD
 435123
 / / / / /

General Information of the Accident

Type Of Accident Unknown - TP REVERSE AT JUNCTION
 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
 Number of Passengers (Including Driver) 4

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

AT 1040AM ON THE 30TH OF MARCH 2015, I WAS LEAVING MARINE TERRACE BLOCK 59 CARPARK WITH MY FAMILY, AS I WAS EXITING THE CAR PARK A TAXI PLATE NUMBER SHD5964U DID NOT STOP AT THE STOP SIGN AND ALMOST HIT ME AS HE WAS SPEEDING. I WAS SHOCKED AND GESTURED TO HIM THAT IT WAS A STOP SIGN. HE MADE A SUDDEN STOP BEYOND THE STOP SIGN. SEEING THAT HE HAD STOPPED AND IT WAS SAFE FOR ME TO MOVE ON, I SLOWLY TURNED AT A WIDER RADIUS WITH CAUTION TO EXIT. AS I WAS EXITING HE SUDDENLY REVERSED BACK INTO ME. HE DID MENTION AND AGREED THAT HE HAD A RECORDER IN HIS TAXI WHICH RECORDED THE ENTIRE INCIDENT. HE CLEARLY STATED THAT HE WOULD BE PRODUCING IT AS EVIDENCE. I TOOK A PICTURE AND TOOK DOWN HIS PHONE NUMBER AS WELL AND LEFT. TAXI DRIVER HP 91144751.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5964U
 Vehicle Make/Model/Colour / / / / /
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

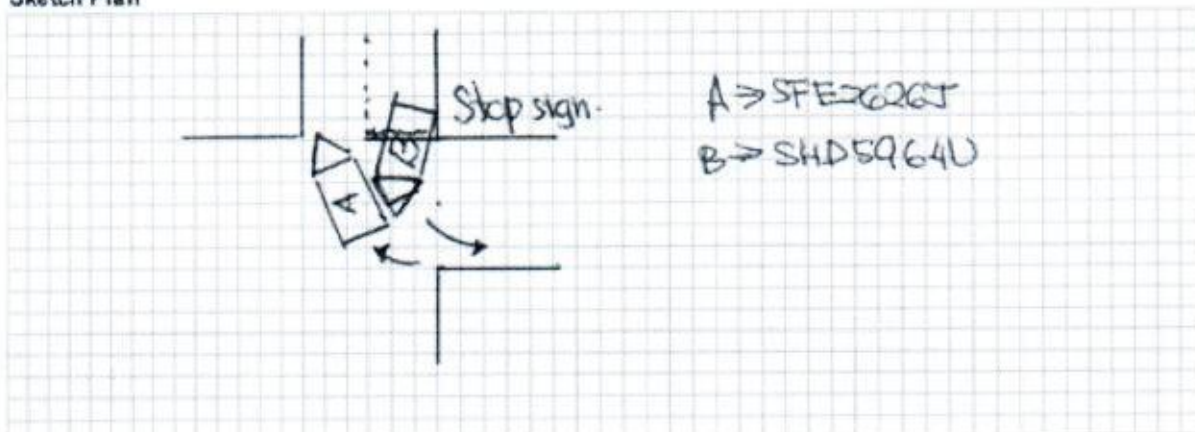


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

At 10.40 am on the 30th of March 2015, I was leaving Marine Terrace Block 59 carpark with my family. As I was exiting the car park, a taxi plate number SHD 5964U did not stop at the stop sign and almost hit me as he was speeding. I was shocked and gestured to him that it was a stop sign. He made a sudden stop beyond the stop sign. Seeing that he had stopped and it was safe for me to move on, I slowly turned at a wider radius with caution to exit. As I was exiting he suddenly reversed back into me. He did mention and agreed that he had a recorder in his taxi which recorded the entire incident. He clearly stated that he would be producing it as evidence. I took pictures and took down his phone number as well and left.
Taxi Driver: Hp: 911440751

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel


Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

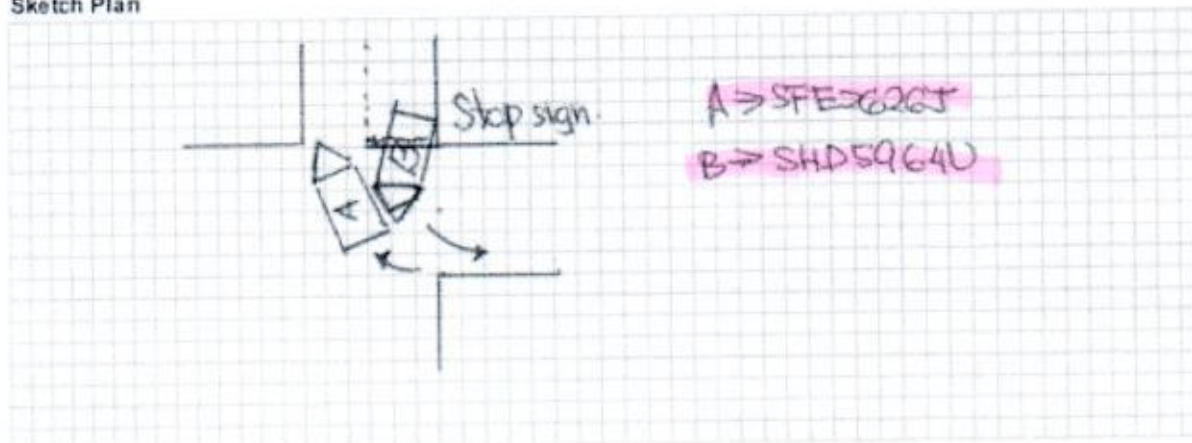
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2


Describe Circumstances of the Accident

At 10.40 am on the 30th of March 2015, I was leaving Marine Terrace Block 59 car park with my family. As I was exiting the car park, a taxi plate number SHD 5964U did not stop at the stop sign and almost hit me as he was speeding. I was shocked and gestured to him that it was a stop sign. He made a sudden stop beyond the stop sign. Seeing that he had stopped and it was safe for me to move on, I slowly turned at a wider radius with caution to exit. As I was exiting he suddenly reversed back into me. He did mention and agreed that he had a recorder in his taxi which recorded the entire incident. He clearly stated that he would be producing it as evidence. I took pictures and took down his phone number as well and left.
Taxi driver: Hp: 911440751

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MPA115036859 Vehicle Registration No: SFE2626J
Name(as shown in NRIC): KARTHIGASU SUPPIAH NARENDAAN
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No: S18091824
Address: 28 SIGLAP WALK
Contact (Tel): _____ (H/P): 98632604
(Email): NANDARYT@GMAIL.COM
Date of Accident: 30/03/2015 Time of Accident: 1040
Place of Accident: MARINE TERRANCE CAR PARK HDB
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

16 input TP vehicle.



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

Status of Driving Licence

Licence No. :	S1809182H
Status of Driving Licence :	Valid
Class of Driving Licence :	3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

The above information is accurate as at 06/04/2015 12:01 AM.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/AIG15005516/Kra3

14 APRIL 2015

KARTHIGASU SUPPIAH NARENDRA
46 WOO MON CHEW RD
SINGAPORE 455123

Dear Sir/Madam,

ACCIDENT INVOLVING SFE2626J AND SHD5964U ON 30/03/2015

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **24/04/2015**, 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,

Lim Chin Siong Bevan
Case Handler

DID: 6749 5792

FAX: 6741 4108

Email: vicalpeh@lkkauto.com

c.c. AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

Vic

From: Vic on behalf of Ishak, Nor Hafizah [NorHafizah.Ishak@aig.com]
Sent: Thursday, 12 May, 2016 4:21 PM
To: Sukimin, Nurasikin; 'Suriamuthy, Visaline'
Subject: AIG CLAIM REF: 5638997972SG (AIG SFE 2626J ON 30.03.2015) (TRANSCAB SHD 5964U)

Dear Fiza,

We refer to the above reference.

We note that you have closed the claim in Merimen.

We have inspected this vehicle on 31.03.2015 and we waited for TP M/s Trans-Cab to provide us their Letter of Demand (LOD) and evidence to review liability however, no LOD received to date and no further follow-up from claimant on their claim.

Based on the circumstances of the accident, TP taxi from the minor road should exercise greater care.

In view of this, we opined that TP is more to be blamed for the accident.

Kindly assist to advise mandate to deny liability and please re-open claim file for the submission of our report.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



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Pte Ltd

Save the Earth. Print only when necessary.

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