

1552/01

INS. CASE OWNER

Stacey

CC 4 / AXA18005449 / M33

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

DOI:

Date / Time:

23/03/18

Registered in Merimen:

23/03/18

## Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5657L

Claim No.:

C0472610

Name of Insured:

TRANS - OMB SERVICES PTE LTD

Policy No.:

P1680520

Insured Tel No.:

HP:

Make / Model:

RENAULT LATITUDE - 2.0L (A)

Excess Sec II : \$S

5,000.00

D.O.A.:

20/03/18

Place of Accident:

MIDDLE ROAD TOWARDS VICTORIA STREET

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age: OH SION HIN

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

Driver Tel No.: 8467 8894

(CVL: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHA 6954H



INSRS:

WSP: C066

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time:

SHA 6954H - CC2/ATG10009639/Fnl P2g2 DOA: 15/03/18

- CC2/ATG10009639/Fnl P2g2 DOA: 20/03/18

SHC 5657L - CC3/ECI16010434/Kub3 DOA: 05/06/18

- CC3/ECI16010434/Kub3 DOA: 20/03/18

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call (I):

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Billing Invoice:

OTA / GIA:

Medical Bill:

TR:

Update/Reject Instruction:

DOI:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

SS

( days) Reduction:

%

## FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

(Agreed / Assessed) BOI A S/N No.:

Repair Cost:

SS

Loss of Rental (LOR):

SS

( days)

Loss of Use (LOU):

SS

(\$ x days)

Loss of Income (LOI):

SS

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/OTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/Independent)

Legal Cost:

SS

Total:

SS

Global Total: SS

## FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

Confirm by:

Email

Call

Email

Call

NO or B 28, Ass. Lia:

## 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 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 21/03/2018 11:55  
 Date Of Accident 20/03/2018 19:20  
 Exact Location Of Accident MIDDLE RD X VICTORIA ST  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA6954H  
 Insured/Policyholder  
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  
 Co Reg No 199303821R  
 Email Address FLEETSAFETY@CDGTAXI.COM.SG  
 Mobile Phone No  
 Alternative Phone No OFFICE-65508768

### Vehicle Particulars

Manufacturer HYUNDAI  
 Model I40  
 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 THIRD PARTY  
 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 MCOM0015  
 Cover Note Number

### Driver

Name of Driver TAN CHIN LAI  
 NRIC No S0122408E  
 Date Of Birth 15/01/1954  
 Occupation OUTDOOR  
 Date Of Driving Pass 26/02/1980  
 Driving Experience 38 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address 412 #05-100 EUNOS ROAD 5  
Postcode 400412  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles involved in the accident  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance? 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  
Passenger 1 NAME: : -  
GENDER: : MALE

#### 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

SEE ATTACH.

#### Attachment(s)

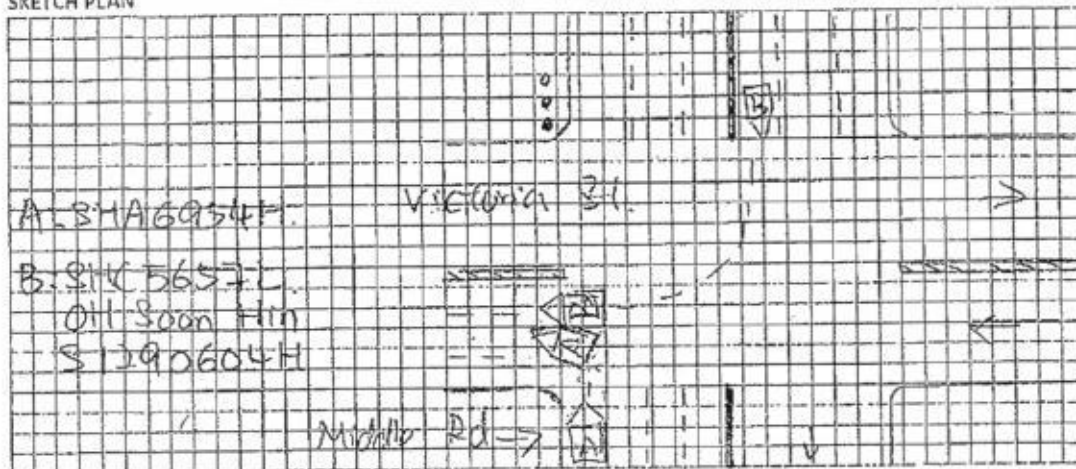
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: -  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5657L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver OH SOON HIN  
NRIC/Passport Number S1290604H  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage LEFT FRT

No. Of Passenger (Including Driver)

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tan. On 20/03/18 at about 19:20 hrs, my taxi stopped at extreme left lane on junction of Middle road and Victoria St. Shortly after I slowly proceed to turning left after ensuring pedestrian crossing is clear. In the process, suddenly I felt an impact from my right hand side. I stepped out and found that the taxi SHC 5657L turn right into Victoria Street from other side, the taxi hit and grazed the right front portion of my taxi.

01 passenger on board my taxi, he left away after the accident without inform. No injury at the point of accident

## DECLARATION

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

COMFORT TRANSPORTATION Pte. Ltd.  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

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

GIA/IMC SketchPlanForm\_V3

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

JOMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R *Tan.*

Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name: *21/1/18*  
NRIC/FIN No.:



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

Direct Settlement

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 Mar 2018		22 Mar 2018 17:58 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

## CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K, Email: CLAIMS@TRANSCAB.COM.SG		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA6954H	Date of Loss:	20/03/2018 19:00 - :59
Claim Type:	TP / C0472610	Policy/Cover Note No.:	P1680520 (Third Party Only)
Vehicle Reg. No. (Insured):	SHC5657L	Policy No. (Claimant):	
		Excess:	S\$5,000.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Braddell) 205 Braddell Road, 579701 Toa Payoh - Tel: 63837168 /63837118		
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Stacey Ng - 6880 4351]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/04/2018]		
Driver/Custodian (Insured):	OH SOON HIN (60 / Male), NRIC: S1290604H, Tel: +6584678894		

## ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AXA\_SG (22/03/2018): New TP Assignment - C0472610/P1680520

## ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

9.27am @ 23/3/18  
vehicle in  
person @ him





## **SG AXA Insurance SM AXA SGP - Motor Survey**

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**From:** Lim Kwok Eng <limke@cde.com.sg>  
**Sent:** Wednesday, March 21, 2018 5:09 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Cc:** Ng Nyuk Phin; Roger How Keen Meng  
**Subject:** SHD6954H with your insured SHC5657L  
**Attachments:** SHA6954H.pdf  
  
**Categories:** Namrata

To Officer In Charge

Pls arrange surveyor, refer attached

Best Regards  
Lim Kwok Eng  
Taxi Crash Repairs / ComfortDelGro Engineering Pte Ltd  
Tel. 6214-8355 / 6214-8156

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

## Status of Driving Licence

### QUALIFIED DRIVING LICENCE

<b>Qualified Driving Licence No. :</b>	S1290604H
<b>Status of Qualified Driving Licence :</b>	Valid
<b>Class of Qualified Driving Licence :</b>	3
<b>Expiry Date :</b>	Valid for life unless revoked, suspended or disqualified.

### PROVISIONAL DRIVING LICENCE

<b>Provisional Driving Licence No. :</b>	S1290604H
<b>Status of Provisional Driving Licence :</b>	No Licence
<b>Class of Provisional Driving Licence :</b>	
<b>Expiry Date :</b>	-

The above information is accurate as at 23/03/2018 12:01 AM.

## Bevan Lim (LKK Auto)

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**From:** Bevan Lim (LKK Auto)  
**Sent:** Tuesday, 24 April 2018 4:40 PM  
**To:** claims@transcab.com.sg  
**Cc:** 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'carrisalee@ava-ins.com'; 'foonghon@ava-ins.com'; 'Jasmine Tan'; Vic (LKKAuto)  
**Subject:** OUR REF : CC4/AXA18005449/ma3 YOUR REF : P1680520 (SHC 5657L)  
ACCIDENT INVOLVING SHC 5657L & SHA 6954H ALONG/AT MIDDLE ROAD TOWARDS VICTORIA STREET ON 20/03/2018

24 APRIL 2018

Transcab Taxi  
Singapore

Dear Sir,

**OUR REF : CC4/AXA18005449/ma3**  
**YOUR REF : P1680520 (SHC 5657L)**

**ACCIDENT INVOLVING SHC 5657L & SHA 6954H ALONG/AT MIDDLE ROAD TOWARDS VICTORIA STREET ON 20/03/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from SMRT AUTOMOTIVE SERVICES PTE LTD against your motor insurance policy.

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.

We also wish to advise that there is an excess of **\$55,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

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

As Insurers, AXA shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) / [bevanlim@lkkauto.com](mailto:bevanlim@lkkauto.com) or deliver it by hand to our Customer Care Centre.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6749 4274 or email us at [bevanlim@lkkauto.com](mailto:bevanlim@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

Bevan Lim | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749-4274 | email: [BevanLim@lkkauto.com](mailto:BevanLim@lkkauto.com) | fax: 6741-4108

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



AUTO  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*