If No. Relationship of the Driver with the Insured

Owner

Vehicle Registration Number of Driver's Own Vehicle

.

Insurance Company of Driver's Own Vehicle

•

#### General Information of the Accident

Type Of Accident

Unknown - TP CUT INTO INSURED LANE

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 LANE 2 OF NORTH BRIDGE ROAD ON 07/06/2014 AROUND 8.17PM WHEN 1 SMRT TAXI (SHF 414 M) SUDDENLY CUT INTO MY LANE AND HIT THE SIDE REAR OF MY CAR DAMAGING MY CAR'S REAR BUMPER, REAR FENDER AND TIRE/RIM. RECORDED BY JEFFERY

Are accident photos available for attachment?

Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHF414M

Vehicle Make/Model/Colour

SMRT TAXI

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

- Please report <u>correctly</u> 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 show insurance companies to regudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fisbility on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be lowarded 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 kidgement 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 North bridge Road

Describe Circumstances of the Accident

n 7/6/14	was travelled	along lone	1 2 of North Bridge Ron 1 SMR7 tax (SHE414)
suddenh	The second secon		
rear di	my car	danasing	my rar's rear bumper
YEOF	tender and	( type rim	

Declaration

LWe declare the foregoing particulars are true in every respect

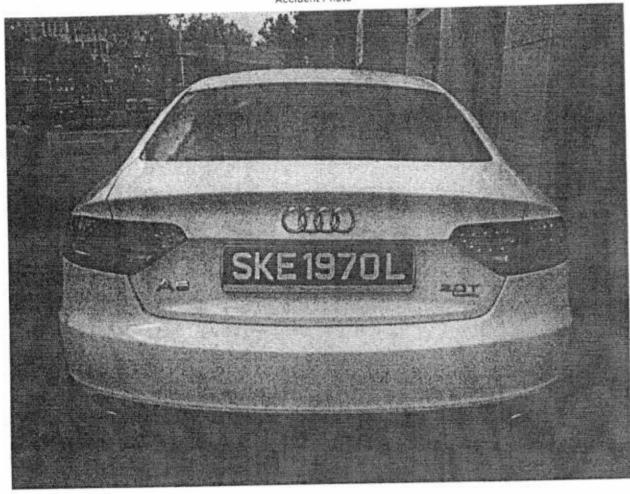
Policyholder's Signature / Date &

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

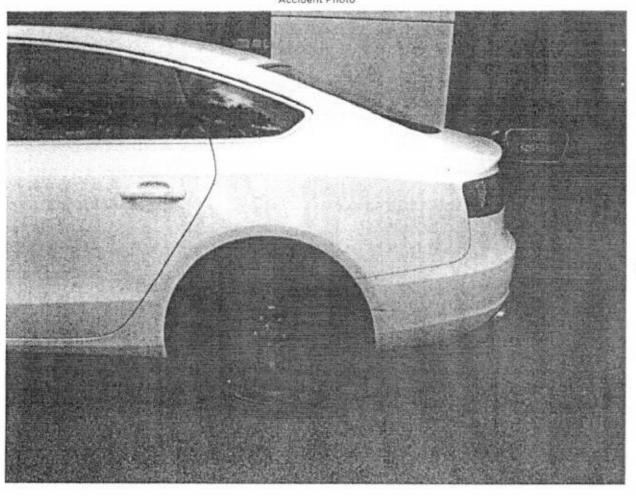
Witnessed by Reporting Centre P10012014

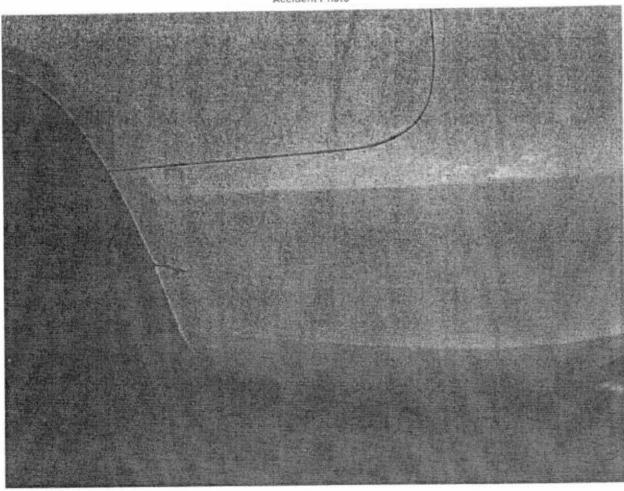




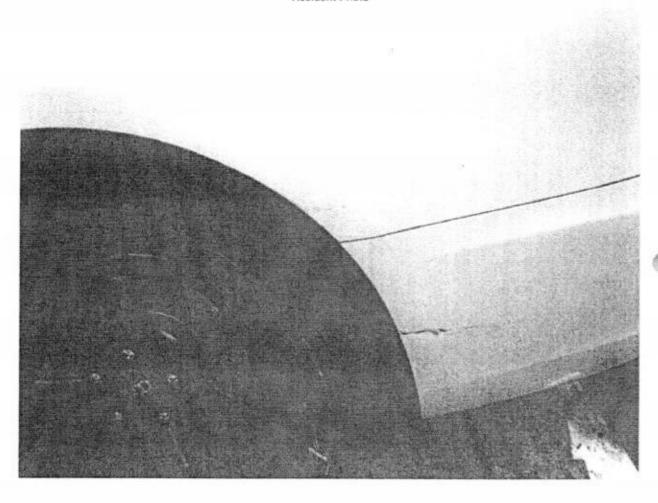


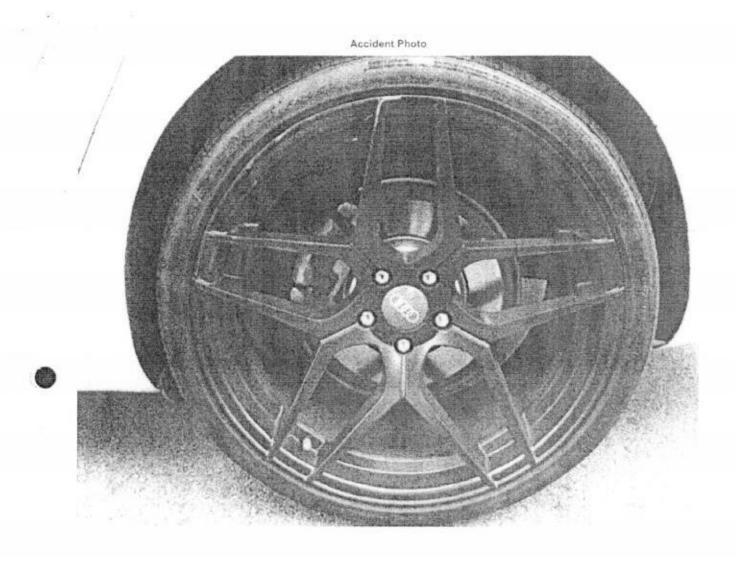




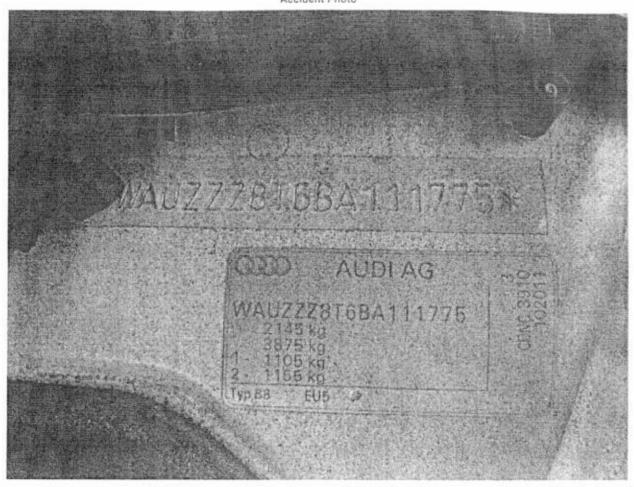








Accident Photo



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate policy ability
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	ACCIDENT STATEMENT
All and the second seco	201001001111000

 Date Of Report
 09/06/2014 12:02

 Date Of Accident
 07/06/2014 20:20

Exact Location Of Accident NORTH BRIDGE ROAD IN FRONT OF TAN QUEE LAU ST

Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKE1970L

Insured/Policyholder

Name Of Registered Owner YONG CHUN SEK

NRIC No S7774056B

Vehicle Particulars

Manufacturer AUDI

Model A5-2.0 SPORTBACK QUATTRO (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 2100289220-02000

Cover Note Number

Driver

Name of Driver YONG CHUN SEK

 NRIC No
 S7774056B

 Date Of Birth
 17/03/1977

 Occupation
 Indoor

 Date Of Driving Pass
 28/11/1997

Driving Experience 16 Years And 6 Months

Gender Male

Mobile Number (Local) +65-90928989

Fax Number Contact Number

EMail Address jasonycs@gmail.com Address 591 HALTON ROAD

Postcode 509704 Was driver an employee of the Insured's Company No If No. Relationship of the Driver with the Insured

Owner

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

Unknown - TP CUT INTO INSURED LANE

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 LANE 2 OF NORTH BRIDGE ROAD ON 07/06/2014 AROUND 8.17PM WHEN 1 SMRT TAXI (SHF 414 M) SUDDENLY CUT INTO MY LANE AND HIT THE SIDE REAR OF MY CAR DAMAGING MY CAR'S REAR BUMPER, REAR FENDER AND TIRE/RIM. RECORDED BY JEFFERY

Are accident photos available for attachment?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SHF414M

Vehicle Make/Model/Colour

SMRT TAXI

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

Sketch Plan

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North bridge Road	
(max)	
Describe Circumstances of the Accident	
I was travelling along lane 2 of North Bridge	
on 7/6/14 around + 17 pm, when I SMRT tax (SHE	
suddenly out into my lane and hit the s	
rear of my car damaging my car's rear but	nper-

## Declaration

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

Policyholder's Signature / Date &

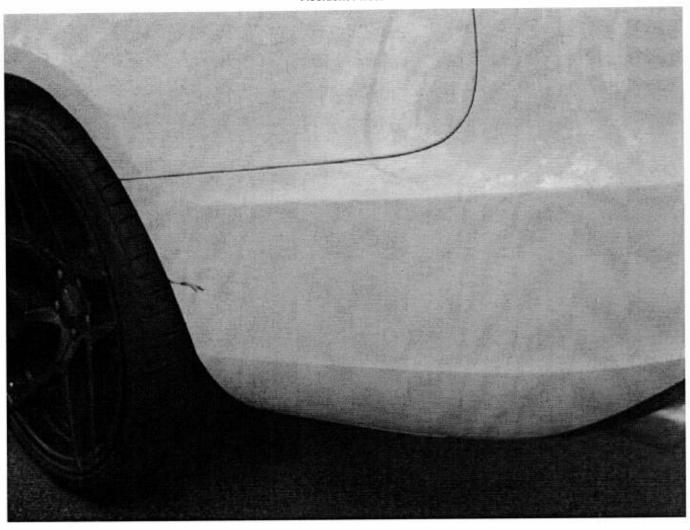
Driver's Signature (If driver is not the policyholder) / Date & Time

09/06/2014 Witnessed by Reporting Centre



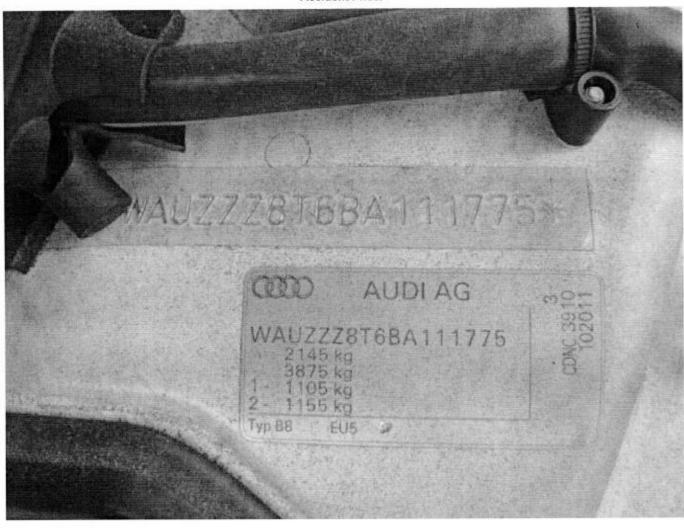












### **Sharon Yee**

From: Sent:

Pillai, Sherini <Sherini Pillai@aig.com> Monday, 9 March, 2015 3:35 PM

To: Subject: Sharon Yee 800738353

Hi Sharon,

Refer to our tele-con this afternoon & to our bulk settlement on 5/11/14.

Pls proceed to reject TP claim in view of CCTV footage. Tks.

Sherini Pillai AIG Complex Claims Examiner Claims | AIG Asia Pacific Insurance Pte. Ltd 78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1767 | Fax +(65) 68357416

sherini.pillai@aig.com | www.aig.com.sg

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## Sharon Yee

From:

Sharon Yee

Sent:

Thursday, 12 March, 2015 1:57 PM

To:

Tan Lee Gek (Auto Svcs/Claims) (LeeGek@smrt.com.sg)

Cc:

Kalvin Ang

Subject:

RE: Accident on 7/6/2014 involving SHF 414M & SKE 1970L (Our Ref:

TAX/06/14/2075/lg)

Attachments:

OI Sketch Plan.pdf

"Without Prejudice"

Your ref : TAX/06/14/2075/lg Our ref: CC3/AIG14010846/K1sa3

Dear Lee Gek,

# ACCIDENT ON 07.06.2014 INVOLVING SKE 1970L AND SHF 414M.

We refer to the above accident.

Our insured reiterated that the accident was due to the entire negligence of your client. Your client's was cut into our insured lane and hit onto his left rear portion of the vehicle

We attached herewith our insured's report and forward the CCTV footage via our surveyor to your good office (due to file size ) for your perusal.

Under such circumstances, we have AIG's instruction to deny liability of your client's claim.

in view of the above, we will close the matter at our end.

Thank you

Best Regards.

Sharon Yee | Case Handler LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: sharonyee@lkkauto.com | fax: 6741-

4108

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

From: Hsiao Tong [mailto:chewht@lkkauto.com]

Sent: Thursday, 3 July, 2014 5:33 PM

To: Rosey Naing

Cc: Tan Lee Gek(Auto Svcs/Claims)

Subject: FW: Accident on 7/6/2014 involving SHF 414M & SKE 1970L (Our Ref: TAX/06/14/2075/ig)

## FYNA: CC3/AIG14010846/K1ka3

. . . .

Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of flability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.

Best regards.
Chew Hsiao Tong
LKK Auto Consultants Pte Ltd
51 Ubt Ave 1
#01-25 Paya Ubi Industrial Park
(S) 408933
DID 6742 3197
Fax 6741 4108
Email: chewht@tkauto.com

From: Tan Lee Gek(Auto Svcs/Claims) [mailto:LeeGek@smrt.com.sg]

Sent: Tuesday, 1 July, 2014 12:27 PM To: CS A Team; Admin-A (LKK Auto)

Subject: Re: Accident on 7/6/2014 involving SHF 414M & SKE 1970L (Our Ref: TAX/06/14/2075/lg)

Dear All.

We quantify our claim as follows:-

Cost of repairs \$1537.70

ost of repairs 313

Loss of rental

\$ 307.63 (\$123.05 x 2½ days)

Loss of income

\$ 150.00 (\$60.00 x 2% days)

LTA search fee

\$ 5,00 \$2000.33

\*\*\*\*\*\*

We attach the proof of rental, repair bill, laid-up report, GIA report of our taxi and LTA search for your perusal.

Please let us hear from you soon.

Regards
Tan Lee Gek (DID: 6866-2647)
Claims Department
SMRT Automotive Services Pte Ltd

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Our Ref : TAX/06/14/2075/LG

Date : 26/06/2014

To : Claims Department

From : SMRT Taxis

ACCIDENT INVOLVING SHF414M AND SKE1970L ON 07/06/2014 ALONG NORTH BRIDGE RD

CONFIRMATION OF TAXI RENTAL

This is to confirm the daily taxi rental rate for taxi registration no. SHF414M is S\$123.05/day.

Kindly proceed to recover any rental loss from the third party as a result of this accident.

Thank you.

SMRT Taxis Pte I td