

INS/2018

INS CASE OWNER:

Xinyou

CL4 AXA1601

31116

126352

LKK:
IDAC

10/5/18

ASSIGNMENT

Surveyor:

DOI:

Date/Time:

Registered in Meriten:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$5

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L-YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
10/3/18	10/3/18 2:00 PM (10/3/18) 10/3/18 2:00 PM	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
10/6/18	EMAIL WSP LIABILITY UNCLAR REQUEST CCV FURTHER	Documentation Check List: Handler	Typist
11/08/18	FIELD TP CCV (U-ASSE)	Notification ltr (if non-pickup)	
15/08/18	CALLED OIO (CONFIRMED ACCIDENT. OIO MAKE A PH TURN TOO EMER COLLIDED TP WHICH ALSO MAKING A RIGHT TURN, INTERM TO CLAMP ADVISED TO SETTLE HUMANER ABOUT PCD.	After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
16/08/18	AS AXA HANDLER, INSTRUCT US TO REJECT TP CLAIM. BASE ON HER VIDEO. TP TRAVEL BEHIND OIO MAKING A RIGHT TURN SHD GIVE WAY TO OIO.	LTA / GIA:	
		Medical Bill:	
		PIR:	
20.6.18	PAPER SURVEY E 7:00	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:

\$5

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

SE - C

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

\$5

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5

(\$ x days)

Loss of Income (LOI):

\$5

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

Legal Cost

\$5

(e.g. Tow/Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$5

Global Sum \$5:

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

Email

Call

COPY SENT

08/11/12

Surveyor

Medmen

REF: AXA

16013116 191063

CoE 2017 March

ASSIGNMENT

From:

Date: 15/07/2016

Estimated Cost:

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

To inspect Vehicle No:

XB 6707A

at Workshop m/s

LYS Engineering

of

1 Jalan Samulun

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10am - 11am

(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:

4 days

Res: Yes or No

Lum Sum:

20 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Steven

Veh No:

XB6907H

Yr Regn:

2000, 10g

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

Truck / Trailer or

Make:

M. Kulisir Fuz FPS17D 11945

Colour:

yellow

A/C: Insured / Std / NI / NA

Sp. Reading:

189701

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FPS17 DAD906

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:

295/80R22.5

R:

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

TOYO / YOKO or

Leao

Front

Rear

R/Bal.

7

mm

R/Bal.

3/2

mm

L/Bal.

7

mm

L/Bal.

+1/2

mm

D.O.A.

D.O.I.

15/7/16 @ 12pm

Survey held at

LYS

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

Frt N/S

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

Date / Time

Action / Instruction

No estimate / G117

14: 32001

14: 4522.13 60%

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)




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			
AXA INSURANCE SINGAPORE PTE LTD		Ref : CC4/AXA16013116/T1eb3	
8 SHENTON WAY #27-01SINGAPORE 068811		Date : 15-07-2016	
		Code : AXA2	
Policy Particulars :- THIRD PARTY CLAIM			
1.			
Insured Veh.	SHC 5441S	Veh. Inspected	XB 6907A
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/07/2016
Vehicle Particulars & Condition			
2.			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer		Steering	
Brakes		Modification	
General			
Conditions of Tyres			
3.			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
Description of Damages			
4.			
General Information			
5.			
Accident Date	04/07/2016	Inspection Date	
Survey held at	LYS ENGINEERING 14 PENJURU ROAD SINGAPORE 609125		
Remarks			
5a.			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Asher Sng (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Tuesday, 19 June 2018 7:46 AM
To: Cindy Cham; Jasbeer Kaur on behalf of Cindy Cham
Cc: assignments; Admin A; Asher Sng (LKKAUTO); bonnie kwok
Subject: RE: TKQP Ref: TWK/CCD/jas/0421/17 BONNIE KWOK LLC Ref: BK.17440.16.st : MC SUIT NO. 2480 OF 2017 , ACCIDENT INVOLVING XB 6907A AND SHC 5441S ON 4 JULY 2016

Hi Cindy,

Contents noted.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

From: Cindy Cham [mailto:cindycham@tkqp.com.sg]
Sent: Monday, 18 June 2018 9:50 PM
To: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>; Jasbeer Kaur on behalf of Cindy Cham <jasbeerkaur@tkqp.com.sg>
Cc: assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; bonnie kwok <litigation@bonniekwok.com>
Subject: RE: TKQP Ref: TWK/CCD/jas/0421/17 BONNIE KWOK LLC Ref: BK.17440.16.st : MC SUIT NO. 2480 OF 2017 , ACCIDENT INVOLVING XB 6907A AND SHC 5441S ON 4 JULY 2016

Dear Hsiao Tong,

Kindly proceed with a paper re-survey.

I believe my colleague had emailed you all the relevant documents previously.

We look forward to receiving your SJE report in four (4) weeks' time.

Kind regards,

Cindy Cham
Associate

TKQP

Tan Kok Quan Partnership
Advocates & Solicitors, Singapore
1 Wallich Street #07-02 Guoco Tower Singapore 078881
T (65) 6225 9333
D (65) 6496 9518
F (65) 6227 6116
E cindycham@tkqp.com.sg
W www.tkqp.com.sg

This email is intended solely for the abovenamed addressee(s). It may contain confidential and/or legally privileged information. If this email has reached you in error, please delete it immediately and inform us of the error. Thank you for your co-operation.

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From: Hsiao Tong (LKKAuto) [<mailto:chewht@lkkauto.com>]
Sent: Tuesday, June 5, 2018 2:56 PM
To: Jasbeer Kaur on behalf of Cindy Cham <jasbeerkaur@tkqp.com.sg>; Cindy Cham <cindycham@tkqp.com.sg>
Cc: assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Subject: RE: TKQP Ref: TWK/CCD/jas/0421/17 BONNIE KWOK LLC Ref: BK.17440.16.st : MC SUIT NO. 2480 OF 2017 , ACCIDENT INVOLVING XB 6907A AND SHC 5441S ON 4 JULY 2016

Hi All,

We refer to the your email dated 10 May 2018.

Please be informed that third party vehicle had been deregistered on 22 Aug 2017. We are unable to conduct Re-inspection.

Kindly advise.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

From: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Thursday, 10 May, 2018 4:34 PM
To: jasbeerkaur@tkqp.com.sg; AsherSng@lkkauto.com; Admin A <admin-a@lkkauto.com>

Cc: litigation@bonniekwok.com; cindycham@tkqp.com.sg; 'assignments' <assignments@lkkauto.com>

Subject: RE: TKQP Ref: TWK/CCD/jas/0421/17 BONNIE KWOK LLC Ref: BK.17440.16.st : MC SUIT NO. 2480 OF 2017 , ACCIDENT INVOLVING XB 6907A AND SHC 5441S ON 4 JULY 2016

Dear Jasbeer,

Thank you for your email.

Dear Asher / Shu Pei,

Kindly assist. Our Ref: CC4/AXA16013116/T1eb3s2

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Jasbeer Kaur on behalf of Cindy Cham [<mailto:jasbeerkaur@tkqp.com.sg>]

Sent: Thursday, 10 May 2018 3:42 PM

To: SUR <sur@lkkauto.com>

Cc: 'litigation@bonniekwok.com' <litigation@bonniekwok.com>; Cindy Cham <cindycham@tkqp.com.sg>

Subject: FW: TKQP Ref: TWK/CCD/jas/0421/17 BONNIE KWOK LLC Ref: BK.17440.16.st : MC SUIT NO. 2480 OF 2017 , ACCIDENT INVOLVING XB 6907A AND SHC 5441S ON 4 JULY 2016

Importance: High

Dear Sirs

We refer to the above matter. We act for the Plaintiff and M/s Tan Kok Quan Partnership acts for the Defendant.

Please be informed that the Court has appointed you as the Single Joint Expert for this action to provide an independent assessment in respect of cost of repairs for motor car No. XB6907A. We forward herewith all the relevant GIA reports, repair bill by LYS Engineering and survey report by Constant Appraiser Services together with the colour photographs for your attention.

Kindly note that as a Single Joint Expert appointed by the Court, your primary duty is to give a fair and reasonable assessment of cost of repairs for XB 6907A.

Your report is to be released within 4 weeks.

Your cost is agreed at \$1,070.00 (inclusive of GST) .

The documents are in this link.

<https://tkqp.sharepoint.com/:b:/g/insurancelitigation/EXy6HdyZRR1KkXcVGJP0iAkB6lWhH6TNyoCToV3S0NWhew>

We have also attach herewith LKK's report for your attention.

Kind regards,
Cindy Cham
Associate

TKQP

Tan Kok Quan Partnership

Advocates & Solicitors, Singapore

1 Wallich Street #07-02 Guoco Tower Singapore 078881

T (65) 6225 9333

D (65) 6496 9518

F (65) 6227 6116

E cindyham@tkqp.com.sg

W www.tkqp.com.sg

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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.
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	13/07/2016 12:47
Date Of Accident	04/07/2016 06:30
Exact Location Of Accident	VICTORIA STREET TOWARD OPHIR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB6907A
Insured/Policyholder	
Name Of Registered Owner	SAB LOGISTICS PTE LTD
Co Reg No	200403878/N
Email Address	lys88@yahoo.com.sg
Mobile Phone No	
Alternative Phone No	Office-98423709
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FB70BB1SRDEA-3.0 D (M)
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	Commercial Vehicle
Insurance Company	
Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	Z/15/VC/094332
Cover Note Number	
Driver	
Name of Driver	KOH BEE CHONG
NRIC No	S1379928A
Date Of Birth	21/12/1959
Occupation	Outdoor
Date Of Driving Pass	24/10/1985
Driving Experience	30 Years And 8 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company Yes
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Change/cross 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
 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

REFER TO SKETCH PLAN

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5441S
 Vehicle Make/Model/Colour RENAULT
 Details Of Properties
 Name of Driver SHIN POK FATT
 NRIC/Passport Number S1064779G
 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 Pg.1

SKETCH PLAN

2B 6907A

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' 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.

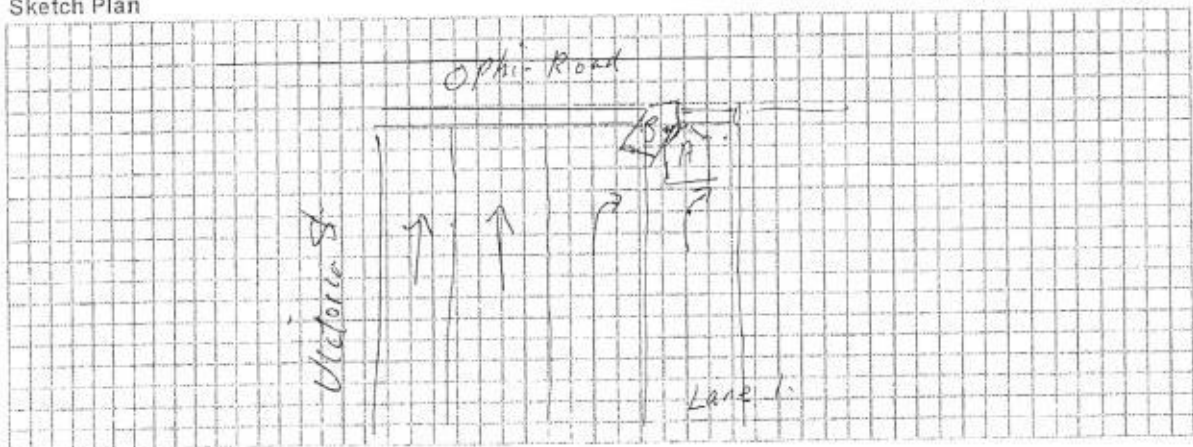


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 1140 hrs 13/7/6

Witnessed by Reporting Centre Personnel

Sketch Plan





XB 6907 A

I was driving XB6907A along Victoria Street on 04/07/2016, 6.30am, turning right to ophir Road. Before reaching the stop line of the traffic junction, the taxi, SHC5441S was seen turning right on the stop line as seen on the camera attached on my prime mover (Please refer to the video supported). The taxi driver turning into my lane and subsequently bang into my prime mover. After the accident, the driver swerves away from my vehicle. After the accident, the taxi driver called office at about 10am, to inform about the accident and to settle the repair on each other's cost.



1379926A

13/7/2016

Describe Circumstances of the Accident

Refer to report attached

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 *1140 hrs 13/7/16*

Witnessed by Reporting Centre Personnel

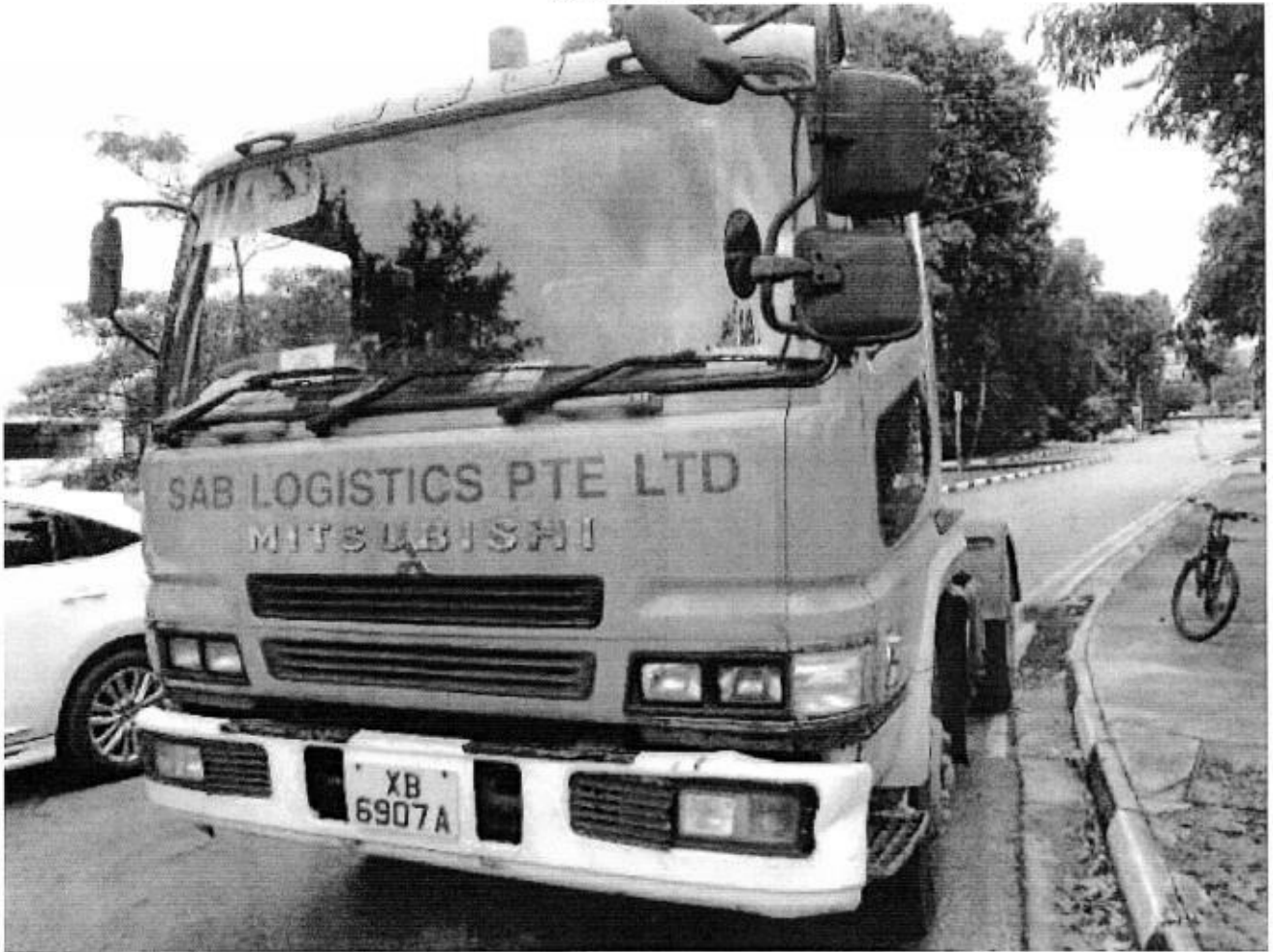
Accident Photo



Accident Photo



Accident Photo



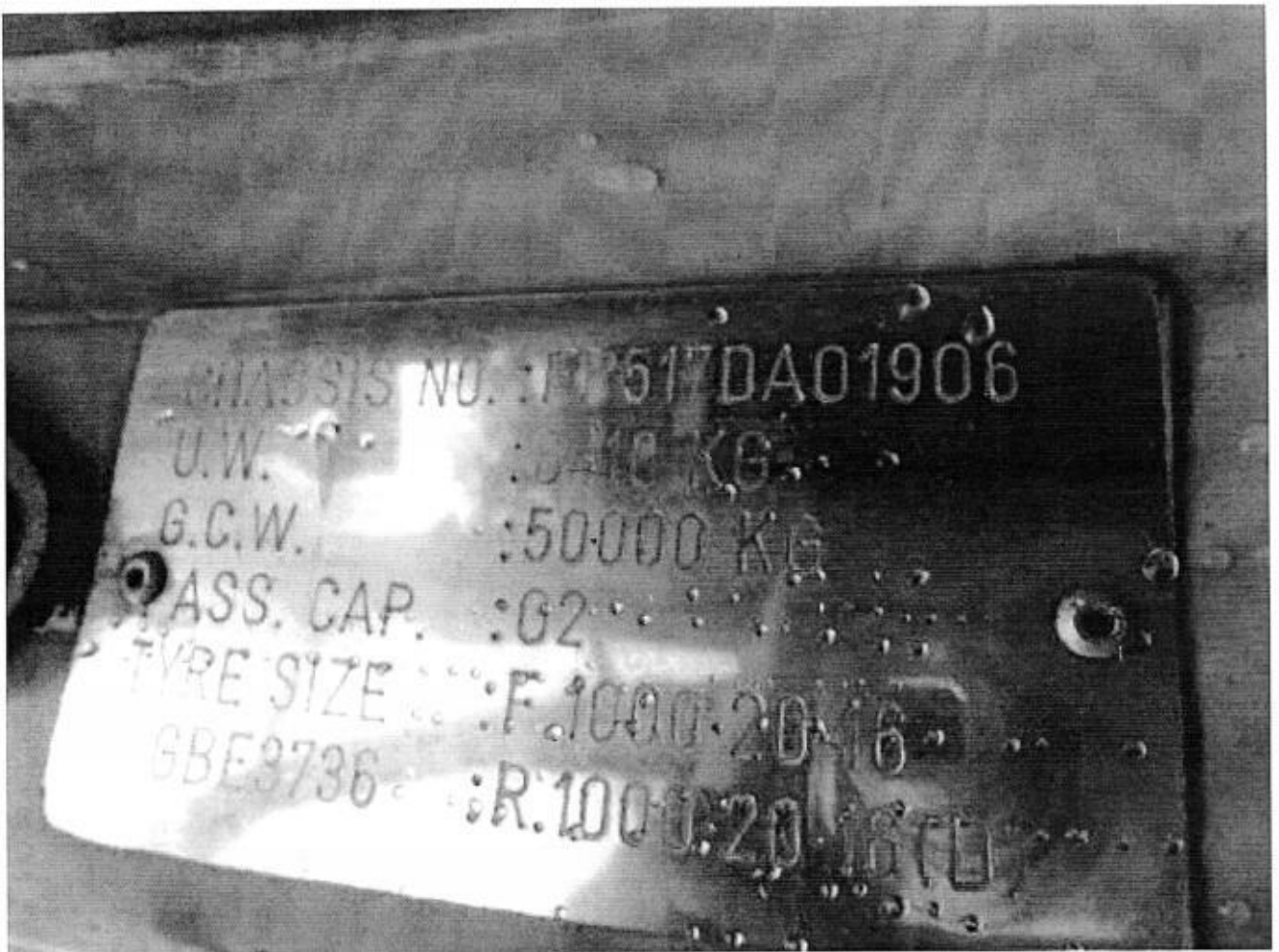
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	04/07/2016 15:58
Date Of Accident	04/07/2016 06:15
Exact Location Of Accident	Victoria Street X Ophir Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5441S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	CHIN POK FATT
NRIC No	S1064779G
Date Of Birth	23/09/1949
Occupation	Outdoor
Date Of Driving Pass	23/09/1985
Driving Experience	30 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-81127706
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 5 TANJONG PAGAR PLAZA #05-07
Postcode	081005
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- Same 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 04.07.2016 at about 0615hrs, I was traveling slowly at the 2nd lane along Victoria Street making a right turn towards Ophir Road. As I checked for oncoming vehicles at the opposite lane, suddenly I felt an impact. Vehicle B (XB6907A) collided onto my taxi's right side portion.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB6907A
Vehicle Make/Model/Colour	MITSUBISHI FUSO FP517D
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 Pg.1

SKETCH PLAN

IMPORTANT NOTICE

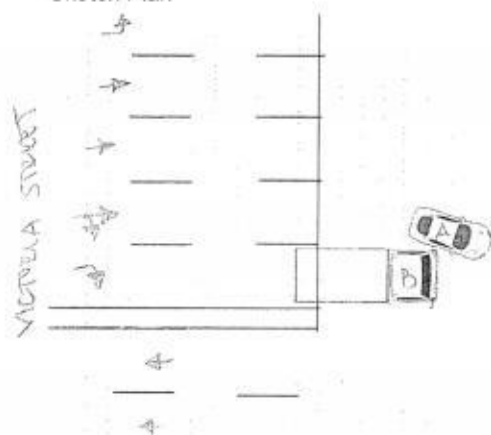
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



A: SHC54915

B: XB6972A

Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

PLS REFER TO GVA REPORT

Declaration

I/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



Accident Photo



Accident Photo



Accident Photo



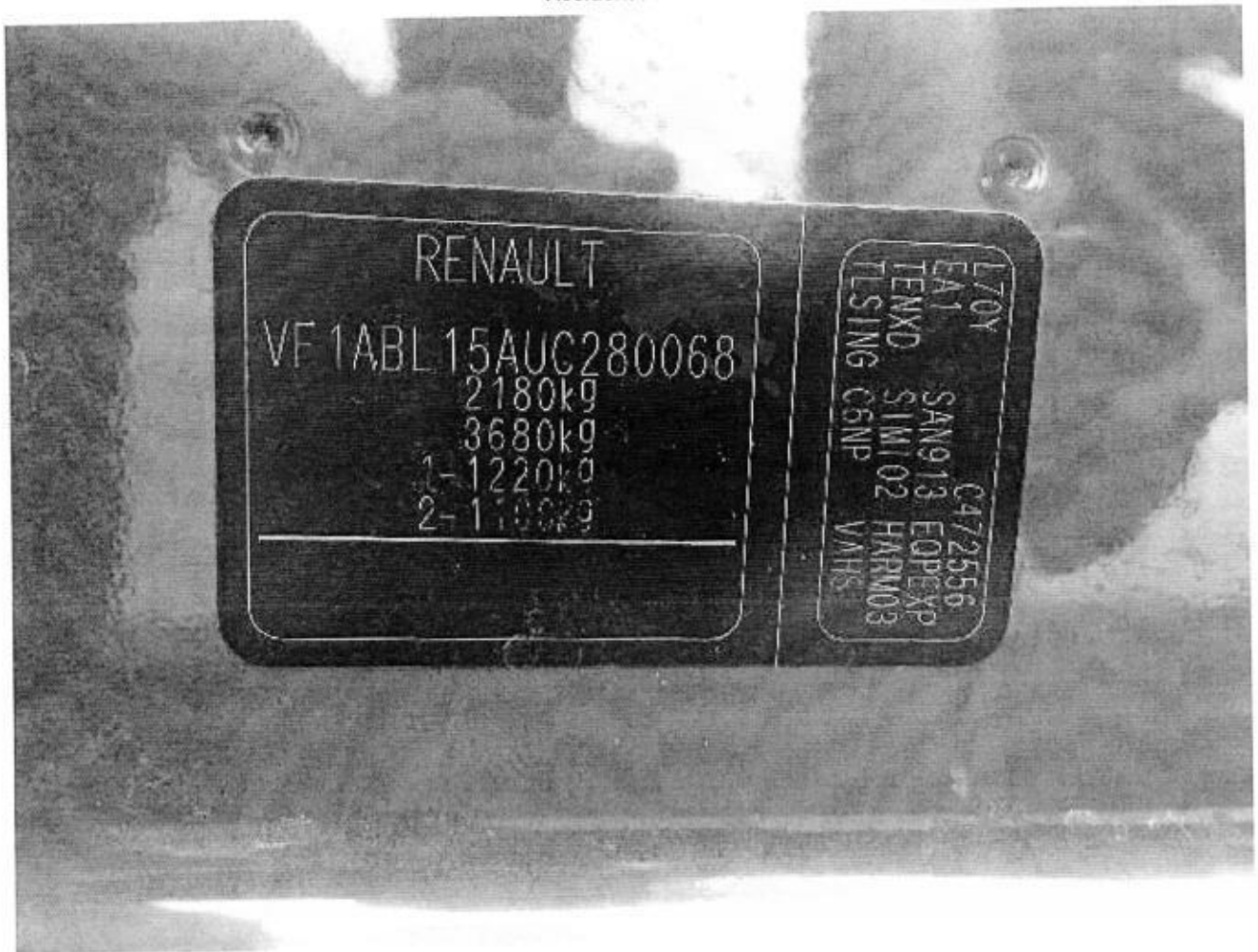
Accident Photo



Accident Photo



Accident Photo



Front bumper - bt ✓ \$2119.62

Front bumper headlamp - cr ✓ \$285.5

Front bumper bracket bt ✓ \$334.36

Front bumper headlamp rim cr ✓ \$85

Front bumper center garnish ^{LHS} de ✓ \$137.99

Front step garnish lower LH - steel ✓ \$155.07

Front LH door signal light - cr ✓ \$189.90

Front LH door - RX \$4238.46

Parts 65%

Lumpsum

4 days

Labour - \$1000 600

Spring - \$900 700

Wiring - \$60 530

650 9.30

INVOICE

Email: lys88@yahoo.com.sg

Specialise in Motor Repairing, Welding, Panel Beating, Spray Painting, Side Guide, Accident Claims, General Insurance Agents, ROV Inspection, Insurance Claim.

Invoices not paid within 30 days of date, interest at the rate of 1.5% interest per month will be carry out until settled. All cheques should be crossed & made payable to "LYS ENGINEERING".

LYS ENGINEERING

For LYS ENGINEERING

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant_as@yahoo.com.sg

RCB No. 53138015K

INVOICE

To: Sab Logistics Pte Ltd
c/o Blk 138 Bukit Batok West Ave 6
#11-411
Singapore 650138

Date : 08/11/2016

Invoice No : IV16-11023/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of: Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle XB 6907A (Inclusive Of Photographs And Transport Charges) Our reference : CAS/16-11/023	\$673.00
Total	\$673.00

E. & O.E

Constant Appraiser Services



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters
Blk 2 Rivervale Link, #09-02 Singapore 545040
Tel/Fax: 6886 1106 Mobile: 9007 5234
Email: constant_as@yahoo.com.sg
RCB No. 53138015K

Automobile Inspection Report

To: Sab Logistics Pte Ltd c/o Blk 138 Bukit Batok West Ave 6 #11-411 Singapore 650138		Date : 08/11/2016 Reference No : CAS/16-11/023																				
<u>General Information</u> Registration No. : XB 6907A Accident Date : 04/07/2016																						
<u>Particulars of Damaged Vehicle</u> <table><tr><td>Colour</td><td>: Yellow</td><td>Make & Model</td><td>: Mitsubishi Fuso FP517D</td></tr><tr><td>Engine Capacity</td><td>: 11945 cc</td><td>Pre-Accident Condition</td><td>: Good</td></tr><tr><td>Mileage (KM)</td><td>: 189358</td><td>Engine No.</td><td>: 6D24300432</td></tr><tr><td>Chassis No.</td><td>: FP517DA01906</td><td>Steering</td><td>: In Order</td></tr><tr><td>Registration Date</td><td>: 08/08/2000</td><td>Brake</td><td>: In Order</td></tr></table>			Colour	: Yellow	Make & Model	: Mitsubishi Fuso FP517D	Engine Capacity	: 11945 cc	Pre-Accident Condition	: Good	Mileage (KM)	: 189358	Engine No.	: 6D24300432	Chassis No.	: FP517DA01906	Steering	: In Order	Registration Date	: 08/08/2000	Brake	: In Order
Colour	: Yellow	Make & Model	: Mitsubishi Fuso FP517D																			
Engine Capacity	: 11945 cc	Pre-Accident Condition	: Good																			
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Chassis No.	: FP517DA01906	Steering	: In Order																			
Registration Date	: 08/08/2000	Brake	: In Order																			
<u>Tyre Condition</u> <table><thead><tr><th></th><th>Size</th><th>Make</th><th>Balance</th></tr></thead><tbody><tr><td>R/H Front Tyre</td><td>295/80R22.5</td><td>BRIDGESTONE</td><td>70%</td></tr><tr><td>L/H Front Tyre</td><td>295/80R22.5</td><td>LEAO</td><td>80%</td></tr><tr><td>R/H Rear Tyre</td><td>11R22.5 (D)</td><td>FIRENZA</td><td>60% / 60%</td></tr><tr><td>L/H Rear Tyre</td><td>11R22.5 (D)</td><td>FIRENZA</td><td>60% / 60%</td></tr></tbody></table>				Size	Make	Balance	R/H Front Tyre	295/80R22.5	BRIDGESTONE	70%	L/H Front Tyre	295/80R22.5	LEAO	80%	R/H Rear Tyre	11R22.5 (D)	FIRENZA	60% / 60%	L/H Rear Tyre	11R22.5 (D)	FIRENZA	60% / 60%
	Size	Make	Balance																			
R/H Front Tyre	295/80R22.5	BRIDGESTONE	70%																			
L/H Front Tyre	295/80R22.5	LEAO	80%																			
R/H Rear Tyre	11R22.5 (D)	FIRENZA	60% / 60%																			
L/H Rear Tyre	11R22.5 (D)	FIRENZA	60% / 60%																			
<u>Inspection</u> Repairer : LYS Engineering Blk 138 Bukit Batok West Ave 6, #11-411, Singapore 650138																						
<u>Adjustment And Recommendation Cost Of Repair</u> Repairer's Estimate : \$11,504.38 Revised Amount : \$8,350.00 Less Excess : - Nett Total : \$8,350.00																						
<u>Remarks</u> (A) Survey was done on 13/07/2016 (B) The survey was conducted entirely on WITHOUT PREJUDICE basis. (C) We have NOT given any instruction to authorize the repair of the vehicle.																						

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deem to be valid.

Constant Appraiser Services

Vehicle No : XB 6907A

Our ref : CAS/16-11/023

Adjustment On Repair Costs And Replacement Of Parts:

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
<u>PARTS REPLACEMENT – LIST ITEMS</u>					
1	1pc	Front bumper assy	Dented/Twisted	2,688.37	2,688.37
2	1pc	Front bumper left inner stay	Bent	289.12	289.12 <i>Rx</i>
3	1pc	Front bumper corner plastic cover LH	Broken	164.24	164.24
4	1pc	Front left step under cover lower	Broken	368.95	368.95
5	1pc	Front left lower step	Broken	403.49	403.49
6	1pc	Front left step splash apron	Broken	58.13	58.13
7	1pc	Front left upper fender protector	Cut	226.07	226.07
8	1pc	Front left side lamp	Broken	198.22	198.22
9	1pc	Front left fender upper apron support	Bent	163.25	163.25
10	1pc	Front left fender splash shield apron	Broken	181.02	181.02
11	1pc	Front left top step	Dented/Twisted	433.49	433.49
12	1pc	Front left lower fender	Broken	780.39	780.39
13	1pc	Front left upper fender	Repair	880.39	-
14	2pcs	Front left step bracket @ \$599.43	Bent	1,198.86	1,198.86 <i>Rx</i>
15	1pc	Front left fog lamp	Broken	695.96	695.96
16	1pc	Front left fog lamp bezel	Broken	282.34	282.34
17	1pc	Front bumper left center plastic garnish cover	Broken	288.53	288.53
18	4pcs	Front bumper left cover clip @ \$4.50	Necessary	18.00	18.00
19	1pc	Front grille	Broken	1,450.43	1,450.43
20	1set	Front left headlamp assy (complete set)	Mounting Bent	859.19	859.19
21	1pc	Front left headlamp bezel	Broken	230.15	230.15
22	1pc	Front left door lower lamp	Broken	268.24	268.24
23	1pc	Front left lamp bezel	Broken	252.34	252.34
				12,379.17	11,498.78
Less 25%				(3,094.79)	(2,874.69)
Sub total				9,284.38	8,624.09
<u>LABOUR & MISC. CHARGES</u>					
1		To disconnect & reconnect, check electrical wiring harness wires, sockets & replace damaged parts		120.00	40 80.00

Constant Appraiser Services

Vehicle No : XB 6907A

Our ref : CAS/16-11/023

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>LABOUR & MISC. CHARGES (CONT'D)</u>			
2		To spray painting front bumper assy, front left door assy, front left fender top & lower		1,000.00	700 800.00
3		Labour charges: <ul style="list-style-type: none">- Dismantle & replace bumper assy, stay, fog lamp, bezel, front grille, left lamp, bezel, headlamp assy, front left upper fender, lower fender, step wall, step lower fender & 2pcs step bracket- Remove & replace the above damaged parts, straighten, knock out & re-adjust to the original position		1,100.00	700 900.00
			Grand total	11,504.38	10,404.09
Recommended cost of lump sum repair (To its pre-accident condition)					8,350.00

Adjustment/Recommendations

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of **\$8,350.00** on a contractual basis. Under normal circumstances, the repair period would be about **8 (Eight)** working days.

6 days

Yours faithfully,

Constant Appraiser Services



Lim Yong Tian (Sebastian)

Licensed Appraiser

Adv. Dip. In Mechanical Engineering (AUS)

MSAAA



Your Ref: TWK/CCD/jas/0421/17

Date: 20th June 2018

Our Ref: CC4/AXA16013116/T1eb3s2-1

M/s AXA Insurance Pte Ltd
c/o: Tan Kok Quan Partnership
1 Wallich Sreet #07-02
Guoco Tower
Singapore 078881

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:
XB 6907A INSURED VEHICLE: SHC 5441S ACCIDENT DATE: 04/07/2016**

We thank you for your instruction on 10/05/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of XB 6907A from M/s Constant Appraiser Services.
- b) Final Repair Bill of XB 6907A from M/s LYS Engineering.
- c) Singapore Accident Statement of Vehicles XB 6907A and SHC 5441S.
- d) Colour damaged vehicle photographs of XB 6907A.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: XB 6907A
Make & Model	: Mitsubishi Fuso FP517D
Year of Registration	: 2000
Chassis Number	: FP517DA01906
Engine Capacity	: 11945 cc

2. We recommend that the repairs of the entire damage require about 6 (Six) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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. XB 6907A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER ASSY	DENTED / TWISTED	2,688.37	2,688.37
1	FRONT BUMPER LEFT INNER STAY	TO REPAIR SEE LABOUR	289.12	-
1	FRONT BUMPER CORNER PLASTIC COVER LH	BROKEN	164.24	164.24
1	FRONT LEFT STEP UNDER COVER LOWER	BROKEN	368.95	368.95
1	FRONT LEFT LOWER STEP	BROKEN	403.49	403.49
1	FRONT LEFT STEP PLASH APRON	BROKEN	58.13	58.13
1	FRONT LEFT UPPER FENDER PROTECTOR	CUT	226.07	226.07
1	FRONT LEFT SIDE LAMP	BROKEN	198.22	198.22
1	FRONT LEFT FENDER UPPER APRON SUPPORT	BENT	163.25	163.25
1	FRONT LEFT FENDER SPLASH SHIELD APRON	BROKEN	181.02	181.02
1	FRONT LEFT TOP STEP	DENTED / TWISTED	433.49	433.49
1	FRONT LEFT LOWER FENDER	BROKEN	780.39	780.39
1	FRONT LEFT UPPER FENDER	TO REPAIR SEE LABOUR	880.39	-
2	FRONT LEFT STEP BRACKET @ \$599.43	TO REPAIR SEE LABOUR	1,198.86	-
1	FRONT LEFT FOG LAMP	BROKEN	695.96	695.96
1	FRONT LEFT FOG LAMP BEZEL	BROKEN	282.34	282.34
1	FRONT BUMPER LEFT CENTER PLASTIC GARNISH COVER	BROKEN	288.53	288.53
4	FRONT BUMPER LEFT COVER CLIP @ \$4.50	NECESSARY	18.00	18.00
1	FRONT GRILLE	BROKEN	1,450.43	1,450.43
1	SET FRONT LEFT HEADLAMP ASSY (COMPLETE SET)	MTG BENT	859.19	859.19
1	FRONT LEFT HEADLAMP BEZEL	BROKEN	230.15	230.15
1	FRONT LEFT DOOR LOWER LAMP	BROKEN	268.24	268.24
1	FRONT LEFT LAMP BEZEL	BROKEN	252.34	252.34
	LESS 25% DISCOUNT		-3,094.79	-2,502.70
			9,284.38	7,508.10
LABOUR				
	TO DISCONNECT & RECONNECT, CHECK ELECTRICAL WIRING HARNESS WIRES, SOCKETS & REPLACE DAMAGED PARTS.		120.00	40.00
	TO SPRAY PAINTING FRONT BUMPER ASSY, FRONT LEFT DOOR ASSY, FRONT LEFT FENDER TOP & LOWER.		1,000.00	700.00

Report Ref No. CC4/AXA16013116/T1eb3s2-1



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 (\$)
	LABOUR CHARGES: DISMANTLE & REPLACE BUMPER ASSY, STAY, FOG LAMP, BEZEL, FONT GRILLE, LEFT LAMP, BEZEL, HEADLAMP ASSY, FRONT LEFT UPPER FENDER, LOWER FENDER, STEP WALL, STEP LOWER FENDER & 2PCS STEP BRACKET. REMOVE & REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT & RE-ADJUST TO THE ORIGINAL POSITION. INCLUSIVE OF THE REPAIR OF FRONT BUMPER LEFT INNER STAY, FRONT LEFT UPPER FENDER AND FRONT LEFT STEP BRACKET .		1,100.00	700.00
			2,220.00	1,440.00
GRAND TOTAL			11,504.38	8,948.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,150.00

Report Ref No. CC4/AXA16013116/T1eb3s2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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