ISSA2000 INS. CASE OWN	Fe Retur	CC 1/AXA1801	9244,1	- 1110	LKK: IDAC:
Surveyor	Eulum.	DOI: ASSIGN	NIENT	Date / Time :	Mulus
Pre-assign / CC	No. :SH	10 757.	Claim No.	Registered in Merim	1
Name of Insured Insured Tel No. Excess Sec II :S		HP: D.O.A: 18 10 18	Policy No. Make / Model Place of Accid		11
Is driver the own If NO. Driver No. Driver To	iame / Age : EaH Y	Nature of Accident: (V/L: (E) / NO)	OI GIA REPO Insured Liabili		SIA REPORT: YESV NO Final ? Yes / No
INCRE.	NAE DE	NSRS: VSP: lel: iability: MKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time		1			
10/1/10-	de annight	m.	V VVIX: [4]	STAGE Non-Reporting ltr (1st) Non-Reporting ltr (2nd) Non-Reporting ltr (Fin) Non-Reporting ltr (Fin) Non-Reporting ltr (Fin) Non-Reporting ltr (Fin) Call OI: After call ltr to OI: Documentation Check Notification ltr (if non- After call ltr to OI: Authorisation To Act: Release Voucher:): d): pickup): List: Handler Typist
				Final Repair Bill: Car Rental Invoice: Towing Invoice LTA / GIA : Manual Bill: PIR: Manual FReject Instruction Payment Breakdown	
PRELIMINARY ADVIC	E Date/Time:	Sent By:		Post-Repair Photos:	
FINALIZATION	Date/Time:	Confirm with:		Others: Confirm by:	
Repair Cost:	SS	(days) Reduction:	%	77	mail Call
FINAL SETTLEMENT	Date/Time: [U] C	Confirm with WILLIAW	١.	Email Cal	
Figure Liability: Repair Cost 588-50 Loss of Rental (LOR 1975)	55294.25	$(2-5)$ days) \times $15-\omega$	+(A).	If NO or B 28. Ass. I	ja :
Loss of Use (LOU): Loss of Income (LOI) 125. LOR only LOU onl	SS (S (x days) x 2.5 days) LOR + LO Tick only o	ne]	Cal	
GIA/LTA Search Medical: Disbursement: Legal Cost	ss — ss — ss —	(e.g. Tow/ Independe	nt)	2) Report Format:	D/Reject/Private Settle
Total:	88 5W-5V	Global Sum SS: 5W-00		.) survey tee;	\$ 350-W
FINAL PAYMENT	Date/Time:	Confirm with:	المراجع والمراجع	Email Cal	
Payee 1;	ss 500.00	Name 1: COMPUADOY	gn Engine	wing Ple 4	el
Payee 2: (Strike if N.A.)	SS	Name 2:	, ,		
Payee 3: (Strike if N.A.)	S\$	Name 3:			

ASSIGNMENT

From:	Date 23.102018	Veh No. SHC 84	934 Yr Regni Re 2018
Estimated Cost:	The second secon	Type: M.Car / M.Cycle / Bus / Va	
	RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle N	0110 01000	Make: Usuda	140 ac 1611
at Workshop m/s	Comfort Delaro	Colour B/SE	A/C. InsOed/Std/NI/NA
of	59 Loyang Drive	Sp.Reading 5-1695	7 T/Radio: Insered / Std / NI / NA
Insured:	3)	Eng/No:	
Policy No.		C/No: CM F	168414164080697
Claims No.		Gen. Cond: Good / Fait / Poor / B	Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Lea	aked / Burnt or
(Client's Record)		Brake: Inorder+Jammed / Lea	aked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / ST	
		Tyre Size: F:	20T/60N16
(Policy Condition)		R:	٠,
Remark: The veh ha	ad commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / I	LIZA / MIC / OHTSU / PIR / SUMI /
repair at t	the time of inspection.	TOYO/YOKO or	West the
Bal, or Market Value	e:	Front	Rear
IDAC Accident Rpor	rt: Consistent? : Yes or No	R/Bal. mm	R/Bal. ${m \mathcal{I}}$ mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. } mm	L/Bal. 🕽 mm
Est. Repairs:	2 days Res.: Yes or No	D.O.A. 18/10/08	D.O.L 23/10/18
Lum Sum:	% 3 Val.: Yes or No	Survey held at	(065 (byay)
CA / REV / RE	EP. / 24 HRS	Des. of Damages : Frt / Rear /	O/S / N/S / U/C / Rooftop or
	Vehicle: IN / OUT		N/s rea
Date:	Person Contacted:	The U/C / Chassis frame /	Body Structure affected due to collision.
Date / Time A	Action / Instruction		
	PIP \$ 550 CRed \$	(50/ 45/g.	
DaterTime, File Pass to?	: Preli. Report	Days Of Repair:	
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return t			Transportation:
2)	Add Fe)S +RSSI •
	>	: Interview (\$) Photos
Report Format		: Tech. Invs (\$) Others
Lump Sum / I.B	J.I: (\$: Weekend (\$	~)
			TOTAL



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 PTE LTD

Ref: CC4/ASM18019244/K1pb3

8 SHENTON WAY #24 01

	ENTON WAY #24 TOWERSINGAPO		Date: 23-10-2018 Code: ASM		
1.		Policy Particul	ars :- THIRD PARTY CLA	M	
	Insured Veh.	SHD 35J	Veh. Inspected	SHC 8493Y	
	Policy No.		Coverage (\$)	0.00	
	Claim No.		Excess (\$)	0.00	
	Assign From		Assign Date	23/10/2018	
2.		Vehicle P	articulars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.		
	Chassis No.		Colour		
	Odometer	(2)	Steering		
	Brakes		Modification		
	General				
3.		Con	ditions 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.		Descr	iption of Damages		
5.		Gen	eral Information		
	Accident Date	18/10/2018	Inspection Date		
	Survey held at	COMFORTDELGRO ENGIN	IEERING PTE LTD		
	(70)	59 LOYANG DRIVE SINGAPORE 508969			
5a.			Remarks		

COMFORTDELGRO · ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singspore 579701 Manline + 65 6383 6280 Pacsimile + 65 6280 9755

Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 608286

24 Senoko Lnop Singapore 758156 7 Sunger Kodut Way Singapore 728791 501 Yishun Industrial Perk A Singapore 768

Date/Time: Ub/220310002018 14:29 Page: 1

JOB CARD Sales Order: JC NO.: 305229022 ARC Repair TP(CLSO)1 Team: REGN NO.: SHC8493Y MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD FUEL MAKE: /MS HYUNDAI 7010045 STOMER NO. 383 SIN MING DRIVE E.....F 22.10.2018 10:20 MODEL Singapore SINGAPORE 575717 I - 4065508755 YR OF MANU 03.12.2015 TARGET DATE _ (R) CHASSIS CODE KMHLB41UMGU080697 COMPLETION DATE/TIME: COUNT CARD NO.

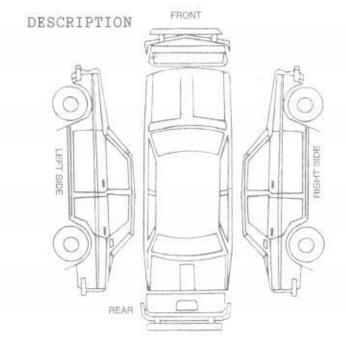
JOB DESCRIPTION

Accident Date: 18.10.2018

NATURE: 3P 18.10.2018

S/NO

LABOR CODE



IECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
owledgement Silp	Exit Pass
o.: o.: SHC8493Y LKE	Vehicle No.; SHC8493Y
e of Service Advisor Signature/Date	Name of Service Advisor Date To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHC 8493Y

MAKE MODEL

: HYUNDAI i40

DATE 22/10/2018 14:27

Lice

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amo	
	Rear Bumper Rubber Mat			\$	50.00
	Rear Bumper Advertisement Logo			\$	50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	S 2	200.00
				\$.	300.00
	Labour Charge Panel Beating Spray Painting Charge TOTAL LABOUR ESTIMATE TOTAL			s	700.00 700.00 700.00
	Kalan Illehr				
	Kalak 1(1ch) 23/10/18 1100 h. 20-72				
	After Reprophets				
		To resur To displa Parts pric Third part No mental	O Consultants hence notify after of the following: yet before after spray painting y damaged part(s) during resurves are subject to confirmation y survey is on a Takchout Prejudice of the spray of the	o basis	
		* Supp. — e	rtim de pris de la allement de la secritaria de la comença de del comença de la començ		

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

	DING	f No	30522902	2			
Date : 30/10/18			59 Loya	tDelGro Engineering Pte Ltd ang Drive Singapore 508969			
INAL	IZAT	ION FORM	И			Fax 65	46 8156
Го			LKK			Fax:	
Attn	: M	lr	KALVIN	ANG			
Vehicle	e Reg	No.	SHC8493Y	CTPL		<u></u>	18.10.18
The su	ırvey	and estima	ates of the repairs of	of the above-mer	ntioned vehicle a	are as follows:-	
	Ther	repair job s	hall bill to:		AXA		SHD35J
2.	Thef	finalized an	nount shall be:				
	(a)	Spare Pa	arts after List disco	unt		/	\$0.00
	(b)	Labour C	Charges			(\$550.00
		Total for	r Part-By-Part Re	pair Cost			\$550.00
	(c.)	Total for	m Repair (if applica Lumpsum repair co mpsum Repair co	ost after Less:	20%		
		N -550 (M) - 65 (M)				orking days.	
}.	Estin	nated norm	al period for repairs		w	orking days.	
1.	We s		the above amoun				oly from you within
1.	We s 7 wo	hall treat rking days	the above amoun		nd Confirmed i		
i.	We s 7 wo Than	hall treat rking days	the above amoun s		od Confirmed i W	f there is no rep	timates and
1. 5.	We s 7 wo Than	hall treat rking day k you for y ature :	the above amoun s		od Confirmed i	f there is no rep e confirm the es alized amount	
i.	We s 7 wo Than Signa	hall treat rking days k you for y ature : e : _LIM	the above amoun s our assistance.		od Confirmed i W fir Si	f there is no represent the establishment of the es	timates and
i.	We s 7 wo Than Signa	thall treat rking days k you for y ature: E E E E E E E E E E E E E	the above amounts our assistance.		od Confirmed i W fir Si	f there is no representation of the first feet and the second of the feet and the f	timates and
5.	We s 7 wo Than Signa Name Tel Fax	thall treat rking days k you for y ature: E E E E E E E E E E E E E	the above amounts our assistance. M KWOK ENG 2148316		od Confirmed i W fir Si	f there is no representation of the first feet and the second of the feet and the f	timates and
.	We s 7 wo Than Signa Name Tel Fax	thall treat rking days k you for y ature: e : LIN : 62	the above amounts our assistance. M KWOK ENG 2148316		od Confirmed i W fir Si	f there is no representation of the first feet and the second of the feet and the f	timates and
i.	We s 7 wo Than Signa Name Tel Fax	thall treat rking days the you for y the your for y the treat the	the above amounts our assistance. M KWOK ENG 2148316 6468156	t as Correct ar	Document Attached	f there is no representation of the establishment o	Kalaz 31/10/cs
For Of	We s 7 wo Than Signa Name Tel Fax Fficial	thall treat rking days k you for y ature: e : LIN : 62	the above amounts our assistance. M KWOK ENG 2148316 6468156	t as Correct ar	Document Attached Yes or No	f there is no representation of the establishment o	Kalaz 31/10/cs
For Of	We s 7 wo Than Signa Name Tel Fax fficial	thall treat rick you for you hature: Example 1.16 Example 2.16 Example 3.16 Example 3.16 Example 4.16 Example 4.16 Example 5.16 Example 6.16 Exampl	the above amounts our assistance. M KWOK ENG 2148316 6468156	t as Correct ar	Document Attached YES	f there is no representation of the establishment o	Kalaz 31/10/cs

COMFORTDELGRO ENGINEERING PTE LTD

Date: 23.10.2018 Time: 18:02:01

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045.

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305229022 : SHC8493Y : 0000000000

MAKE : HYUNDAI | 1-40 | DATE OF REGN : 03.12.2015 | DATE/TIME IN : 22.10.2018 10:20 | ACCIDENT DATE : 18.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL: 0.00

JOB NATURE

0000 20-05

RENEW ADVERTISMENT STICKER-

250.00

0001 L

DATE:

PANEL BEATING

100.00

0002 23-502

SPRAYPAINT ON AFFECTED AREA

200.00

SUB-TOTAL: 550.00

TOTAL : 550.00

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHC 8493Y

DATE 22/10/2018 14:27

PbyP

DEL	: HYUNDAI i40		-1Ce	/ V
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper Rubber Mat			\$ 50.00
(4)	Rear Bumper Advertisement Logo	10		\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 300.00
	Labour Charge			100
	Panel Beating			s 400.00
	Spray Painting Charge			\$ 300.00
				200
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 1,000.00
	Yala Illely			
	Kalar 1(1c/4) 123/10/18 1100 h. 2/1-1			
	11 2-11			
	2171	LKK Au	O Consultant	
	Affe Repropheto.	To resurv	o Consultants hence notify ther of the following: by before interspray painting dimaged part(s) dimaged	
	PIP	* Day	dimages a Spray Dainting	
	11 0 11	 Third party 	The State of the Control of the Cont	
	Me Repriparo 1.	No Wengi no Som	survey is on a Without Prejudice	
	1 /102	S II - LOCATE V	casco de Without Prejudice casco de allow de l'acceptance de	lasis
	45	ПОМ	approval from in Same of	d /
	/ 339	nowedyna bj irlured	opairer	Tany /
	I and			1
	This is an initial estimate based on a visual inspection of t	he above s	sabicle. The final renair	quantum will

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Kalvin.



« Service Request Details

58M00ZX2

Reference

None @

Loss Date

October 18, 2018

Request Date

October 23, 2018

Due Date

October 30, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Vehicle Information

Incident Vehicle Registration #

SHC8493Y

Make

TPVD HYUNDAI

: Model COMFORT

Service Address

Primary Contact/Insured

TRANS-CAB SERVICES PTE LTD
No.2 ANG MO KIO STREET 63, 569111, Singapore

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

Hsiao Tong (LKKAuto)

From:

Shu Pei (LKKAuto)

Sent:

Monday, 19 November 2018 1:54 PM

To:

Hsiao Tong (LKKAuto)

Subject:

RE: New message for service request 76948, vehicle number SHC8493Y

Pls reject TP claim based on OI video

Type

Q Question

Message

Investigation report, OI statement and OI video linked to you. Liability is clear and against TP. Please proceed to reject TP claim.



Best Regards, Shu Pei| Admin LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupei@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

----Original Message-----From: Admin-D (LKKAuto)

Sent: Monday, 19 November 2018 12:10 PM

To: Admin A <admin-a@lkkauto.com>

Subject: FW: New message for service request 76948, vehicle number SHC8493Y

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue

1, #02-25 | S(408933)

-----Original Message-----

From: peter.wang@axa.com.sg [mailto:peter.wang@axa.com.sg]

Sent: Monday, 19 November 2018 12:08 PM

To: admin-d@lkkauto.com

Subject: New message for service request 76948, vehicle number SHC8493Y

AXA Insurance has sent you a message for claim number S8M00ZX2.

Please click here https://vp.smartclaims.axa.com.sg/claim-portal/ to view the message in Vendor Portal.

This message is confidential; its contents do not constitute a commitment by AXA except where provided for in a written agreement between you and AXA. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

This email has been checked for viruses by AVG. https://www.avg.com



Pls reject TP claim based on OI video

Туре

Q Question

Message

Investigation report, OI statement and OI video linked to you. Liability is clear and against TP. Please proceed to reject TP claim.

Reply



Claim No.	: S8M00ZXZ
Insured's Name	: TRANS - CAB SERVICES PTE LTD
Policy No.	: P1680820
Statement obta	ined from : KOH YI YING
Sex	: ((()) F Date of Birth : 17/3/1961 Age : 57
Address	: 821 woodlands 4 82 407-369 \$(730821)
Contact	: 94356066 NRIC/P.P. No : SI499099B
Nationality	: Singaporean Occupation: Taxi Driver
Employer	: TRANS - CAS Services Ptc Ltd
Recorded By	: Mohd Ekhsan Date: 29/10/18 Time: 1000hr
Place	: 691 woodland, Dr 73
Language	: English Interpreted By: wn
	ten design
0	2 hirer of SHD365 and there is no fix timing Sometime drive in the day and sometime at might.
00 17/10/	2018 at around coopins, I started driving
my taxi.	4
At around	d 0329hrs (18/10/2018), I received a Gras booking
at South Stridge	bridge Road. I was proceeding from North
Page 1 of3	Sign:



Claim No. : 98M 00ZX2

At around 0329hrs, I arrived at the pick-up point.

I stopped at the location to look out for my passenger

my passager then waved at me and I moved forward

at very slow speed.

At that moment, third party abruptly cut into my lane (extreme left lane). As a result, his left rear partion hit into my taxi right front partion.

After the accident the third party alleged that I hit his text.

I then replied he was the one who cut into my lane. He
then asked for private settlement. I then told him to repair
my car. Third party replied no need and mutad asked we
to wax alean my car (using the clath). I then asked for
his particulars and he replied no need. He then wonted
to get back to his taxi. I then told him if he drive off.
I will report hited run.

Third party ignored me and drove further ahead. I saw him stopped and he possed fremained in his text for audile. He later alighted and I saw him talking on the phone. He then came back and told me that the police worked to speak to me. At that time I was also on the line with the police. But my hp low batt and police may have ended the call. I then went back to my tax; and trethe police called my hp. Traffic police afficer then fold me that third party reported I hit of run. I then tild the police that I am still at the accident scene

Page 2 of 3

Sign:



Claim No. :	S8 M002x2		Jerning/ Standards
Police then infor	nd to exchange	particulars. W	e then did so
and thereafter	theed party	ow 1. Hel	s at the location
till about 050	oohes.		
At the time Surface was	of conidat, i	t was drizzliv	g and rood
1 confirmed		was injured	. Ambulance and
		/	
dialect). I accept th	e contents of this state	ement to be true ar	in <u>evalish</u> (language / nd accurate without any was given of my free will
Page 3	of <u>3</u>	Sign :	Lowman
Signature of Record	der		



LETTER OF DECLARATION

١,	Koh	16	Sing		, NRIC	91	499999B	, hereby confirm
that	the Staten	nent giv	en by me t	too	HO EX	A2 410		representing
AXA of				nereinafter ref				taining to my report involving
1	n/taxi	- 0 - 1	-	hicle registrat	7	-	SHD35J	to be true
and	correct to	the bes		owledge, abilit			and belief.	
	reby ackno he basis of			nsurer is fulfilli	ng its o	bligatio	ns under the c	ontract of insurance
dure		a clear		이번 경영화에 대한 경영화 기업 시간 기업			에게 되면 된 경험을 잃었다면서 없다고 있다.	reat, inducement or redication or mental
	reby confire of the Eve		I was not	under the infl	uence o	f any al	lcohol, drugs o	or medication at the
I irr insu resp	evocably a rance. The onsibilities	gree to e Insur under	discharge er, theref the Motor	or absolve to ore, shall be Insurance Pol	the Insue comp	letely	all liability un discharged fr ら20	or inaccurate, then, der the contract of from all contractual to indemnify me of of the above matter.
				19 8 18		500	Insurer (not rom the Insure	limited only to third er.
The (lang	guage / dia	inderta lect). I	king has b fully under	een read ove stand and acc	r and e ept the	xplaine terms a	d to me in _ and conditions	english stated above in this
Sign	ed		:	- No	AND	4		
Nan	ne of Insure	d/Drive	er :	K04 4	1 YIN	6		
Ider	tification N	lo		814910	993			
Date	e/Time		1	29/18/1	8 (3 113	35hrs	



MOTOR CLAIM - FINAL REPORT

"WITHOUT PREJUDICE"

(Confidential and privileged for use by Insurers and their legal advisers)

DATE OF REPORT

29 October 2018

INVESTIGATOR

Mohd Ekhsan

POLICY NO

P1680520

CLAIM NO

S8M00ZX2

POLICY COVERAGE

Comprehensive

PERIOD OF COVERAGE

15 November 2017 to 14 November 2018

VEHICLE REGISTRATION NO

SHD35J

NAME OF INSURED

Trans Cab Services Pte Ltd

INSURED DRIVER

Koh Yi Ying

SEX / AGE

Male / 57 years old

NRIC / DRIVING LICENCE NO

S1499099B

ADDRESS

821 Woodlands Street 82 #07-369

Singapore 730821

CONTACT NO(S)

9435 6066 (H/P)

DATE AND TIME OF ACCIDENT:

18 October 2018 @ 0330hrs

NATURE OF ACCIDENT

Side-Swap Accident

LOCATION OF ACCIDENT

South Bridge Road, near BK Eating House

ASSIGNED BY

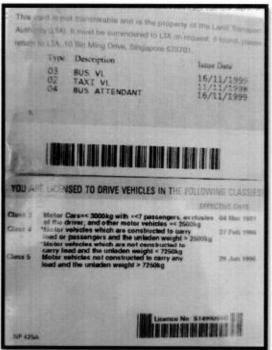
Peter Wang

THE INSURED - AXA INSURANCE PTE LTD

The motor taxi, SHD35J is registered under, Trans-Cab Services Pte Ltd (hereinafter referred to as "our insured") and Koh Yi Ying (hereinafter referred to as "insured driver") was the driver of the motor taxi, at the time of the accident.

- 2 Insured driver possess a valid class 3, 4 and 5 driving licence with about 37 years and 7 months of relevant driving experience, prior to the accident.
- 3 He had one other accident in the past 3 years.
- 4 Insured driver informed that the motor taxi is fitted with the in-car camera, and the accident was recorded.





STATUS OF DRIVING LICENCE - INSURED DRIVER

5 KOH YI YING

lified Driving Licence	
Qualified Driving Licence Number	S1499099B
Status of Qualified Driving Licence	Valid
Class(es) of Qualified Driving Licence	3.4.5
Expiry Date	Valid for life unless revoked suspended or disqualified

The above information is accurate as at 29/10/2018 at 0001hrs.

Contained Contained	herein is correct as at 29-Oct-20	18	
Name	Licence Number	Date of Birth	
OHYIYING	\$1499099B	17-Mar-1961	
	L LICENCE		
	L LICENCE	Status	Expiry Date
PE OF VOCATIONAL VL Type Taxi Driver's Vocational		Status Valid	Expiry Date 18-06-2019
VI. Type	Licence		

THE THIRD PARTY - INDIA INTERNATIONAL INSURANCE PTE LTD

The motor taxi, SHC8493Y is registered under, Comfort Transportation Pte Ltd and Lim Ho Chuan bearer of NRIC: S1670067C (hereinafter referred to as "third party") was the driver of the motor taxi, at the time of the accident.

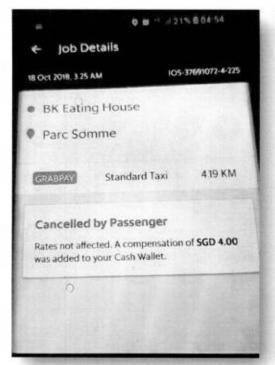
- 7 Third Party reported that he was driving along South Bridge Road towards North Bridge Road. He then spotted a passenger waving at the side of the road.
- At that moment, he saw the insured driver stopping at the side with hazard light on. Third party went pass insured driver and filtered in front of the insured driver's motor taxi.
- 9 While in the midst of changing lane, insured driver move forward and both vehicles then collided.
- 10 Third party also indicated in his GIA report that no one was injured.

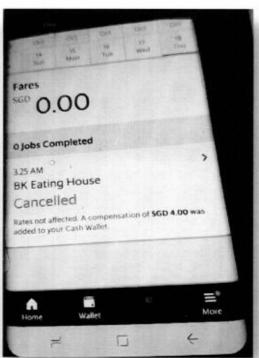
INVESTIGATION - INSURED DRIVER

- 11 We had an interview with the insured driver on 29 October 2018 at 1000hrs and he gave us the following details:
- 12 Insured driver has been driving with Trans-Cab Services Pte Ltd for about 3 years. He informed that he is the main hirer and had no relief driver.
- 13 Insured driver did not have any fixed timing, he tend to drive both, during the day and night.

Prior to the Accident

- On 17 October 2018 at 1710hrs, insured driver began driving his motor taxi.
- On 18 October 2018 at 0325hrs, he received a Grab booking from a customer. The pick-up point is at BK Eating House which is located along South Bridge Road (refer to grab booking screenshot below).
- 16 Insured driver informed that he had proceeded from North Bridge Road.





The Accident

- 17 Insured driver arrived at the pick-up point at 0329hrs. He then stopped at the side of the road momentarily.
- 18 The passenger then waved at the insured driver and he started to move forward at a very slow speed.
- 19 At that moment, third party abruptly cut into insured driver's lane (extreme left lane).
- As a result, the third party left rear portion collided into insured driver's right front portion.

After the Accident

After the accident, third party alleged that insured driver was at fault for colliding into his motor taxi but insured driver refuted it was him who cut into the lane.

- 24 Third party then asked for private settlement and insured driver told the third party driver to repair his motor taxi.
- Third party responded by saying that there was no need for any repair and third party suggested for the insured driver to use cloth and wax off the damages on insured driver's motor taxi.
- Hearing this, insured driver requested for third party particulars but he refused to provide.
- Third party then walk away and wanted to get into his motor taxi. Insured driver then told the third party that if he continue to drive off, insured driver will report him for hit and run.
- Third party ignored the insured driver and drove further ahead from the accident location, before stopping at the side of the road.
- The third party was seen remaining inside his motor taxi for quite some time. He later alighted and was seen talking on his mobile phone.
- 30 Third party then walked back to the accident location and informed the insured driver to speak to the police.
- 31 Insured driver was also on the line with the police at that time and he ignored the third party.
- 32 Shortly after, insured driver received another call from traffic police and the officer informed that third party had accused him for hit and run.
- Insured driver then told the police that he was still at the accident location. Police then advised both parties to exchange their particulars.