

15/2/2010

INS. CASE OWNER:

Ruth Chua

CC 3 / AXA15007243 / K1 m3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

kalvin

DOI:

28.04.15

Assg Date:

28.04.15

Pre-assign / CCU / FTE



Insured Vehicle No.:

YN 6850 D

Name of Insured:

HENG LAM TRANSPORT SERVICE

Insured Tel No.:

HP:

Claim No.:

Policy No.:

Make / Model:

HD Trucks

Excess Sec II :SS

D.O.A: 26.04.15

Place of Accident:

JURONG EAST ST. 21 C/P W UEJ8

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

JAZAU BIN KASTARI

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

Driver Tel No.:

96844636

(V/L: YES / NO Insured Liability:

% Final ? Yes / No



INSRS:

WSP: Trans. Cab

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number:

Insurance Company:

SHO 95465 - X;

YN 6850 D - CC 3 / AXA 15007243 / K1 m3, D.O.A: 26.04.15
- TO GET EVIDENCE FROM BOTH PARTIES.CALL OI. CONFIRM ACCIDENT DETAIL. OI D MENTION
THAT HE CHECK HIS VEHICLE AND LEFT - ENSURE
WAS CLEAR BEFORE PROCEED TO MAKE
A TURN TO THE RIGHT. AS HE WAS TURNING HE
KEEP A SAFE DISTANCE. OI D SUDEN SAW
TP FROM HIS RIGHT MIRROR COLLIDED WITH
OI D REAR WHEEL. OI D MENTION TP TRY TOSQUEEZE IN TO MAKE A TURN. INFORM ABOUT
TP CLAIM. ASK TO CALL COMPANY TO INFORM
@1736 CALL MR CHIN. INFORM ABOUT TP CLAIM.PIC DISPUTED THE CLAIM. AS MENTION THEY WAS TURNING AND TP
SQUEEZE IN AND COLLIDED WITH OI D. LATER SEND TO OI
TO REVIEW LIABILITY W/ HR YAW.

RECEIVED OI PHOTOS.

TO GET OI D V/L W SEND TO AXA.

12/05/16 MAIL TO AXA TO SUBMIT WP REPORT. TP INACTIVITY.

TO CLOSE CASE.

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI: 030615 - BEVAN

After call ltr to OI: 030615 - BEVAN

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler Typist

OI Apt Ltr:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

LTA / GIA:

Medical Bill:

Approval Email:

Payment Breakdown Form:

Others:

FINAL SETTLEMENT

Date: -

Confirm with

CONFLICTING VERSION -

Repair Cost:

SS -

Final Liability

50 % (Agreed / Assessed)

BOLA S/N No.: NIL -

Loss of Rental:

SS -

(days)

VIC OK

If NO or B 28, Ass. Lia:

Loss of Use:

SS -

(\$ x days)

Format Type:

WP REPORT / TP INACTIVITY

Disbursement:

SS -

250.00

Total:

SS -

Global Sum: SS

08/11/13

REF:

AXA

Surveyor: Kalvin

ASSIGNMENT

From:

Date:

28/4/15

Estimated Cost:

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

To inspect Vehicle No:

SHD95465

at Workshop m/s

Transcab

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD95465

Yr Ragn:

Jun 2012

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

Truck / Trailer or

Make:

Cherolt Epicc.c. 1901

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

405075

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KL1LA69RT00677968

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:

195/65R15

R:

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

TOYO / YOKO or

Fallan

Front

7

Rear

R/Bal.

mm

R/Bal.

7

mm

L/Bal.

mm

L/Bal.

7

mm

D.O.A.

28/4/15

D.O.I.

28/4/15 1842

Survey held at

Transcab

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

✓/3 Front

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

\$ + RS \$

Photos

Others

Report Format :

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

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. 19-9607196-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE SINGAPORE PTE LTD		Ref : CC3/AXA15007243/K1ra3		
8 SHENTON WAY #27-01 SINGAPORE 068811		Date : 29-04-2015		
		Code : AXA2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YN 6850D	Veh. Inspected	SHD 9546S	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	29/04/2015	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	26/04/2015	Inspection Date	28/04/2015	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 466-468 TAGORE INDUSTRIAL AVENUE SINGAPORE 787835			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD9546S -

ROEL

Lump Sum \$4100 / 4 Days.

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHD 9546S - ROEL
 KL1LA69RJBB077968
 CHEVROLET
 EPICA 2.0
 26.04.2015
AXA

		PART	LIST	
1	1	Front Bumper <i>Paint</i>	\$	1,202.00
2	1	Front Bumper Lower Absorber <i>Paint</i>	\$	180.00
3	1	Front Bumper Reinforcement <i>Paint</i>	\$	356.00
4	1	Front Bumper Retainer RH <i>Paint</i>	\$	102.00
5	1	Front Bumper Retainer LH <i>Paint</i>	\$	102.00
6	1	Front Bumper Lower Grille <i>X</i> <i>Paint</i>	\$	78.00
7	1	Front Bumper Lower Stiffener <i>Paint</i>	\$	134.37
8	1	Bumper Fog Lamp Cover LH <i>Paint</i>	\$	32.40
9	1	Front Fender LH <i>Paint</i>	\$	837.60
10	1	Front Fender Liner LH <i>Paint</i>	\$	47.00
11	1	Fender Insulation LH <i>X</i> <i>Paint</i>	\$	39.00
12	1	Front Fender RR Bracket LH <i>Paint</i>	\$	7.10
13	1	Resonator (B/S Fender LH) AIR BOX <i>Paint</i>	\$	134.67
14	1	Resonator Hose <i>X</i> <i>Paint</i>	\$	37.00
15	1	Bonnet <i>X</i> <i>Repair</i>	\$	1,250.00
16	1	Bonnet Moulding <i>X</i> <i>Paint</i>	\$	161.97
17	1	Bonnet Lock <i>X</i> <i>Paint</i>	\$	60.00
18	1	Centr' logo badge <i>X</i> <i>Paint</i>	\$	60.00
19	1	Front Support Panel Assy <i>X</i> <i>Repair</i>	\$	1,222.32
20	1	Headlamp RH <i>X</i> <i>Paint</i>	\$	816.00
21	1	Headlamp LH <i>Paint</i>	\$	816.00
22	1	Radiator Grille (Grille A-Rad) <i>X</i> <i>Paint</i>	\$	367.00

TOTAL	\$	8,042.43
10%	\$	804.24
	\$	7,238.19

Special Nett

1 Set	Front Bumper Fastener Clip <i>Paint</i>	\$	24.00
1 Set	Radiator Grille Top Cover Clip <i>X</i> <i>Paint</i>	\$	10.00
1 Set	Front licence plate with holder <i>X</i> <i>Paint</i>	\$	192.00
1 Set	Radiator Coolant <i>X</i> <i>Paint</i>	\$	60.00
1 Set	Radiator Grille clip <i>X</i> <i>Paint</i>	\$	35.00

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD9546S -

ROEL

1 Set Front Fender Liner clip LH	\$	30.00
1 Front Wheel Rim Hub Cap LH	\$	166.30
1 Front Tyre LH	\$	180.00
1 Front Tyre Rim LH	\$	126.00

TOTAL \$ 823.30 54

TOTAL PARTS \$ 8,061.49

To Check Electrical Lighting Concerned. \$ ~~170.00~~ 60

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same \$ ~~2,800.00~~ 600

Putty and spray painting of the affected portion. \$ ~~2,350.00~~ 700

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair. \$ ~~380.00~~ 22

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. \$ ~~380.00~~ 22

To check ABS brake efficiency, final checking and testing. \$ ~~380.00~~ 22

To check steering geometry and computer wheel alignment \$ ~~220.00~~ 22

Towing Fees \$ ~~120.00~~ 70

To transfer of tire, rim and on wheel balancing. \$ ~~170.00~~ 22

To rust-proofing of the affected areas. \$ ~~170.00~~ 60

TOTAL \$ 7,140.00 1490

Over All Total \$ 15,201.49

Repair Days

10 Days

Kalin (1/11/15) Long In Repair
 28/11/15 After Repair photo
 4 Repair Days



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/AXA15007243/K1ra3

Date: 30.04.2015

The Motor Claims Department
M/s AXA INSURANCE SINGAPORE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD 9546S

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 28.04.2015 at the premises of M/s Trans-cab Auto Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	15,201.49
Revised Estimate Amount	: S\$	5,133.33
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
N/S Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 4 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

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	27/04/2015 16:52
Date Of Accident	26/04/2015 14:00
Exact Location Of Accident	Block 233 Jurong East St 21 car park
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9546S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/4043
Cover Note Number	

Driver

Name of Driver	ONG WEE KOK
NRIC No	S1787618Z
Date Of Birth	25/02/1967
Occupation	Outdoor
Date Of Driving Pass	29/05/1993
Driving Experience	21 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-83282209
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 285 BUKIT BATOK EAST AVE 3 #11-429
Postcode	650285
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?	Yes
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?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	ROAD: 42 Fajar Road , POSTCODE: 679005 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20150427/2094

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN6850D
Vehicle Make/Model/Colour	UD TRUCKS
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	

DETAILS OF INJURED PERSON 1

Name	ONG WEE KOK
Approximate Age	
Injuries Sustain	

Injured person in which vehicle?	SHD9546S
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

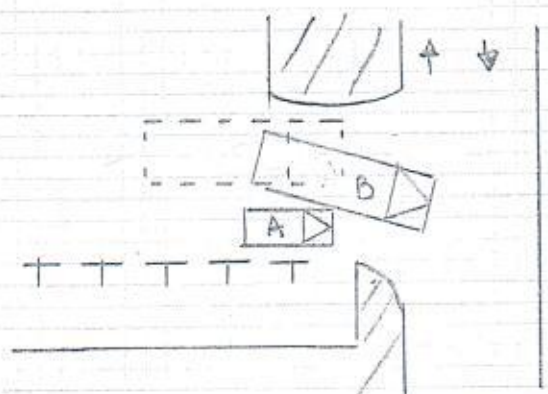
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. SHD 95465

B. YN6850D

BLK 233 SVRANG EAST ST 21
CAR PARK

Describe Circumstances of the Accident

Describe Circumstances of the Accident

PLS REFER TO GVA REPORT

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel

Police Report Pg.1

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20150427/2094

1 of 2

Report No. T/20150427/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2015 14:07		Vide Report No.:		Station Diary No.: 47
Informant's Particulars				
Name of Informant: ONG WEE KOK		Address: APT BLK 285 BUKIT BATOK EAST AVENUE 3 #11-429 SINGAPORE 650285		
ID Type / ID No.: NRIC NO / S1787618Z		Contact No.: Home/Office: Mobile: 83282209		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 25/02/1967	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	26/04/2015 14:00	CARPARK
Location: Along Road 1 Traveling Toward Road 2 JURONG EAST STREET 21				
Carpark nearby Block 233				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9546S	Car				Slightly Damaged	0

Brief Details.

On 26 April 2015 at about 1400hrs, I was in my taxi bearing number SHD9546S and driving at Jurong East Street 21. As I noticed a lorry stopping in front of me, I followed suit. I then signalled right and tried to move in front of the lorry. When I was already in front of the vehicle, the said lorry abruptly turned right into the lane that I was now on. As such the said of the lorry collided into the front of my vehicle. However, the lorry driver did not realised the collision and had drove off. I was then able to to sound my horn fast enough to signal the driver. I was able to exchange particulars with the said driver. I wish to state that I have received 4 days of MC.

① IF TAXI WAS IN FRONT
PT. OF IMPACT SHOULD
HAVE BEEN MORE
ON FRONT RIGHT
PORTION OF LORRY

② THE SCENE PHOTO DID NOT IN ANYWAY SHOW THAT
Q1'S VEHICLE HAS LEFT THE COLLISION POINT AS ALLEGED

④ THE POSITION OF BOTH VEH SUGGEST THAT BOTH WERE MOVING
BEFORE THE COLLISION.

✓ ⑤ TO OBTAIN Q1'S CONSENT TO SETTLE AT 50% LOSS

③ NO ONE ATTEMPTS TO OVERTAKE ANY
MOVING VEHICLE FROM RIGHT SIDE

⑥ Q1'S LEFT FRONT BUMPER SEEMED TO
BE DRAGGED OUT BY OUR LORRY'S
RIGHT REAR TIRE.

Police Report Pg.1

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20150427/2094

2 of 2

Report No. T/20150427/2094

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/
MOHAMED AFIQ BIN MOHAMED SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
Esther Chong
Contact No.: 65476368

Signature Of Informant:

Date/Time:

27/04/2015 14:07

Classification Of Case:

Authentication Stamp

SN 117



Signature :

Singapore Police Force

Mei Kwan (LKK Auto)

From: Tan Tiong Beng <tantiong.beng@axa.com.sg>
Sent: Tuesday, 12 May, 2015 1:24 PM
To: Admin-B (LKK Auto); assignments; SUR
Cc: Ruth Chua; Wong Wee Fu; Ong Eng Hong (PSC); Lee Ling Ling (PSC);
pinglin.chang@axa.com.my
Subject: Direct Settlement / Trans-cab Auto / P1561328 / OD YN6850D / TP SHD9546S /
26.04.15 / EST \$15,201.49 / RC
Attachments: Full page photo.pdf; TP ESTIMATE.pdf; TP GIA REPORT.pdf; TP POLICE REPORT.pdf;
Preliminary Advice.pdf; YN6850D - 260415.PDF
Categories: HMK

RISK 1 – P1561328

CLAIM RECEIVED : 30.04.15

YN6850D (INSD) C/W SHD9546S

VTP VAT

ASSESSOR – LKK 12.05.15

NCD – Y

RC 12.05.15

From: Mei Kwan (LKK Auto) [mailto:Meikwan@lkkauto.com]
Sent: Thursday, April 30, 2015 10:09 AM
To: Winnie Ho Ping Ping; Tan Tiong Beng; Jacy Goh Lay Ting
Cc: KKLau; Kathy Lai; Sharon Yee; Vic
Subject: Direct Settlement - Accident Involving YN6850D (OI : AXA - TBA) AND SHD9546S (TP : LKK REF -
CC3/AXA15007243/K1ra3) on 26.04.2015

WITHOUT PREJUDICE

Dear Sir/Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHD 9546S at M/s Trans-cab Auto Services Pte Ltd.

Enclosed herewith a copy of TP's GIA report, police report, estimated cost of repair and preliminary advice for your perusal.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Kathy and she can be contacted at DID: 6841 2928.

Thank you.

Best Regards,

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	27/04/2015 11:10
Date Of Accident	26/04/2015 14:30
Exact Location Of Accident	JURONG EAST STREET 21 CARPARK NO UEJ8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6850D
Insured/Policyholder	
Name Of Registered Owner	HENG LAI TRANSPORT SERVICE
Co Reg No	40544400A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96844636
Alternative Phone No	Office-96844636

Vehicle Particulars

Manufacturer	UD Trucks
Model	PKC8ELN5EP
Exact Purpose for which vehicle was being used at time of accident	FOR COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1561328
Cover Note Number	15/11/2014-14/11/2015

Driver

Name of Driver	JAZALI BIN KASTARI
NRIC No	S1678006E
Date Of Birth	24/08/1964
Occupation	Outdoor
Date Of Driving Pass	01/10/1993
Driving Experience	21 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-96844636
Fax Number	
Contact Number	Office-96844636
Email Address	NOEMAIL

498 Sawong West Street 41
S(640498)

6563 7857 (9691 2209)
(mv chin)

Blk 162, Salam Fochi
why
#13-206
S(680162)

Address	BLK 113 BEDOK RESERVOIR ROAD #04-218 SINGAPORE 470113
Postcode	470113
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- Head to Side
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

KINDLY FIND THE ATTACHED REPORT BY INSURED.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9546S
Vehicle Make/Model/Colour	RED CAB
Details Of Properties	
Name of Driver	ONG WEE KOK
NRIC/Passport Number	S1787618Z
Contact Number	83282209
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

ETHOZ



Date: 27/04/2015

To: Owner of Vehicle Number: YN6850D

The following has been advised to you via your workshop, ETHOZ GROUP LTD through their staff, BEANICE NG

Please tick the applicable box if you had been advice on the content as seen below:

- (/) You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- () You had been advised by the workshop on the liability and merits of the case accordingly.
- (/) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- () The Estimation waiting time for the spare parts to arrive is _____
The estimated arrival time does not include the repair period.
- () You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- () For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

- () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

Signed and acknowledge by:

JAZALI BIN KASTARI

Name and signature of policyholder/ authorised driver

BEANICE NG

Name and signature of workshop personnel including company stamp

ETHOZ GROUP LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozgroup.com

Company Registration No. 198104531H

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' 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.



[Signature] 27/4/15

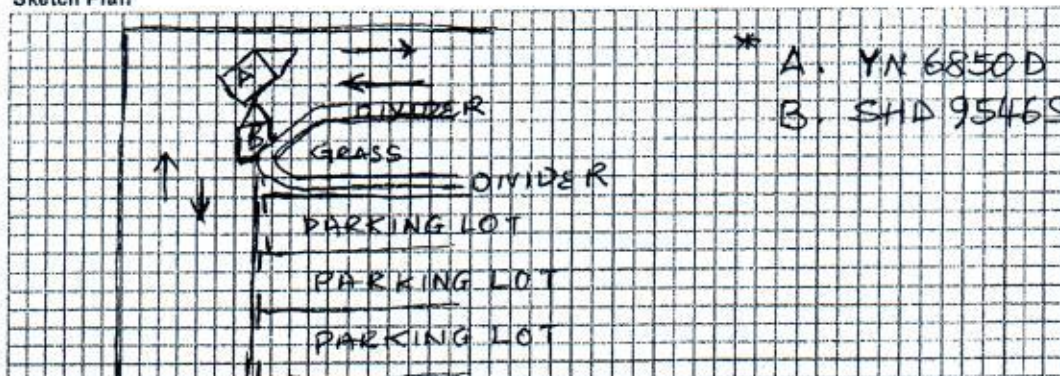
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *[Signature]*

Sketch Plan



Describe Circumstances of the Accident

At about 2:30PM, as I was about to turn my vehicle to right, I slow down and stopped to check on my right and left to ensure that the traffic is clear in the carport at Jurong East Street 21 near Block 234. Thereafter when I about to turn I checked again my righthand mirror as I turn slowly and keep a safe distance towards the divider suddenly from my righthand mirror I saw a red car already hit my rear wheel. I quickly and immediately stopped. I went down to see what happened. I saw it was actually taxi with the number plate SHD 9546S. His car bumper was damaged whereas my rear tyre rubber was chipped off and sideguard of the lorry had red grazed marks. That is all I have to state.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

BEINCE

AXA INSURANCE SINGAPORE PTE LTD
 8 Shenton Way, #27-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: M2-0009922-2
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCA/P1561328 Account No. : 03829
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : HENG LAI TRANSPORT SERVICE
 Vehicle Registration No. : YN6850D
 Period of Insurance : From 15/11/2014 To 14/11/2015 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

- (a) Use in connection with the Policyholder's business
 - (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
 - (c) Use for social, domestic and pleasure purposes
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

Own Damage Excess : SGD 1,000.00

(Please refer to your policy for Additional Excess)

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE SINGAPORE PTE LTD


 Authorized Signature

Issued by - SGPMHBS on 24/11/2014

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Status of Driving Licence

Licence No. :	S1678006E
Status of Driving Licence :	Valid
Class of Driving Licence :	3,4,5
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

The above information is accurate as at 13/05/2015 12:01 AM.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AXA15007243/K1na3
Claim Number: P1561328

05 JUNE 2015

HENG LAI TRANSPORT SERVICE
BLK 162 JALAN TECK WHYE
#13-206
SINGAPORE 680162

Dear Sir/Madam,

ACCIDENT INVOLVING YN 6850D AND SHD 9546S ON 26/04/2015

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

Kindly note that we are in the midst of investigating the matter. If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **15/06/2015**, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

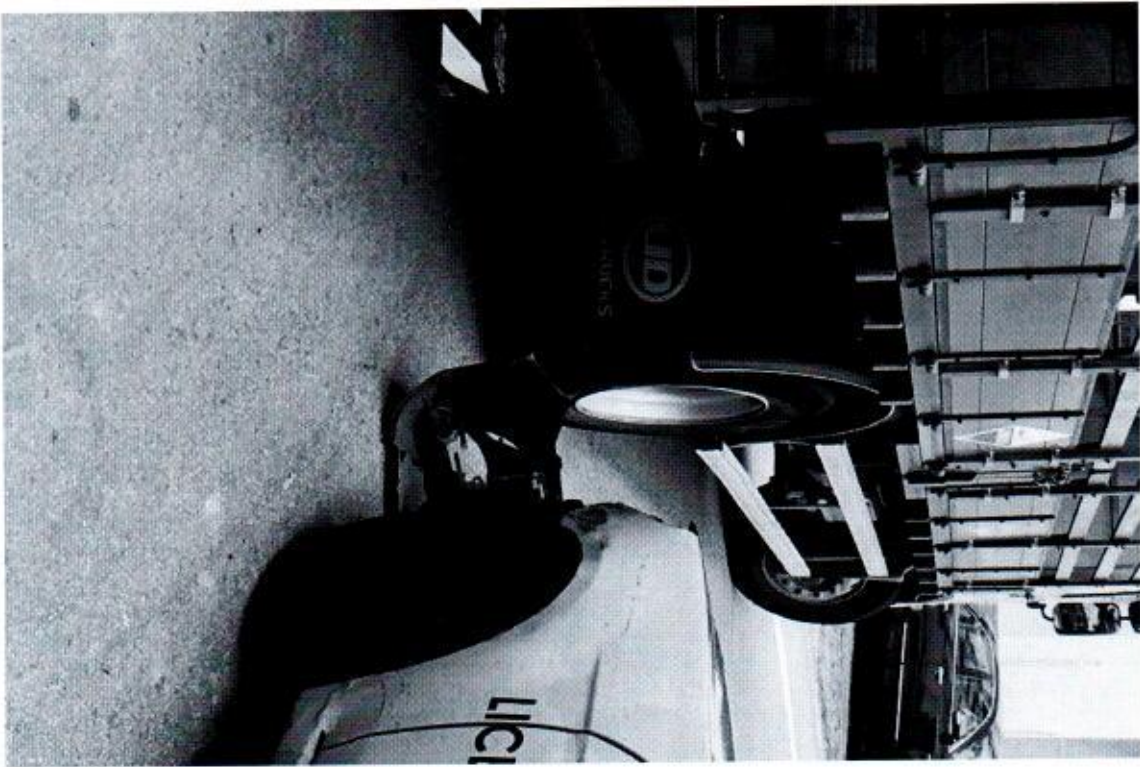
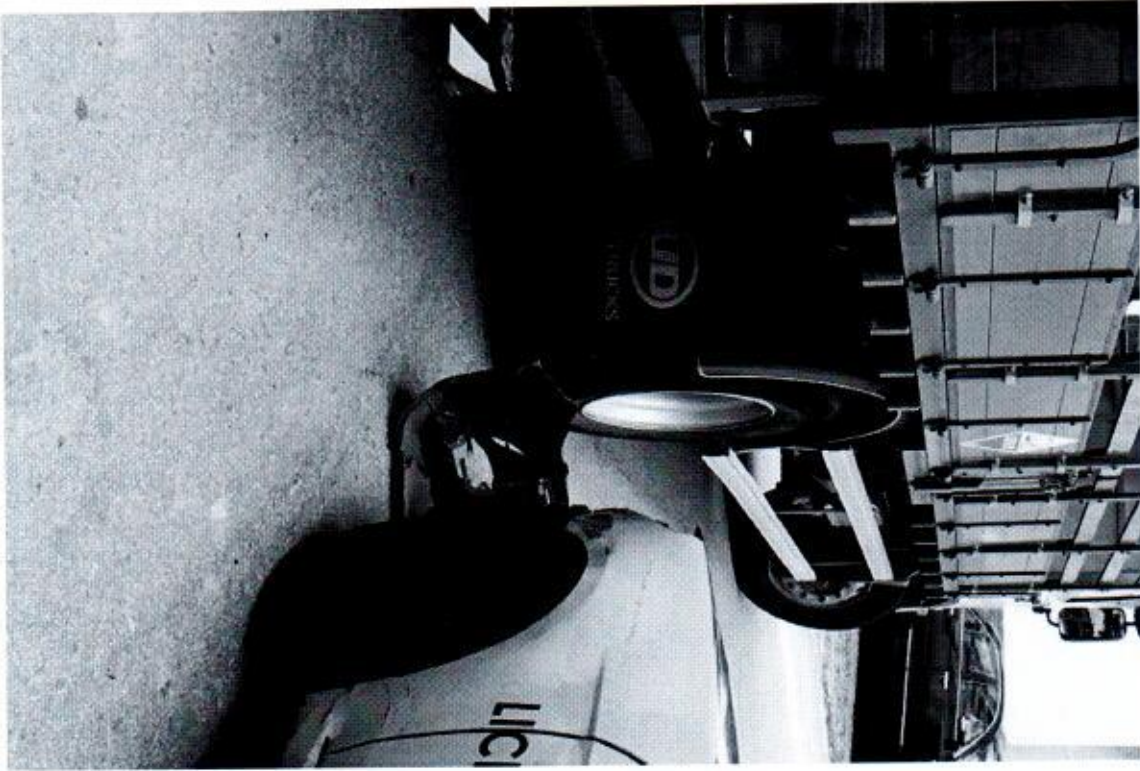
Accordingly your No Claim Discount (NCD – if applicable) may not be preserved. However, if you are making a claim against third party and successful with 80% in your favor, our principal will re-instate your NCD.

Please call us if you have further queries.

Yours faithfully,

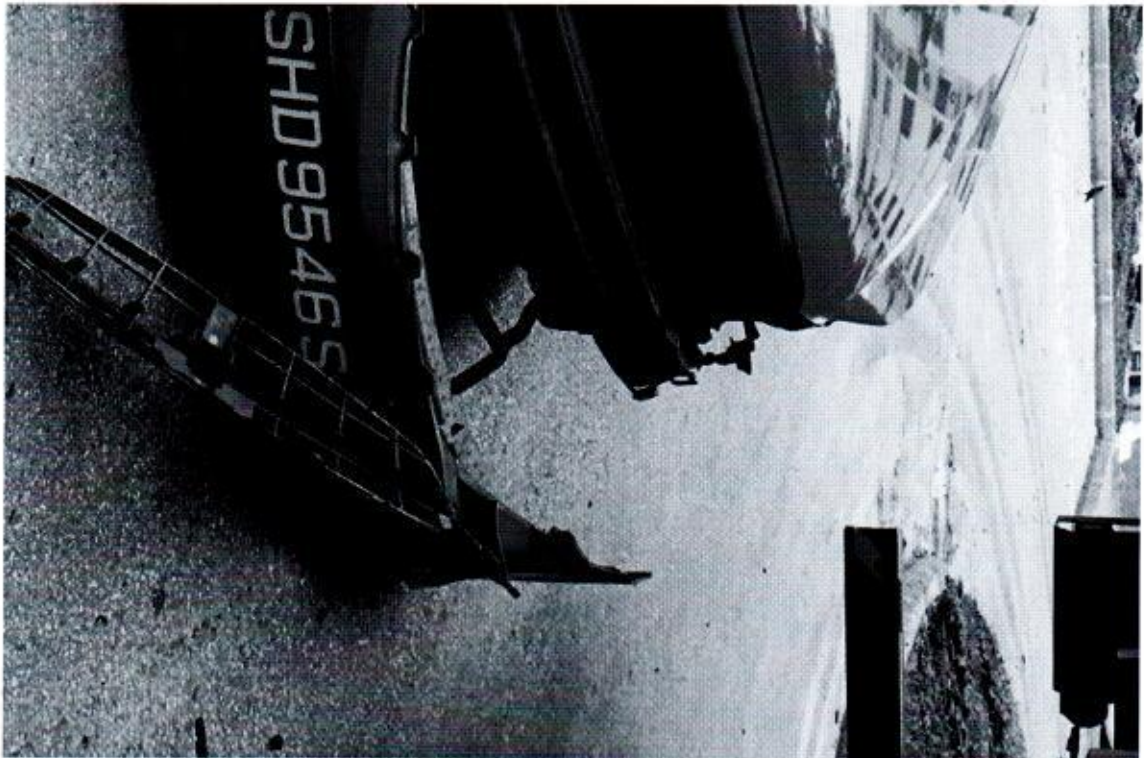
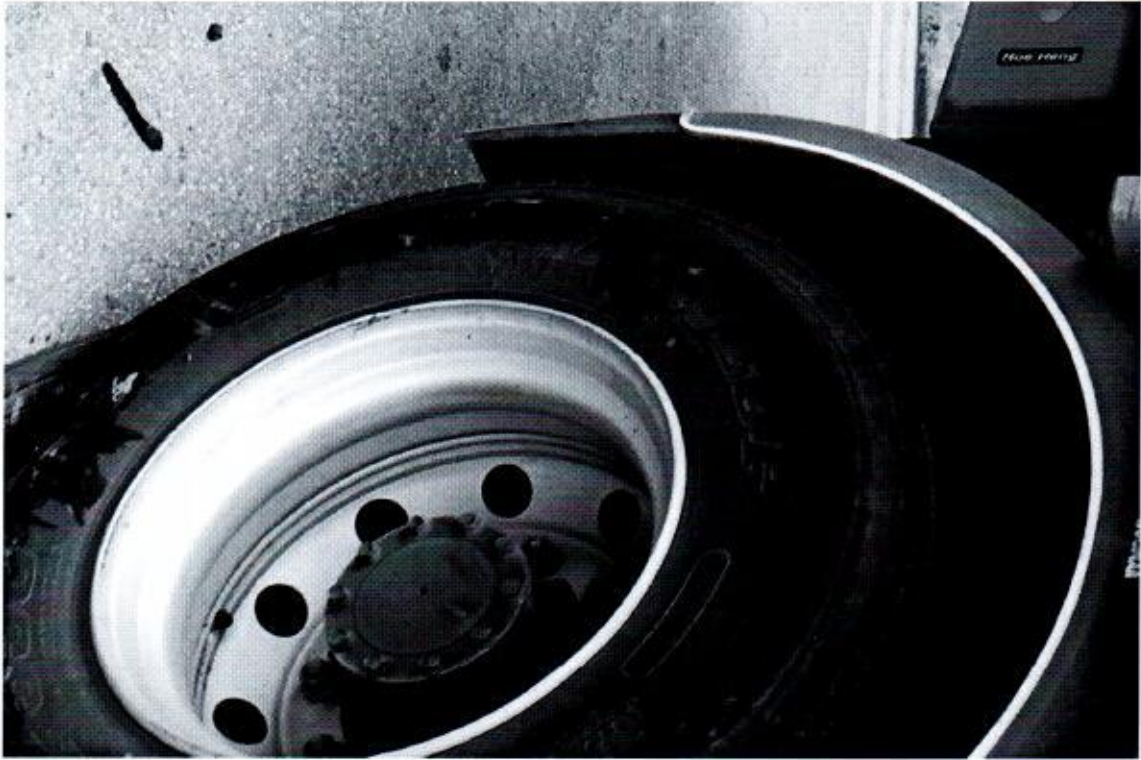
Lim Chin Siong Bevan
Case Handler
DID: 6749 5792
FAX: 6741 4108
Email: bevan@lkkauto.com

c.c. AXA Insurance Singapore Pte Ltd (AXA)
(Motor Claims Dept)

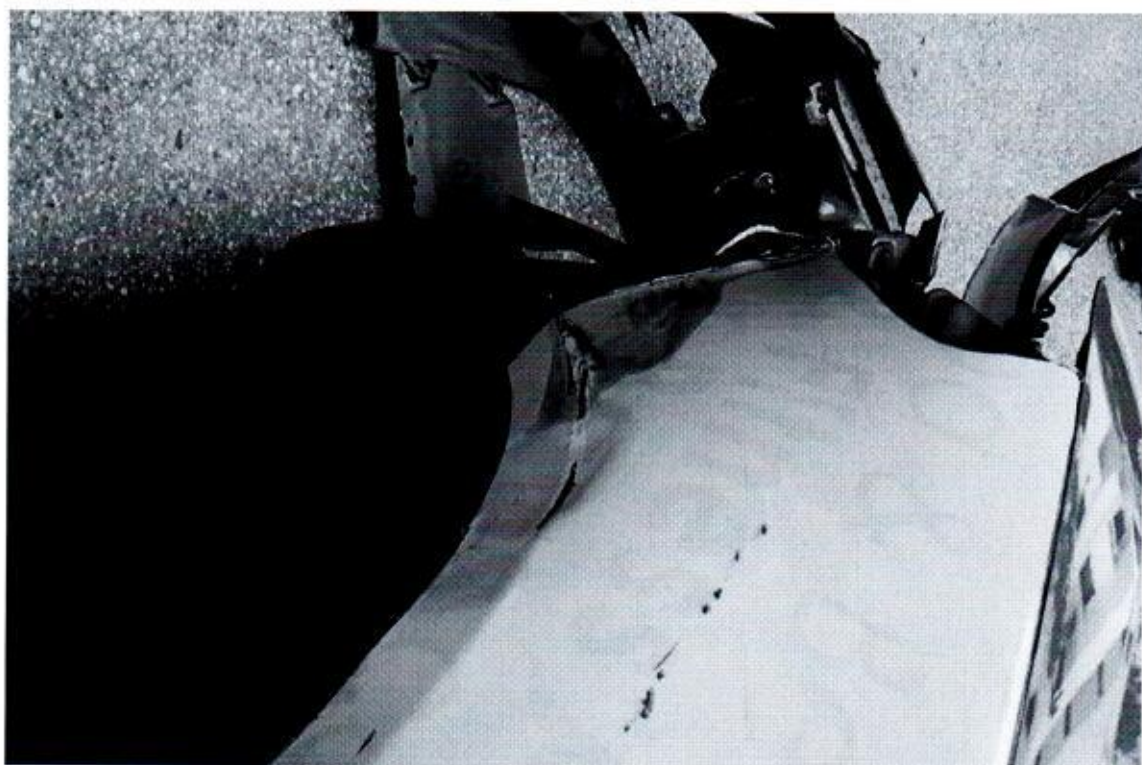


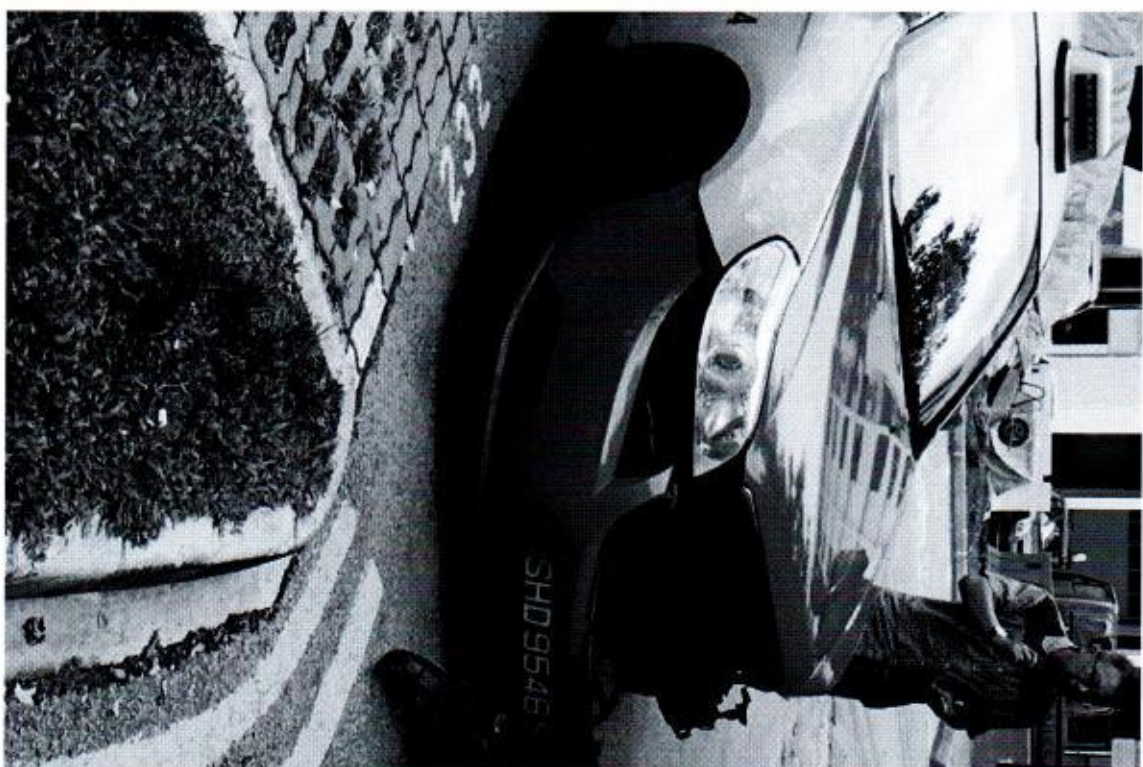


01 PHOTOS









This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	13/11/2013



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1787618Z

Name : ONG WEE KOK

Issue Date : 13/11/2013

Please visit www.lta.gov.sg to check the status of this vocational licence





Bevan Lim (LKK Auto)

From: tzeyong.lui [tzeyong.lui@transcabservices.com.sg]
Sent: Thursday, 18 June, 2015 1:31 PM
To: Bevan Lim (LKK Auto)
Cc: Vic; Hsiao Tong; claims@transcabservices.com.sg; 'Zhe Wei'; 'Jasmine Tan'
Subject: RE: Your ref: YN 6850D ,Our Ref: CC3/AIG15007243/K1na3 (ACCIDENT INVOLVING YN 6550D & SHD 9546S ON 26/04/2015)
Attachments: IMG_0267.JPG; IMG_0268.JPG
Follow Up Flag: Follow up
Flag Status: Flagged
Categories: Green category

Dear Bevan Lim,

We do have the video footage & witness statement for the above accident; however we forward you the accident scenes photo for your investigation.

Thank you & Best Regards,

Lui Tze Yong
TRANS-CAB AUTO SERVICES PTE LTD
(Accounts)
tzeyong.lui@transcabservices.com.sg
Tel:-66031265 Ext.232

From: Bevan Lim (LKK Auto) [mailto:bevanlim@lkkauto.com]
Sent: Thursday, June 18, 2015 11:21 AM
To: claims@transcabservices.com.sg; jasminetan@transcabservices.com.sg; zhewei.kek@transcabservices.com.sg
Cc: Vic; Bevan Lim (LKK Auto); Hsiao Tong
Subject: Your ref: YN 6850D ,Our Ref: CC3/AIG15007243/K1na3 (ACCIDENT INVOLVING YN 6550D & SHD 9546S ON 26/04/2015)

Your ref: YN 6850D
Our Ref: CC3/AIG15007243/K1na3

WITHOUT PREJUDICE

Dear Sir/Madam,

ACCIDENT INVOLVING YN 6550D & SHD 9546S ON 26/04/2015

We refer to the above matter.

Please be informed that liability is unclear for this matter. Enclosed herewith in this email is a copy of our insured's accident report for your perusal.

We are in a course of investigating into the circumstances of the accident. After verifying further with our OI we will revert with our opinion on the cause of the accident. Kindly do not refer to any party for legal assistance until you heard further from us.

Meanwhile, we would like to request a copy of video footage/witness statement/scene photos(if any) in order for us to look into the matter.

We shall revert upon hearing from you.

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 liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

Bevan Lim (LKK Auto)

To: claims@transcabservices.com.sg; jasminetan@transcabservices.com.sg;
zhewei.kek@transcabservices.com.sg
Cc: Vic; 'bevanlim@lkkauto.com'; Hsiao Tong
Subject: Your ref: YN 6850D , Our Ref: CC3/AIG15007243/K1na3 (ACCIDENT INVOLVING YN
6550D & SHD 9546S ON 26/04/2015)
Attachments: YN6850D STATEMENT.pdf

Your ref: YN 6850D
Our Ref: CC3/AIG15007243/K1na3

WITHOUT PREJUDICE

Dear Sir/Madam,

ACCIDENT INVOLVING YN 6550D & SHD 9546S ON 26/04/2015

We refer to the above matter.

Please be informed that liability is unclear for this matter. Enclosed herewith in this email is a copy of our insured's accident report for your perusal.

We are in a course of investigating into the circumstances of the accident. After verifying further with our OI we will revert with our opinion on the cause of the accident. Kindly do not refer to any party for legal assistance until you heard further from us.

Meanwhile, we would like to request a copy of video footage/witness statement/scene photos(if any) in order for us to look into the matter.

We shall revert upon hearing from you.

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 liability, 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,

Bevan Lim

LKK Auto Consultants Pte Ltd

Phone: 6749-5792 | email: bevanlim@lkkauto.com | fax: 6741-4108

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

Vic

From: Vic
Sent: Thursday, 12 May, 2016 5:14 PM
To: Ruth Chua
Subject: P1561328 (SHD 9546S) ON 26.04.2015 (TRANSCAB SHD 9546S)

Dear Ruth,

We refer to the subject above.

We have surveyed third-party vehicle at the premise of M/s Trans-Cab Auto Services Pte Ltd on 28.04.2015.

We made several reminders and follow-ups through call to third-party repairer since survey on 2015 to confirm finalization and for their letter of demand for negotiation settlement however, they did not revert despite their promise.

Our insured also strongly disputed liability on this claim.

Now, over 12 months had passed and there is still no further action initiated by third-party repairer for their claim.

In view of non-development from the third-party, we will proceed to temporarily close this more than one (1) year outstanding claim file and submit our wp report (no settlement) to your good-office.

In future, if there are any new developments from the claimant, we will inform you for our further handling.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

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

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



AUTO
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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