

13/3/2010

INS. CASE OWNER: Wate

CC3 / AXA140 05384 / kin

LKK:
IDAC:TO CHECK T/P PHOTO
BEFORE OFFER**ASSIGNMENT**Surveyor: KalvinDOI: 20-3-14Assg Date: 20-3-14

Pre-assign / CCU / FTE

Insured Vehicle No.: PL 274X

Claim No.: _____

Name of Insured: Harudin Bin Abdul HamidPolicy No.: 91168181Insured Tel No.: _____ HP: 9672 1491Make / Model: Golden DragonExcess Sec II : \$ 1300.00 D.O.A: 20-3-14Place of Accident: Simej Ave Tjeds Expo

Is driver the owner? (YES / NO) Nature of Accident: _____

If NO, Driver Name / Age: _____

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

Driver Tel No.: _____

(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:	STAGE	DATE / PIC
8-4	Is driver the owner? (YES / NO)	Finalisation:	
Vivan	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: _____ Insurance Company: _____	Apt letter to OI: <u>14/4/14</u>	
		Call OI: <u>010104</u>	
		After call ltr to OI: <u>15/4/14</u>	
14/4/14	Called OI, confirm accident details. Inform TP claim. agree to settle at most aware NCB will be affected. Water pmd out	Type Report:	
	TP not agree 50% & insist for 100%.	Prepare Invoice:	
	Pending for check.	Others:	
29/04/14	BASED ON DAMAGE PROFILE. THERE IS NO REASON WHY TAKI SUSTAIN BAD DENT ON RIGHT REAR MUDGUARD PORTION. I CHOOSE TO BELIEVE OI'S VERSION, HOWEVER TO CONTACT OI TO FIND OUT THEIR COUNTER CLAIM AGAINST T/P INSURER TO ENHANCE OUR CONFIDENCE IN DEALING WITH THIS CLAIM. (POTENTIAL REJECTION)	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:	
29/8/14	call OI he inform that he consult lawyer the lawyer said cannot claim. so OI did not claim.		
	check with TP workshop any video / witness statement 'checky' CCTV		
16-3-15	Lot Mr Tan see photo		

FINAL SETTLEMENT	Date :	Confirm with
Repair Cost: \$		Final Liability 50 % (Agreed / Assessed)
Loss of Rental: \$		days)
Loss of Use: \$		(\$ x days)
Disbursement: \$		Format Type :
Total: \$		Global Sum: \$

COPY SENT

(08/11/13)

REF:

Surveyor: Kalvin

AYA

ASSIGNMENT

From:

Date:

20/3/14

Estimated Cost:

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

To Inspect Vehicle No:

SHB 99255

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6

days

Res.:

Yes or No

Lum Sum:

1. B. 1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHB 99255Yr Regn: Sep 12013

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

Truck / Trailer or

Make:

Perhent

Latitude

C.C

1995

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

104365

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1AD LISA 0273275

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:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

4

mm

L/Bal.

7

mm

D.O.A.

D.O.I.

20/3/14 16:40

Survey held at

Transcab

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

o/s Rear

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

Date / Time

Action / Instruction

17/7/1487392.07 Confirmed Jasmine (671 x 133.75 + 350)Not agree on liabilityGlobal 8460ch. KIV - Jasmine will check undervan / 27/11/147392.07(let 10706.07 / 59.1%)1135.75 x 7 = 98625650 x 7 = 350= 867832 x 506 = 4339.16 + 6 = 4345.16

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

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 SINGAPORE PTE LTD		Ref : CC3/AXA14005384/K1ry3	
8 SHENTON WAY #27-01 SINGAPORE 068811		Date : 21-03-2014	
		Code : AXA2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	PC 274X	Veh. Inspected	SHB 9925S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/03/2014
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	20/03/2014	Inspection Date	20/03/2014
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.			

1) write to TP / 16/4/15

Admin-B (LKK Auto)

From: Winnie Ho Ping Ping [winnie.ho@axa.com.sg]
Sent: Thursday, 27 March, 2014 12:44 PM
To: assignments: 'Team A'; 'Team B'; SUR; Vale Oh
Subject: CASEID 6004624 / DIRECT SETTLEMENT / TRANS-CAB AUTO / P1168181 / OD-PC274X / TP- SHB9925S / DOA: 20.03.2014 / EST: 18,098.14 / XS- 1500 / VO
Attachments: Full page photo.pdf; TP ESTIMATE.pdf; TP GIA REPORT.pdf; Preliminary Advice - SHB 9925S.pdf; PC274X - 200314.pdf

RISK 1 - P1168181
CLAIM RECEIVE : 25.03.2014
PC274X (INSD) HIT SHB9925S REAR
IMP HOV
VTP : \$14,000
LKK : 27.03.2014
NCD : Y
CH : VO

Thanks & Regards

Winnie Ho
Claims Assistant - Motor Claims
AXA Insurance Singapore Pte Ltd
8 Shenton Way, #27-01 AXA Tower, Singapore 068811
winnie.ho@axa.com.sg
DID: (65) 6880 4833 Fax: (65) 6880 4838
Website: www.axa.com.sg



redefining / insurance

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 unauthorised 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.



Please consider the environment before printing this email

From: Admin-B (LKK Auto) [mailto:admin-b@lkkauto.com]
Sent: Tuesday, March 25, 2014 7:43 PM
To: Winnie Ho Ping Ping; Tan Tiong Beng; Kitty Teo Poh Guek
Cc: 'Kathy Lai'; 'KKLau'
Subject: Direct Settlement - Acc Invl PC 274X (OI : AXA - TBA) & SHB 9925S (TP : LKK - CC3/AXA14005384/K1ry3) on 20.03.2014

Dear Sir/Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHB 9925S AT M/S Trans-Cab Auto Services Pte Ltd

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



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/AXA14005384/K1ry3

Date: 25/03/2014

The Motor Claims Department
M/s AXA Insurance Singapore Pte Ltd

Dear Sir/Madam

PRELIMINARY ADVICE OF VEHICLE NO.

SHB 9925S

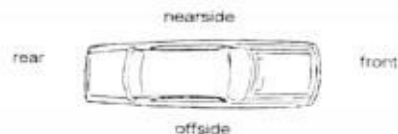
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on
20/03/2014 at the premises of M/s Trans-Cab Auto Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	18,098.14
Revised Estimate Amount	: S\$	7,392.07
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
O/S Rear portion.



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 7 days

Yours faithfully,

Kalvin Ang
Licensed Appraiser

TRANS-CAB AUTO SERVCIES PTE LTD

NO.466-468 TAGORE INDUSTRIAL AVENUE SINGAPORE 787835

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHB 9925S - AXA

Dane - KAWIN

ROEL

parts by parts

P/P \$ 7392.07 / 7 days.

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB 9925S - ROEL

VF1ABL15AUC273375

RENAULT

LATITUDE

20.03.2014

AXA

		PART	LIST	
1	1	BUMPER COVER REAR L70Y ✓ <i>scrub</i>	\$	617.87
2	1	BUMPER LOWER REAR L70D X <i>nn</i>	\$	428.56
3	1	BUMEPR BRACKET SIDE RH REAR L70Y ✓ <i>crq</i>	\$	75.79
4	1	BUMEPR RETAINER RH REAR L70Y ✓ <i>cr</i>	\$	25.80
5	1	BUMPER REFLECTOR RH L70Y X <i>scr</i>	\$	24.31
6	1	BUMPER BEAM REAR L70Y X <i>nn</i>	\$	433.40
7	1	BUMPER BEAM BRACKET RH REAR L70Y X <i>nn</i>	\$	125.95
8	1	BUMEPR BLOCK RH REAR L70Y X <i>nn</i>	\$	83.71
9	1	OUTER PANEL REAR L70Y (End Panel) X <i>nn</i>	\$	820.38
10	1	OUTER PANEL REAR L70Y (End Panel)TRIM X <i>nn</i>	\$	225.50
11	1	SPARE WHEEL PANEL (Luggage Floor Panel) X <i>nn</i>	\$	1,220.67
12	1	SPARE WHEEL PANEL INNER TRIM X <i>nn</i>	\$	528.55
13	1	WHEEL SIDE PANEL BRACKET RH (Luggage Floor) X <i>nn</i>	\$	67.65
14	1	FENDER PANEL REAR RH L70Y ✓ <i>pend</i>	\$	1,838.98
15	1	TAILLAMP RH L70Y ✓ <i>Broken</i>	\$	308.00
16	1	TAILLAMP PANEL RH L70Y X <i>scr</i>	\$	506.00
17	1	WHEELARCH REAR RH L70Y ✓ <i>pend</i>	\$	302.94
18	1	FENDER INNER TRIM BOARD RH X <i>scr</i>	\$	554.29
19	1	DOOR PANEL REAR RH L70Y ✓ <i>pend</i>		1,585.65

TOTAL	\$	9,774.00
10%	\$	977.40
	\$	8,796.60

Special Nett

1	1SET	WHEELARCH CLIP(Necessary) ✓ <i>all</i>	\$	32.34
2	1SET	FENDER INNER TRIM BOARD RH CLIP(Necessary) X <i>nn</i>	\$	44.00
3	1	Rear Door Sticker "6555-3333" ✓ <i>all</i>	\$	80.00
4	1SET	BUMPER RR RIVET(Necessary) ✓ <i>all</i>	\$	28.60
5	1SET	BUMPER RR CLIP(Necessary) ✓ <i>all</i>	\$	66.00
6	2	Rear windscreen sealant ✓ <i>all</i>	\$	80.00

TRANS-CAB AUTO SERVCIES PTE LTD

NO.466-468 TAGORE INDUSTRIAL AVENUE SINGAPORE 787835

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHB 9925S - AXA**ROEL****parts by parts**

7	1	Windscreen moulding ✓ <i>rel</i>	\$	100.00
8	1	Rear Windscreen Inner Sponge Seal ✓ <i>rel</i>	\$	100.00
9	1	CAP HUB RH REAR ✓ <i>scabbled</i>	\$	35.60
10	1	RIM (ROUE 7J 16H 2547) RH RR X <i>11</i>	\$	385.00
11	1	TYRE RH RR X <i>11</i>	\$	330.00
12	1SET	PARKING SENSER X <i>11</i>	\$	600.00

TOTAL	\$	1,881.54
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TOTAL PARTS	\$	10,678.14
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To Check Electrical Lighting Concerned.	\$	170.00 30
---	----	-------------------------

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,800.00 1000
---	----	-----------------------------

Putty and spray painting of the affected portion.	\$	3,000.00 880
---	----	----------------------------

To transfer of rear fender fittings, attachment and perform water seepage test.	\$	170.00 100
---	----	--------------------------

To dismantle and refit rear seat, backrest, trimings, garnish, roof-lining, speaker shelfboard, carpeting and other to enable body work repair.	\$	380.00 200
---	----	--------------------------

To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	170.00 120
--	----	--------------------------

To reinstall rear bumper parking sensor.	\$	170.00 100
--	----	--------------------------

To check steering geometry and computer wheel alignment	\$	220.00 X
---	----	----------

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

TRANS-CAB AUTO SERVCIES PTE LTD

NO.466-468 TAGORE INDUSTRIAL AVENUE SINGAPORE 787835

TEL NO.6287 6666 FAX NO.6366 8862

CO/GST REG NO.201019626G

SHB 9925S - AXA

ROEL

parts by parts

To rust-proofing of the affected areas.

\$

⁸⁰
~~170.00~~**TOTAL**

\$

7,420.00**Over All Total**

\$

18,098.14**(PARTS BY PARTS) Repair Days****10 Days***7 Days.*

TRANS-CAB AUTO SERVC

NO.466-468 TAGORE INDUSTRI
TEL NO.6287 6666 FAX NO.
CO/GST REG NO.201019626G
SHB 9925S - AXA

Date - KALVIN

ROEL

parts by parts

P/P \$ 7392.07 / 7 days.

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

SHB 9925S - ROEL
VF1ABL15AUC273375
RENAULT
LATITUDE
20.03.2014
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TOTAL \$ 1,881.54

TOTAL PARTS \$ 10,678.14

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Panel beating, knocking and straightening
the necessary portion, remove and renewal
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880

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200

To Remove And Refit Rear W/Screen Glass
To Facilitate Bodywork Repair. \$ ~~170.00~~
120

To reinstall rear bumper parking sensor. \$ ~~170.00~~
100

To check steering geometry and computer
wheel alignment \$ 220.00 X

To transfer of tire, rim and on wheel
balancing. \$ ~~170.00~~
80

RANS-CAB AUTO SERVCIES PTE LTD
NO.466-468 TAGORE INDUSTRIAL AVENUE SINGAPORE 787835
TEL NO.6287 6666 FAX NO.6366 8862
CO/GST REG NO.201019626G
SHB 9925S - AXA

ROEL

parts by parts

To rust-proofing of the affected areas.

\$

~~170.00~~
80

TOTAL \$ 7,420.00

Over All Total \$ 18,098.14

(PARTS BY PARTS) Repair Days

10 Days

7 Days.

Kathy Lai

From: Kathy Lai
Sent: Thursday, 16 October, 2014 6:51 PM
To: 'Vale Oh'
Subject: Your ref : P1168181 ,Our ref : CC3/AXA14005384/K1ry3
Attachments: TP GIA REPORT.pdf, OI GIA REPORT.pdf

Your ref : P1168181
Our ref : CC3/AXA14005384/K1ry3

Dear Ms Vale,

ACCIDENT INVOLVING PC 274X & SHB 9925S ON 20.03.2014

We refer to the above matter.

Most of the buses like OI'S model and size would not chosen to travel on the 2nd unless with an intention of turning. Even thought as TP mentioned that OI bus was on the centre lane ,
how was it possible to involved in collision when both are parallel straight in the vicinity of traffic light junction.

The impact damage sustained by TP taxi should have been caused by some angle damage is quite consistent with OI's statement .

Therefore, we intend to reject TP claim unless he is able to obtain his passage statement to prove his innocent.

Kindly let us have your kind approved

Thanks & Regards,

KATHY LAI

LKK Auto Consultant Pte Ltd
Tel : 6841 2928
Fax: 6741 4108
Email:kathylai@lkkauto.com

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 willful 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	20/03/2014 11:20
Date Of Accident	20/03/2014 09:30
Exact Location Of Accident	Simei Avenue
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB9925S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303678K
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 CVT ABS (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/924
Cover Note Number	
Driver	
Name of Driver	HO WENG KWAI
NRIC No	S0019110H
Date Of Birth	30/12/1953
Occupation	Outdoor
Date Of Driving Pass	29/06/1973
Driving Experience	40 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-82983018
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 730 TAMPINES STREET 71 #10-49
Postcode	520730

If No, Relationship of the Driver with the Insured	Other - Relief
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 Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

On 20.03.2014 at about 0927hrs, I was traveling at the 3rd lane along Simei Avenue towards Xilin Avenue when vehicle in front of me stop due to red traffic light so I followed suit. Moment later while I was at a stationary position, I felt an impact. Vehicle B (PC274X) collided onto my taxi's right side portion. Vehicle A: 1 passenger Vehicle B: with passengers /rc

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC274X
Vehicle Make/Model/Colour	GOLDEN DRAGON XML6103J98
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

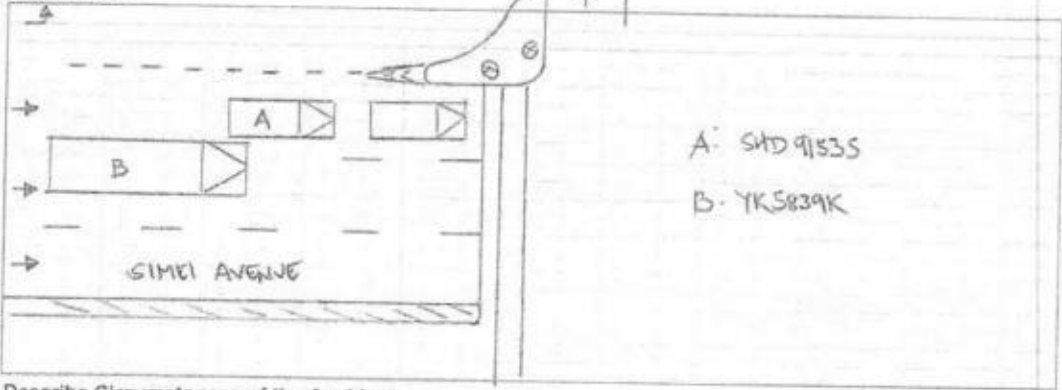
Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

- 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.

Sketch Plan



Describe Circumstances of the Accident

PLS. REFER TO GIA 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

Kathy Lai

From: Vale Oh [Vale.Oh@axa.com.sg]
Sent: Friday, 17 October, 2014 9:22 AM
To: Kathy Lai
Subject: FW: Your ref : P1168181 ,Our ref : CC3/AXA14005384/K1ry3
Attachments: TP GIA REPORT.pdf, OI GIA REPORT.pdf

Hi Kathy

Did you talk to our Insured's driver on this matter? Did you check with TP whether there is any video footage? Witness statement?

Best Regards

Vale Oh
A. Manager – Motor Claims
AXA Insurance Singapore Pte Ltd
8 Shenton Way, #27-01 AXA Tower, Singapore 068811
vale.oh@axa.com.sg
Customer Care No. 1800 8804741 Press 3
Website: www.axa.com.sg



redefining / insurance

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 Please consider the environment before printing this email

From: Kathy Lai [<mailto:kathylai@lkkauto.com>]
Sent: Thursday, October 16, 2014 6:51 PM
To: Vale Oh
Subject: Your ref : P1168181 ,Our ref : CC3/AXA14005384/K1ry3

Your ref : P1168181
Our ref : CC3/AXA14005384/K1ry3

Dear Ms Vale,

ACCIDENT INVOLVING PC 274X & SHB 9925S ON 20.03.2014

We refer to the above matter.

Most of the buses like OI's model and size would not chosen to travel on the 2nd unless with an intention of turning. Even thought as TP mentioned that OI bus was on the centre lane , how was it possible to involved in collision when both are parallel straight in the vicinity of traffic light junction.

The impact damage sustained by TP taxi should have been caused by some angle damage is quite consistent with OI's statement .

Therefore, we intend to reject TP claim unless he is able to obtain his passage statement to prove his innocent.

Kindly let us have your kind approved

Kathy Lai

To: jasminetan@transcabservices.com.sg
Cc: tzeyong.lui; Vic; Kathy Lai
Subject: Your ref : SHB 9925S , Our ref : CC3/AXA14005384/K1ry

Your ref : SHB 9925S

Our ref : CC3/AXA14005384/K1ry

Dear Sir,

We refer to the above matter and our offer of 50% purely on w/p and admission of liability on the following grounds.

Please refer to the reports of both parties, if your taxi stopped and our bus was on the right (which is denied) lane of it is entirely not possible for both parties to be collided with a bad dent to your taxi. In fact our bus was on lane 3, according to him, the taxi, after picking up a passenger from the road side, moved out suddenly encroaching into our path, thus collision occurred.

If you alleged that your taxi ^{was} as on lane 3 and hit our bus while stationary, please refer to the scene photo taken from the rear view the position of your taxi stationed more to the left broken white line and not in the central.

Our bus driver upon seeing taxi moving out so sudden, he tried to swerved more to the ^{RIGHT} lane to avoid your taxi, ^{but} it inevitable.

Since at the time of accident, the passenger that you picked up from roadside ^{was} on board, it is fair to obtain his statement so that we could consider to improve our offer on behalf of insurer.

Best Regards,

Kathy Lai.

LKK Auto Consultants Pte Ltd

phone: 6841 2928 | email: kathylai@lkkauto.com | fax: 6741 4108

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

We refer to the above matter and our offer of 5% \$46

Purely on w/p and admission of liability on the following grounds.

- 1) Please refer to the reports of both parties, if your Taxi stopped and our Bus ^{was} on the right (which is denied) lane of it it is entirely not possible for ~~Bus~~ ^{both parties} to be collided ~~side by side~~ ^{with a bad dent to your TAXI. IN FACT}. Our Bus driver was on lane 3. According to him, ~~the~~ the Taxi, after picking up a passenger from the road side, moved out suddenly encroaching into our path, thus collision occurred.
- 2) If you alleged that your Taxi was on lane 3 and hit by our bus while stationing, please refer to the ^{scene} photo taken from the rear ^{view}. The position of your Taxi - ~~located~~ ^{stationed more} to the left broken white line and not in the central.
- 3) Our bus ^{driver} upon seeing TAXI moving out so sudden, ~~driver~~ ^{he} ~~tried~~ ^{TRIED} to swerve more to the left ^{lane} to avoid your Taxi, but inevitable.
- 4) Since at the time of accident, ~~the~~ the psg that you picked up from roadside was on board, it is fair to obtain his statement so that we could consider to improve our ~~all~~ ^{all} on behalf of minor.




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 : CC3/AXA14005384/K1na3s2		
8 SHENTON WAY #27-01SINGAPORE 068811		Date : 20-11-2015		
ATTN: JIM ZHENG		Code : AXA2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 274X	Veh. Inspected	SHB 9925S	
Policy No.	VBX/P1168181	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	20/03/2014	
2. Vehicle Particulars & Condition				
Make & Model	RENAULT LATITUDE	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	VF1ABL15AUC273375	Colour	RED	
Odometer	104365	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	GOODYEAR	7 mm	
L/H Front Tyre	215/60R16	GOODYEAR	7 mm	
R/H Rear Tyre	215/60R16	GOODYEAR	7 mm	
L/H Rear Tyre	215/60R16	GOODYEAR	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	20/03/2014	Inspection Date	20/03/2014	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 9925S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER REAR L70Y (CONSISTENT)	SCRATCHED	617.87	617.87
1	BUMPER LOWER REAR L70D (CONSISTENT)	NOT NECESSARY	428.56	-
1	BUMPER BRACKET SIDE RH REAR L70Y (CONSISTENT)	CRACKED	75.79	75.79
1	BUMPER RETAINER RH REAR L70Y (CONSISTENT)	CRACKED	25.80	25.80
1	BUMPER REFLECTOR RH L70Y (CONSISTENT)	SERVICEABLE	24.31	-
1	BUMPER BEAM REAR L70Y (CONSISTENT)	NOT NECESSARY	433.40	-
1	BUMPER BEAM BRACKET RH REAR L70Y (CONSISTENT)	NOT NECESSARY	125.95	-
1	BUMPER BLOCK RH REAR L70Y (CONSISTENT)	NOT NECESSARY	83.71	-
1	OUTER PANEL REAR L70Y (END PANEL) (CONSISTENT)	NOT NECESSARY	820.38	-
1	OUTER PANEL REAR L70Y (END PANEL) TRIM (CONSISTENT)	NOT NECESSARY	225.50	-
1	SPARE WHEEL PANEL (LUGGAGE FLOOR PANEL) (CONSISTENT)	NOT NECESSARY	1,220.67	-
1	SPARE WHEEL PANEL INNER TRIM (CONSISTENT)	NOT NECESSARY	528.55	-
1	WHEEL SIDE PANEL BRACKET RH (LUGGAGE FLOOR) (CONSISTENT)	NOT NECESSARY	67.65	-
1	FENDER PANEL REAR RH L70Y (CONSISTENT)	DENTED	1,838.98	1,838.98
1	TAILLAMP RH L70Y (CONSISTENT)	BROKEN	308.00	308.00
1	TAILLAMP PANEL RH L70Y (CONSISTENT)	SERVICEABLE	506.00	-
1	WHEELARCH REAR RH L70Y (CONSISTENT)	DENTED	302.94	302.94
1	FENDER INNER TRIM BOARD RH (CONSISTENT)	SERVICEABLE	554.29	-
1	DOOR PANEL REAR RH L70Y (CONSISTENT)	DENTED	1,585.65	1,585.65
	LESS 10% DISCOUNT		-977.40	-475.50
			8,796.60	4,279.53
SPECIAL NETT ITEMS				
1	SET WHEELARCH CLIP (SN) (CONSISTENT)	NECESSARY	32.34	32.34
1	SET FENDER INNER TRIM BOARD RH CLIP (SN) (CONSISTENT)	NOT NECESSARY	44.00	-
1	REAR DOOR STICKER "6555-3333" (SN) (CONSISTENT)	NECESSARY	80.00	80.00
1	SET BUMPER RR RIVET (SN) (CONSISTENT)	NECESSARY	28.60	28.60
1	SET BUMPER RR CLIP (SN) (CONSISTENT)	NECESSARY	66.00	66.00
2	REAR WINDSCREEN SEALANT (SN) (CONSISTENT)	NECESSARY	80.00	80.00

Report Ref No. CC3/AXA14005384/K1na3s2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	WINDSCREEN MOULDING (SN) (CONSISTENT)	NECESSARY	100.00	100.00
1	REAR WINDSCREEN INNER SPONGE SEAL (SN) (CONSISTENT)	NECESSARY	100.00	100.00
1	CAP HUB RH REAR (SN) (CONSISTENT)	SCRATCHED	35.60	35.60
1	RIM (ROUE 7J 16H 2547) RH RR (SN) (CONSISTENT)	NOT NECESSARY	385.00	-
1	TYRE RH RR (SN) (CONSISTENT)	NOT NECESSARY	330.00	-
1	SET PARKING SENSOR (SN) (CONSISTENT)	NOT NECESSARY	600.00	-
			1,881.54	522.54
	LABOUR			
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	30.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.		2,800.00	1,000.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	880.00
	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		170.00	100.00
	TO DSIMANTLE AND REFIT REAR SEAT, BACKREST, TRIMINGS, GARNISH, ROOF-LINING, SPEAKER SHELFBOARD, CARPETING AND OTHER TO ENABLE BODY WORK REPAIR.		380.00	200.00
	TO REMOVE AND REFIT REAR W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR.		170.00	120.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	100.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.		170.00	80.00
	TO RUST-PROOFING OF THE AFFECTED AREA.		170.00	80.00
			7,420.00	2,590.00
GRAND TOTAL			18,098.14	7,392.07
RECOMMENDED COST OF REPAIRS				7,392.07

Report Ref No. CC3/AXA14005384/K1na3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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