

INS. CASE OWNER:

KC

CC3 / AXA 14020947 / KH0362-1

LKK:
IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

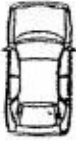
06/11/14

Date / Time:

06/11/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GJW 7199A

Claim No. : _____

Name of Insured : _____

Policy No. : P1305555

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 04/11/14

Place of Accident : _____

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

SHC 5035G



INSRS:
WSP: TRANS - CAD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA/GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: PIP S\$ 1,103.33 (1.5 days) Reduction: 81 % Email Call

FINAL SETTLEMENT Date/Time: 21/02/2020 Confirm with: WAI YIN Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :
 Repair Cost: (w/650) S\$ 1,180.56 (OI REJECTED)
 Loss of Rental (LOR): S\$ 401.25 (3 days) X @ 133.75 TP VIDEO IN
 Loss of Use (LOU): S\$ - (\$ x days)
 Loss of Income (LOI): S\$ - (\$ x days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search S\$ 6.00
 Medical: S\$ -
 Disbursement: S\$ - (e.g. Tow/ Independent)
 Legal Cost S\$ -
Total: S\$ 1,587.81 Global Sum S\$: -
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: \$100.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 1,587.81 Name 1: TRANS-CAD AUTO SERVICES PTE LTD
 Payee 2: (Strike if N.A.) S\$ - Name 2: -
 Payee 3: (Strike if N.A.) S\$ - Name 3: -

COPY SENT
21/2/2020

INS. CASE OWNER: Sachin

CC 3 / AXA140 209471K

LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 06/11/14

Assg Date: 06/11/14

URGENT



Insured Vehicle No.:

SJW 7199A

Claim No.:

Name of Insured:

Komoco Car Rentals Pte Ltd

Policy No.:

P1305555

Insured Tel No.:

6473 5588

HP:

0673 5588

Make / Model:

Hyundai

Excess Sec II :SS

D.O.A:

04/11/14

Place of Accident:

Claymore Hill after American club

Is driver the owner? (YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age: Cortes Desbarzelle Beatrice

Driver Tel No.: 01652 0823

(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	STAGE	DATE / PIC
05/10/15	FOR CSO ONLY:	
	Is driver the owner? (YES / NO)	
	If NO, Driver Name / Age:	
	Driver's Own Vehicle Number:	Insurance Company:
	<u>SHC 5035G - CC3/AXA3002031/KV19313; DOA: 27/10/13</u>	
	<u>SJW 7199A - CC3/AXA13000875/R1/vy; DOA: 10/10/13</u>	
12/10/15	@ 4:50pm Called AD no response	
12/10/15	@ 6:52pm called AD's company no response	
12/10/15	@ 5:55pm called AD's company no response left message Adv PIC to call back	
13/10/15	@ 9:30am Spoke to AD's company PIC Manager Mr Yunus 6473 5588. Yunus not sure how the accident detail but based on AD's report. Informed TP claim. Agreed to settle + advise AIC issue.	
13/10/15	@ 9:49am Spoke to AD. AD confirmed accident detail: AD's vehicle hit TP's vehicle front portion while reversing. According to AD, TP's driver was talking in his taxi but no evidence. Disputed on who's liability. Advise alt = AIC issue + Agreed to settle based on 50/50. Send letter to AD's company attention: The Management. - To get video from TP.	
	Documentation Check List:	Handler Typist
	OI Apt Ltr:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Approval Email:	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

NOTE:

EMAIL REPORT TO STACEY FOR PAYMENT

13-8-15 WP REPORT

FINAL SETTLEMENT	Date: -	Confirm with	13-8-15 WP REPORT.	BOLA S/N No.:	NIC
Repair Cost:	SS -	Final Liability	50 % (Agreed / Assessed)	If NO or B 28, Ass. Lia:	
Loss of Rental:	SS -	(days)		Format Type:	
Loss of Use:	SS -	(\$ x days)		NO FURTHER DEV, FROM TP.	
Disbursement:	SS -	Global Sum: SS			
Total:	SS -				\$ 250

INS. CASE OWNER: Saw Theng

CC 3/AXA140 209471K 2e3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 06/11/14

Assg Date: 06/11/14

Pre-assign / CCU / FTE

Insured Vehicle No.: SJW 7199A ^{Manager (Yunos)}

Claim No. : _____

Name of Insured : Komoco Car Rentals Pte Ltd

Policy No. : P1305555

Insured Tel No. : 6473 5588 HP: 6473 5588

Make / Model : Hyundai

Excess Sec II : SS D.O.A: 04/11/14

Place of Accident : Claymore Hill after American club

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

If NO, Driver Name / Age: Cortes Desbarzeille Beatrice

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

Driver Tel No. : Seanne Fracoise
9652 0523

(V/L: YES / NO Insured Liability :

% Final ? Yes / No

SHC 5035G



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
<u>05/11/15</u>	Is driver the owner? (YES / NO)	Finalisation:	
<u>Davline</u>	If NO, Driver Name / Age :	Email AIG for OI GIA:	
<u>(CSO)</u>	Driver's Own Vehicle Number: _____ Insurance Company: _____	Apt letter to OI:	
	<u>SHC 5035G - CC3/AXA/P002031/Kv1f3c3; DOA: 27/01/13</u>	Call OI: <u>13/1/15</u>	<u>(13/1/15)</u>
	<u>SJW 7199A - CS3/AXA/3000875/R/vy; DOA: 10/01/13</u>	After call ltr to OI: <u>Pulvin</u>	<u>(13/1/15)</u>
<u>12/01/15</u>	<u>@ 4:50pm Called 120 no response.</u>	Type Report:	<u>Keh</u>
<u>12/01/15</u>	<u>@ 6:52pm called 17's company no response.</u>	Prepare Invoice:	<u>11/1/15</u>
<u>12/01/15</u>	<u>@ 5:55pm called 17's company no response. left message Advic Pte to call back.</u>	Others:	
<u>13/01/15</u>	<u>@ 9:30am Spoken to OI's company Pte Manager Mr Yunus 6473 5588. Yunus not sure how the accident detail but based on OI's report. Individual TP claim. Agreed to settle + aware HCP issue.</u>	Documentation Check List:	Handler Typist
<u>13/01/15</u>	<u>@ 9:49am Spoken to OI. OI confirmed accident detail: OI's vehicle hit TP's vehicle front portion while reversing. According to OI, TP's driver was talking in his taxi but no evidence. Disputed on 100% liability. Aware abt HCP issue + Agreed to settle based on SD/SD. Send letter to OI's company attention: The Management. - to get video from TP.</u>	OI Apt Ltr: <input checked="" type="checkbox"/>	<input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/>	<input type="checkbox"/>
		Release Voucher: <input type="checkbox"/>	<input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/>	<input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/>	<input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/>	<input type="checkbox"/>
		Medical Bill: <input type="checkbox"/>	<input type="checkbox"/>
		Approval Email: <input type="checkbox"/>	<input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/>	<input type="checkbox"/>
		Others: <input type="checkbox"/>	<input type="checkbox"/>

Conflicting version:

FINAL SETTLEMENT	Date: <u>-</u>	Confirm with <u>13-8-15 WP REPORT.</u>	<u>(checked)</u>
Repair Cost:	SS <u>-</u>	Final Liability <u>50</u> % (Agreed / Assessed)	BOLA S/N No. : <u>N/A</u>
Cost of Rental:	SS <u>-</u>	(<u> </u> days)	IFNO or B 28, Ass. Lia :
Cost of Use:	SS <u>-</u>	(\$ <u> </u> x <u> </u> days)	Format Type :
Disbursement:	SS <u>-</u>	NO FURTHER DEV, FROM TP.	
Total:	SS <u>-</u>	Global Sum: SS	

\$250

ASS. REC. BY:

REF: AAA/

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 1 1/2 days Res.: Yes or No
 Lum Sum: 1.31 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SAC 50356 Yr Regn: 12, 13
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or A
 Make: Renault Latitude c.c. 1995
 Colour: White/Red A/C: Insured / Std / NI / NA
 Sp. Reading: 140188 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VFIABL15AUC 276025
 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: G4 215/60R16
 R: Palken
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear
R/Bal. <u>3</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>3</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>4/11/14</u>		D.O.I. <u>6/11/14</u>

 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FR N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>28/1/15</u>	<u>1103-33 Confirmed Jasmine (1 1/2 x 133.75)</u>
	<u>Await video footage</u>
	<u>RED (\$4,709.67/81%)</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 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: \$ _____
 Photos _____
 Others _____
 TOTAL _____

Mei Kwan (LKKAuto)

From: Mei Kwan (LKKAuto)
Sent: Wednesday, 3 April, 2019 2:20 PM
To: Ng Wai Yin; Joy Irene (LKKAuto)
Cc: Admin A; CS A Team; claims@transcab.com.sg
Subject: RE: TCS REF: AAD1411-068 Accident involving SHC 5035G and SJW 7199A on 04.11.14 *** LKK REF: CC3/AXA14020947/Kja3s2-1
Attachments: image001.emz; image007.wmz; SHC5035G 05.11.2014 - GIA.pdf; AAD1411-068-LOD.pdf
Categories: HMK

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Dear Sir / Madam,

Thank you for your email.

Please note that: -

LKK ref	Officer in charge
CC3/AXA14020947/Kja3s2-1	Joy - 6841 2409

Our respective case handler will look into the matter and revert to you in due course.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Wednesday, 3 April, 2019 11:52 AM
To: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; claims@transcab.com.sg
Subject: FW: TCS REF: AAD1411-068 Accident involving SHC 5035G and SJW 7199A on 04.11.14 *** LKK REF: CC3/AXA14020947/Kja3s2

WITHOUT PREJUDICE

Dear Mei Kwan

Are there any offer making to us?

Enclosed is our LOD for your easy reference.

Thank You
Best Regards,

Subject: RE: TCS REF: AAD1411-068 Accident involving SHC 5035G and SJW 7199A on 04.11.14 *** LKK REF: CC3/AXA14020947/Kja3s2

Dear Yu Qing,

Thank you for your email.

Please provide us LOD.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: yuqing.teo [<mailto:yuqing.teo@transcab.com.sg>]

Sent: Tuesday, 3 April, 2018 9:01 AM

To: Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>

Cc: 'Jasmine Tan' <jasminetan@transcab.com.sg>; claims@transcab.com.sg

Subject: TCS REF: AAD1411-068 Accident involving SHC 5035G and SJW 7199A on 04.11.14

Dear Sir/Madam,

We have launched a claim against the owner of SJW 7199A. Kindly let us know the latest claim resettlement.

Thank you.

Best Regards,

Teo Yu Qing

Finance Department

TEL: 6603 1265 Ext.306

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111

Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764

Website: www.transcab.com.sg

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This email has been checked for viruses by AVG antivirus software.

www.avg.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 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	05/11/2014 15:44
Date Of Accident	04/11/2014 19:20 ✓
Exact Location Of Accident	Claymore Hill
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5035G
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi
Insurance Company	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/4342
Cover Note Number	
Driver	
Name of Driver	LIM FONG CHAI
NRIC No	S1143329D
Date Of Birth	06/06/1955
Occupation	Outdoor
Date Of Driving Pass	05/01/1976
Driving Experience	38 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-84925985
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 299 YISHUN STREET 20 #04-35
Postcode	760299
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 Unknown - reversing
 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? Yes

Details of Police Action

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

Circumstances of Accident

On 04.11.2014 at about 1920hrs, my taxi was at a stationary position along Claymore Hill to alight my passenger. Moment later, Vehicle B (SJW7199A) which was stationary in front of me suddenly made a reverse without checking the rear. Thus resulted, vehicle B's rear portion collided onto my taxi's front portion, Vehicle A: 1 passenger Vehicle B: 1 passenger /rc
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW7199A ✓
 Vehicle Make/Model/Colour HYUNDAI CM SANTA FE
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg.1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

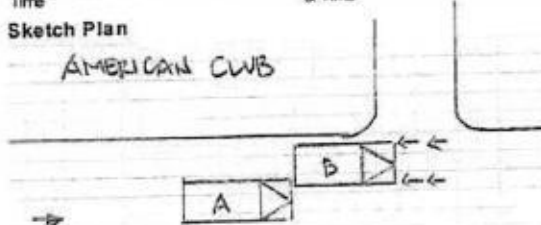
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AMERICAN CWB



A: SHC5035G
 B: SJW7199A

CAIRN HILL ROAD

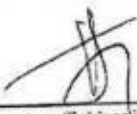
Describe Circumstances of the Accident

PLS. REFER TO GLA 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

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	17/11/2014 17:03
Date Of Accident	04/11/2014 19:20
Exact Location Of Accident	CLAYMORE HILL AFTER AMERICAN CLUB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7199A
Insured/Policyholder	
Name Of Registered Owner	KOMOCO CAR RENTALS PTE LTD
Co Reg No	199500095K

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL 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	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VFX/P1305555
Cover Note Number	

Driver

Name of Driver	CORTES DESBAZEILLE BEATRICE JEANNE FRANCOISE
Passport No/FIN	G6371759U
Date Of Birth	22/03/1971
Occupation	Indoor
Date Of Driving Pass	22/12/1990
Driving Experience	23 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-94520523
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	23 BUKIT TUNGGAL ROAD
Postcode	309708
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	Raining
Road Surface	Wet

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

REFER TO SKETCH PLAN

Are accident photos available for attachment?	Not available due to circumstances of accident
-----------------------------------------------	------------------------------------------------

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5035G
Vehicle Make/Model/Colour	RENAULT LATITUDE (TRANSCAB)
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

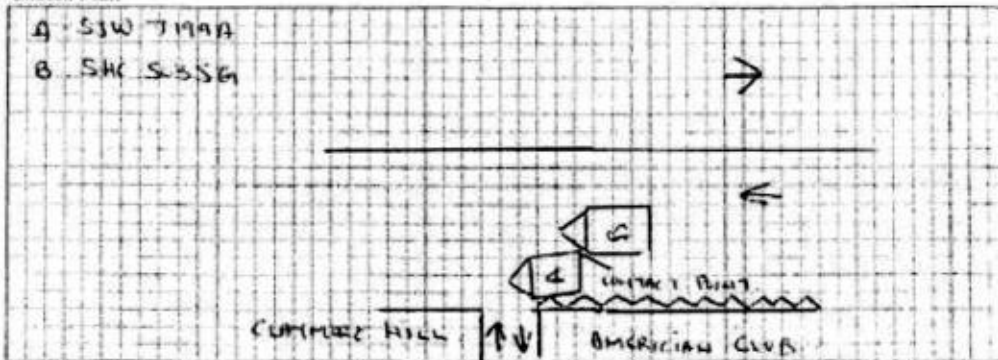
Sketch Plan

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind 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

I WAS DRIVING ON CANTON HILL AND WANTED TO ENTER THE CARPARK OF THE AMERICAN CLUB, AND WAS TOLD (CUSTOMER IS A PRIVATE THINKING) HENCE I REQUEST GUARDIAN TO GET THE CAR SETTING THE UNPARK PASS. I CHECKED MY REAR VIEW AND IT WAS CLEAR (ALSO ON MY REVERSE CAM) SO I ~~WENT~~ BACK UP SLIGHTLY AND SLIGHTLY ~~BE~~ AFTER REVERSING AND JUST BEFORE I WENT PUT MY GEAR INTO PAUSE, A TAXI CAME FROM BEHIND SO I CHECKED AND BUMP INTO MY CAR'S REAR BUMPER ON THE RIGHT CAUSING MINOR DAMAGES. AT THE SAME TIME, THE TAXI WAS SEEN ALIGHTING PASSENGERS. THERE WAS NO INJURY AT THE TIME OF ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.

KONDO CAR RENTALS PTE LTD
253 ALYANDE ROAD #01-02
SINGAPORE 150036

Policyholder's Signature / Date & Time

[Signature] 17/11/14

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

[Signature]

Witness by Reporting Centre Personnel

ROEL

TRANS-CAB AUTO SERVICES PTE LTD
 NO.466-468 Tagore industrial avenue singapore 787835
 TEL NO.6287 6666 FAX NO,6366 8862
 CO/GST REG NO.201019626G
SHC 5035G - AXA

Not Authorized
1-B1
Q 1103-33

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

SHC 5035G - ROEL
 VF1ABL15AUC276025
 RENAULT
 LATITUDE
 04.11.2014
AXA

PART		LIST
1	1 BUMPER COVER FRT	\$ R 807.32 X
2	1 BUMPER ABSORBER FRT	\$ R 253.00 X
3	1 BUMPER RETAINER FRT LH	\$ R 97.06 X
4	1 BUMPER SUPPORT FRT LH	\$ R 15.31 X
5	1 BUMPER FOG LAMP GRILLE LH	\$ R 132.83 X
6	1 HEADLAMP LH	\$ CM 759.25 ✓
7	1 FENDER PANEL FRT LH	\$ R 502.46 X
8	1 FENDER WHEELARCH FRT LH	\$ R 89.44 X
TOTAL		\$ 2,656.67
10%		\$ 265.67
		\$ 2,391.00

Special Nett

1SET	FRONT BUMPER CLIP	\$ R 66.00 X
1SET	WHEELARCH CLIP (Necessary)	\$ R 66.00 X
TOTAL		\$ 132.00
TOTAL PARTS		\$ 2,523.00

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 1,400.00 *rdol*

To Check Electrical Lighting Concerned.

\$ 170.00 *2ol*

Putty and spray painting of the affected portion.

\$ 1,500.00 *22ol*

TRANS-CAB AUTO SERVICES PTE LTD
 NO.466-468 Tagore industrial avenue singapore 787835
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHC 5035G - AXA

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

TOTAL \$ 3,290.00

Over All Total \$ 5,813.00

(PARTS BY PARTS) Repair Days

5 Days

1 1/2 day

LK's Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:
 Signature:
 Date:

Trans-Cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

Tax Invoice / Debit Note

TO: AXA INSURANCE (S) PTE LTD 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1412-071 DATE : 15. December 2014 REFERENCE NO : AAD1411-068 TERMS : DUE DATE : 15. December 2014 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR;SHC5035G;DOA 04.11.14(PART-BY-PART-14)	1	1,180.56	1,180.56

Total SGD Excl. GST :	1,103.33
7% GST :	77.23
Total SGD Incl. GST :	1,180.56

****** ONE THOUSAND ONE HUNDRED EIGHTY AND FIFTY SIX SGD ONLY ******

- 1) All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"
- 2) Please quote our Invoice Number during payment.
- 3) We reserve the right to charge interest @ 1.5% per month on overdue invoice.
- 4) Any dispute as to the accuracy, charges etc of this invoice must be communicated within 10 days from the date hereof failing which it shall be deemed to have been unconditionally accepted.

E. & O. E.**THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE**

Joy

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63
Tel No.: 6287 6666 Fax No. 6281 1400
Co./GST Reg. No. 200303878K

Our Ref : AAD1411-068
Your Ref : SJW7199A
Date : 07.January 2019

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SHC5035G AND SJW7199A ON 04/11/14 07:21 PM ALONG Claymore Hill

It appears that the above accident was caused by your insured's negligence. We, therefore seeking compensation from you for our financial loss as itemized below :-

1.	Cost of Repair (inclusive of 7% GST)	\$	1,180.56
2.	Loss of Rental for <u>3</u> days @ \$ <u>133.75</u> per day	\$	401.25
3.	Loss of Income for <u>-</u> days @ \$ <u>-</u> per day	\$	0.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	1,587.81

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver	Rental rate and mileage records
Certificate of Insurance	Authorization To Act
Original final repair bill	LTA Search Fee

Kindly let us have the discharge voucher within the next 14 days, failing which we shall proceed to hand over the conduct of this matter to our solicitors without further reference to you.

Yours Faithfully
Trans-Cab Services Pte Ltd



Jasmine Tan
General Manager

Tel No. : 6603 1250 (DID)

Note : Please email any further correspondence to claims@transcab.com.sg (6603 1259)




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 : CC3/AXA14020947/Kha3s2-1	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: KIAN CHUAN		Date : 25-02-2020	
		Code : AXA2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJW 7199A	Veh. Inspected	SHC 5035G
Policy No.	VFX/P1305555	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/11/2014
2. Vehicle Particulars & Condition			
Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	VF1ABL15AUC276025	Colour	METALLIC WHITE/RED
Odometer	140188	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	GOODYEAR	3 mm
L/H Front Tyre	215/60 R16	GOODYEAR	3 mm
R/H Rear Tyre	215/60 R16	FALKEN	6 mm
L/H Rear Tyre	215/60 R16	FALKEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	04/11/2014	Inspection Date	06/11/2014
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:		1.500 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5035G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER FRT (CONSISTENT)	TO REPAIR SEE LABOUR	807.32	-
1	BUMPER ABSORBER FRT (CONSISTENT)	SERVICEABLE	253.00	-
1	BUMPER RETAINER FRT LH (CONSISTENT)	SERVICEABLE	97.06	-
1	BUMPER SUPPORT FRT LH (CONSISTENT)	SERVICEABLE	15.31	-
1	BUMPER FOG LAMP GRILLE LH (CONSISTENT)	SERVICEABLE	132.83	-
1	HEADLAMP LH (CONSISTENT)	CRACKED	759.25	759.25
1	FENDER PANEL FRT LH (CONSISTENT)	TO REPAIR SEE LABOUR	502.46	-
1	FENDER WHEELARCH FRT LH (CONSISTENT)	SERVICEABLE	89.44	-
	LESS 10% DISCOUNT		-265.67	-75.92
			2,391.00	683.33
SPECIAL NETT ITEMS				
1	SET FRONT BUMPER CLIP (SN) (CONSISTENT)	NOT NECESSARY	66.00	-
1	SET WHEELARCH CLIP (SN) (CONSISTENT)	NOT NECESSARY	66.00	-
			132.00	-
LABOUR				
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER COVER FRT AND FENDER PANEL FRT LH.		1,400.00	180.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		1,500.00	220.00
	TO CHECK STEERING GEOMETRY AN COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			-	-
			-	-
			-	-
			3,290.00	420.00
GRAND TOTAL			5,813.00	1,103.33

Report Ref No. CC3/AXA14020947/Kja3s2



RECOMMENDED COST OF REPAIRS			1,103.33
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Report Ref No. CC3/AXA14020947/Kja3s2

KONG SENG CHEONG

Licensed Appraiser

HO LEONG CHUAN

Automotive Assessor

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