

Kwa352-1
a3

INS CASE OWNER: Amfina Leli CC #/AXA15007675 / Kwa352-1 LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 5/5/15 Date / Time: 5/7/15

Pre-assign / CCU / FTE



Insured Vehicle No.: SPV 4N34 X Claim No.: 10338128
 Name of Insured: Sufyani Dan Yusuf Policy No.: P1535/15
 Insured Tel No.: _____ HP: 82236346 Make / Model: Honda
 Excess Sec II :SS _____ D.O.A: 2/5/15 Place of Accident: Chaven Rd & Bt Timah Rd
 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

9/5/15 → 7/7/15 → 19/6/19 → 8/8/19

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 |
|--------------|--|------------------------------------|--|
| 3/7/15 | Is driver the owner? (YES / NO) | Finalisation: | |
| 7/7/15 | If NO, Driver Name / Age: | Email AIG for OI GIA: | |
| | Driver's Own Vehicle Number: _____ Insurance Company: _____ | Apt letter to OI: | |
| | | Call OI: <u>7/7/15 Kenneth Tan</u> | |
| | | After call ltr to OI: | |
| 7/7/15 @ 5pm | Spoken to OI. OI confirmed accident details. Informed OI of TP claim. OI agree to settle & aware that his NCD will be affected. - OI has no video recording. - OI will try to recall the exact location of the accident. | Type Report: | |
| | | Prepare Invoice: <u>KW 817</u> | |
| | | Others: | |
| | | Documentation Check List: | Handler Typist |
| | | OI Apt Ltr: | <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"/> |
| 19/6/19 | Email to AXA to seek mandae | Final Repair Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 8/8/19 | Email from AXA approve mandae | Car Rental Invoice: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | LTA / GIA: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Approval Email: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |

No further development more than 6 months. Temporary close file

| | | |
|-------------------------|--|---|
| FINAL SETTLEMENT | Date: <u>3/9/19</u> Confirm with <u>Jasmin - Conflicting version</u> | BOLA S/N No.: <u>MC</u> |
| Repair Cost: | SS <u>3340.64</u> Final Liability: <u>100.00</u> % (Agreed / Assessed) | If NO or B 28. Ass. Lia: |
| Loss of Rental: | SS <u>535.00</u> (4 days) <u>133.75</u> | |
| Loss of Use: | SS <u>5</u> (\$ x days) | 1) Claim status: Normal/Reject/Private Settle |
| Assessment: | <u>CTA</u> <u>8.00</u> | 2) Report Format: |
| Cost: | SS <u>3851.64</u> Global Sum: SS <u>3850.00</u> | 3) Survey fee: <u>250/-</u> |

\$3850.00 - Trans-Cab Auto Services Pte Ltd

COPY SENT
11/19

Charge Balan
\$350 - \$250
= \$100.00

ASS. REQ. BY:

REP: AKA

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.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 15.1 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 766 Yr Regn: 06.19

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995

Colour M. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 106788 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL 15AUC 278152

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. 7 mm L/Bal. 7 mm

D.O.A. 3/5/15 D.O.I. 5/5/15

Survey held at _____

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

O/S 157

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

| Date / Time | Action / Instruction |
|--------------|-----------------------------|
| <u>1.0.5</u> | <u>\$ 200.48</u> |
| | <u>200 (12688.66/814.2)</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prel. Report : Final Report

1) _____ Date/Time, File Return to? 2) _____

Report Format: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: Site Insp (\$ _____) S + PS (\$ _____)

Interview (\$ _____) Photos _____

Tech. Invs (\$ _____) Other _____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------|
| Date Of Report | 04/05/2015 16:05 |
| Date Of Accident | 03/05/2015 02:10 |
| Exact Location Of Accident | STEVEN ROAD X BUKIT TIMAH ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD9965R |
| 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 | 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-I2047359MFSH/4508 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHIAM YONG MENG |
| NRIC No | S7621872B |
| Date Of Birth | 22/07/1976 |
| Occupation | Outdoor |
| Date Of Driving Pass | 14/07/1998 |
| Driving Experience | 16 Years And 9 Months |
| Gender | Male |
| Mobile Number | (Local) +65-90693739 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 750 WOODLANDS AVE 4 #04-321 |
| Postcode | 730750 |
| 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 | Collision- Cross Junction |
| 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 |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

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

Circumstances of Accident

On 03/05/2015 at about 0213 hours, I was travelling straight on the extreme left lane along Bukit Timah Road with the intention to make a right turn towards PIE. In the midst of turning, Vehicle B (SGX4434X) which was on the centre lane suddenly dashed out without checking for oncoming vehicle. Thus resulted, Vehicle B's left front portion collided onto my taxi's right front portion.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SGX4434X |
| Vehicle Make/Model/Colour | HYUNDAI VERNA |
| Details Of Properties | |
| Name of Driver | RYAN |
| 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 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

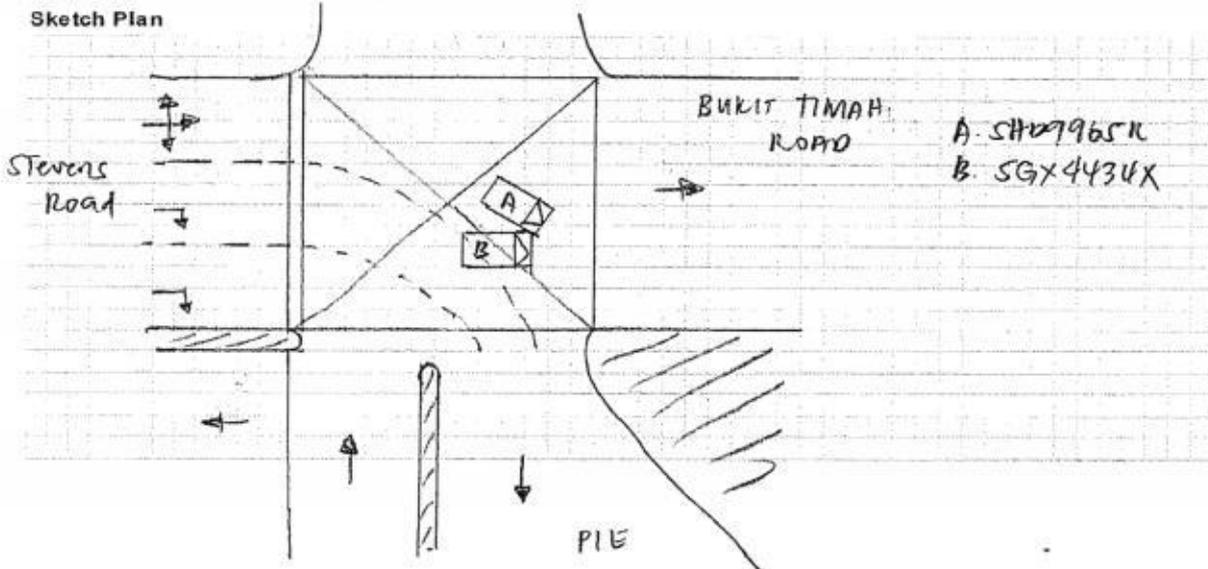
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Photo

