

15/5/2010

INS. CASE OWNER:

Troy

CC3 /AIG1001 15006369/Kka3S2-1

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

14/4/15

Date / Time:

14/4/15

Registered in Merimen:

15/4/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKE 7469 D

Claim No.:

Name of Insured:

TAN KENG WAN

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 10/04/2015

Place of Accident:

FORT ROAD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

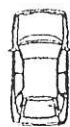
OIGIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHD5090R



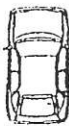
INSRS:

WSP: trans-cab

Tel:

Liability:

RMKS:



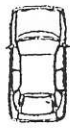
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
18/12/19	- Seeked mandate. L: 50-100%	Non-Reporting ltr (1st):	
	- NO PIR. OI informed us via telephone	Non-Reporting ltr (2nd):	
	on 30/6/15. Police charged him	Non-Reporting ltr (Final):	
	for beating & light.	Notification ltr (if non-pickup):	
		Call OI:	7/10/6/15 Kenneth
2/4/2020	- File pass to m/c to close.	After call ltr to OI:	
Khandana		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA:	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

45

S\$ 19,600

(24)

days) Reduction:

85 %

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

21/3/2020

Confirm with Jasmine

Email ☒Call ☐

Final Liability:

100

% 50

(Agreed / Assessed) BOLA S/N No.: NIL

Repair Cost:

20,972

S\$ 10,486

Loss of Rental (LOR):

S\$ 1,349.81

(29)

days) x \$93.09

Loss of Use (LOU):

S\$ -

(\$ - x -

days)

Loss of Income (LOI):

S\$ -

(\$ - x -

days)

LOR only ☒LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

6.00

S\$ 6.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 11,841.81

Global Sum S\$:

11,600

Email ☐Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

11,600

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

NO BII

COPY SENT

1/5/2010

INS. CASE OWNER:

CC 3 /AIG150 06369

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

14/4/15

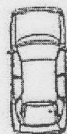
Date / Time:

14/4/15

Registered in Merimen:

15/4/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SEE 7469 D

Name of Insured:

Tan Keng Nam

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A: 10/4/15

Is driver the owner? (YES / NO)

Nature of Accident:

Claim No.:

209521406659

Policy No.:

2100298716

Make / Model:

KIA

Place of Accident:

Junction of Fort Rd & Mountbatten Rd

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

If NO, Driver Name / Age:

Tan Hong Shan Mark

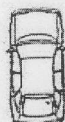
Driver Tel No.:

9926 4229

(V/L: YES / NO Insured Liability:

% Final ? Yes / No

QID 5010R



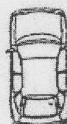
INSRS:

WSP: Hans Cab

Tel:

Liability:

RMKS:



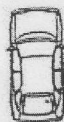
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
14/4/15	FOR CSO ONLY:	
14/4/15	Is driver the owner? (YES / NO)	
	If NO, Driver Name / Age:	
	Driver's Own Vehicle Number:	Insurance Company:
	QID 5010 R - CC3 / AIG 150 06369 / R66; OIA 10/4/15	
	SEE 7469 D - CC5 / AIG 150 06369 / R66; OIA 10/4/15	
29/05/15 @ 555pm	Call OI, NO Response	
10/06/15 @ 1159am	Call OI	
@ 1205pm	OI call in. OI confirmed accident details. OI admitted moving straight. Insured OI at TP claim, he agree to settle and aware that he need will be affected.	
	- Police Investigation still Pending (OK)	
	- To obtain Video recording as evidence. (To update.)	
	- Traffic Light was Green at his Rear.	
	- he got 2 witnesses	
	- Serious Liability letter under sent out.	
30/06/15 @ 444pm	- OI call in, mentioned he received letter from Traffic Police & to appear in Court. TP charging OI for passing the Traffic Light which was Not In His Honour.	
	- NO video recording	
	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:	
	CL 13/5/16	
	WP - NO FURTHER DEVELOPMENT FOR 1 YR.	


FINAL SETTLEMENT	Date: 13-5-16	Confirm with: WP	OIA & TP moving straight
Repair Cost:	SS	Final Liability: 50	% (Agreed / Assessed)
Loss of Rental:	SS	(days)	BOLA S/N No.: 4
Loss of Use:	SS	(\$ x days)	If NO or B 28, Ass. Lia:
Disbursement:		1) Claim status: Normal/Reject/Private Settle	
Legal Cost:	SS	2) Report Format:	
Total:	SS	3) Survey fee: 16320 + 1220	
		Global Sum: SS	

**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			
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/AIG15006369/Ksm3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 15-04-2015	
		Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKE 7469D	Veh. Inspected	SHD 5090R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/04/2015
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	10/04/2015	Inspection Date	14/04/2015
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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	14/04/2015 13:48
Date Of Accident	10/04/2015 01:20
Exact Location Of Accident	Mountbatten Rd X Fort Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5090R
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	TOYOTA
Model	WISH-1.8 (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/2102
Cover Note Number	

Driver

Name of Driver	PHUA KEOK CHOON
NRIC No	S1384830J
Date Of Birth	19/03/1959
Occupation	Outdoor
Date Of Driving Pass	26/06/1978
Driving Experience	36 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-94296620
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address APT BLK 76 BEDOK NORTH ROAD
#14-168
Postcode 460076
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Collision- Cross Junction
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) 2

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name Bedok North Neighbourhood Police Centre
Police Station Address ROAD: 30 Bedok North Road, POSTCODE: 469676, COUNTRY: Singapore
Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

Please refer to Police Report - T/20150411/2144
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKE7469D
Vehicle Make/Model/Colour KIA CERATO
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 NICOLE / LEE REN DE
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name PHUA KEOK CHOON
Approximate Age

Injuries Sustain
Injured person in which vehicle? SHD5090R
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD5090R
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? Yes
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' 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.

<p>Policyholder's Signature / Date & Time</p> <p><i>[Signature]</i></p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p><i>[Signature]</i></p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i></p>
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Sketch Plan

Describe Circumstances of the Accident

PLS REFER TO POLICE 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:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20150411/2144

1 of 4

Report No. T/20150411/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2015 18:31	Vide Report No.: G/20150410/0033	Station Diary No.: 60
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Informant's Particulars			
Name of Informant: PHUA KEOK CHOON		Address: APT BLK 76 BEDOK NORTH ROAD #14-168 SINGAPORE 460076	
ID Type / ID No.: NRIC NO / S1384830J		Contact No.: Home/Office: Mobile: 94296620	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 19/03/1959	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/04/2015 01:20	Type of Location: T-Junction	
Location: Along Road 1 MOUNTBATTEN ROAD AND FORT ROAD JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5090R	Car				Seriously Damaged	1
SKE7469D	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20150411/2144

3 of 4

Report No. T/20150411/2144

CONTINUATION OF REPORT

before the police arrival, 2 witnesses came over and assisted me. They then provided me with their names and contact no.

1) Lee Ren De 96322087 and 2) Nicole 98488822. They also told me that they saw the other driver beating the red lights.

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20150411/2144

2 of 4

Report No. T/20150411/2144

CONTINUATION OF REPORT

Driver			
Name	PHUA KEOK CHOON		ID No. S1384830J
Related Vehicle	SHD5090R (Car)		Contact No. 94296620
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/04/2015	Date Discharge	10/04/2015
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Serious
WITNESS			
Name	NICOLE		ID No. NIL
Related Vehicle	NIL		Contact No. 98488822
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
WITNESS			
Name	LEE REN DE		ID No. NIL
Related Vehicle	NIL		Contact No. 96322087
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the 10/04/2015 at about 0122hrs, I was driving straight along Mountbatten Road. I was driving a taxi bearing number plate: SHD5090R and was on the center lane. I was approaching the T-junction of Mountbatten road and Fort Road, I saw that the traffic lights were green in my direction, as such I continued to drive straight.

Suddenly, I felt a bang at the right side of my taxi. My taxi skidded for a few times and subsequently, the taxi overturned. I was conscious and managed to get out of the taxi. Afterwards, the police and ambulance came. I was then conveyed to Tan Tock Seng Hospital. I was given 4 days of Hospitalization leave from 10/04/2015 to 13/04/2015.

I wish to state that I had a male passenger at the point of time. From the best of my knowledge, he was also conveyed to the hospital however I do not know his condition. I was given a case card with incident no. G/20150410/0033 by the Police and was told to lodge a police report regarding the matter.

I do not know what had happened however I believe that the other driver had beat the red lights. I wish to state that