

ASS. REC. BY:

REF: 0721

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

☒ OD / ☒ TP / ☒ WS / ☒ TP RES / ☒ OD RES / ☒ EVA / ☒ INV / ☒ MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

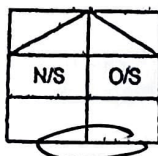
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: S140 829K Yr Regn: 12.17Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Renault Latitude c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 631633 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VIFIABL 15AUC 283425Gen. Cohd: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Palkin

Front

Rear

R/Bal. 8 mmR/Bal. 6 mmL/Bal. 8 mmL/Bal. 6 mmD.O.A. 12/8/24D.O.I. 13/8/2024

Survey held at \_\_\_\_\_

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got B2

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

) \$ + RS. \$ \_\_\_\_\_

) F.P.M. \_\_\_\_\_

) Others \_\_\_\_\_

TOTAL

Report Format :

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

Not Authored  
1/1/2024

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

**SHD829K**

**AAD2408-039**

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SHD829K

VF1ABL15AUC283425

200303878K

RENAULT

LATITUDE

12/8/2024

PC1991C/ China

29/12/2017

13 AUG 2024

**PART**

**LIST**

- 1 BUMPER COVER REAR
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE LH REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER LH REAR
- 1 BUMPER RETAINER RH REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER BEAM REAR
- 1 BUMPER BEAM BRACKET LH REAR
- 1 BUMPER BEAM BRACKET RH REAR
- 1 BUMPER REFLECTOR LH
- 1 BUMPER REFLECTOR RH
- 1 BOOT REFLECTOR LAMP LH
- 1 BOOT REFLECTOR LAMP RH
- 1 TAILLAMP LH
- 1 TAILLAMP RH
- 1 FENDER PANEL REAR RH
- 1 WHEELARCH REAR RH
- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel) TRIM
- 1 SPARE WHEEL PANEL
- 1 EXHAUST REAR
- 1 BOOT REAR
- 1 BOOT FINISHER
- 1 BOOT LOCK
- 1 BOOT WEATHERSTRIP
- 1 BOOT STRUT LH

\$ CM 561.70 ✓  
\$ Sn 98.10 X  
\$ Sn 80.80 X  
\$ Sn 82.10 X  
\$ Sn 54.20 X  
\$ DIT 59.80 ✓  
\$ Sn 411.90 ✓  
\$ R 547.80 X  
\$ Sn 114.50 X  
\$ Sn 114.50 X  
\$ Sn 16.60 X  
\$ Sn 16.60 X  
\$ Sn 277.70 X  
\$ Sn 277.70 X  
\$ Sn 401.40 X  
\$ CM 401.40 ✓  
\$ R 1,933.20 X  
\$ Sn 275.40 X  
\$ R 745.80 X  
\$ Sn 404.56 X  
\$ R 1,229.40 X  
\$ R 5,263.60 X  
\$ R 1,677.20 ✓  
\$ Sn 344.70 X  
\$ R 246.60 X  
\$ Sn 178.20 X  
\$ Sn 145.10 X

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**SHD829K****AAD2408-039**

- 1 BOOT STRUT RH
- 1 BOOT HINGE LH
- 1 BOOT HINGE RH
- 1 BOOT BADGE 'RENAULT'
- 1 BOOT BADGE

\$	Sm	145.10	X
\$	n	254.20	X
\$	n	254.20	X
\$	nn	82.40	—
\$	nn	95.80	—

TOTAL \$ **16,792.26**10% \$ **1,679.23**\$ **15,113.03****SPECIAL NETT****1SET PARKING AID**

- 1 REAR BUMPER CLIP
- 1 REAR LH BUMPER RETAINER CLIP
- 1 REAR RH BUMPER RETAINER CLIP
- 1 REAR TAIL LAMP CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 REAR BUMPER PROTECTOR
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	Sm	700.00	X
\$	nn	65.00	—
\$	nn	65.00	X
\$	nn	65.00	X
\$	nn	65.00	X
\$	nn	60.00	X
\$	nn	180.00	301nn
\$	nn	150.00	X
\$	nn	200.00	X
\$	nn	130.00	X

TOTAL \$ **1,680.00**TOTAL PARTS \$ **16,793.03****LABOUR**

To rust-proofing of the affected areas.

\$ 600.00 301

Putty and spray painting of the affected portion.

\$ 1,200.00 6601

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

\$ 2,000.00 5001

To transfer of tailgate fittings and conduct water seepage test.

\$ 170.00 801

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 601

To reinstall rear bumper parking sensor.

\$ 170.00 601



Trans-cab Auto Services Pte Ltd  
No. 2 Ang Mo Kio Street 63 Singapore 569111  
Tel Nc Fax No. : 62571330  
CO./ GST Reg. No. 201019626G  
SHD829K

AAD2408-039

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

To Transfer Of Fender Fittings, Attachments And Perform  
Water Seepage Test.

\$ *~* 170.00 X  
TOTAL \$ 4,910.00

OVERALL TOTAL \$ 21,703.03

*4 days*

LKK 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:



## 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 Actual 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. This 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.

### ACCIDENT STATEMENT

Date of First Submission .....	12/08/2024 14:07 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/08/2024 09:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD829K

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TRANS-CAB SERVICES PTE. LTD
Company Reg No .....	200303878K
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No .....	(Phone) +65-65552222
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	OTHERS
Model .....	OTHERS
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1995
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5140725663-01

#### DRIVER



## 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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  
(Name as in NRIC/ID card)

Sketch Plan

12/08/2024  
14:00

A - SHD829K  
B - PC1991C

CTE





**SINGAPORE  
POLICE FORCE**



T/20240812/2036

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

2 of 3

Report No. T/20240812/2036

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NG AH SENG	ID No.	S1159154Z
Related Vehicle	SHD829K (Motor car)	Contact No.	81281424
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	12/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 12/08/2024 around 9am, I was driving Transcab Taxi bearing registration plate number SHD829K along CTE and was driving in the middle lane.

As the car ahead of me had slowed down, I did the same and also slowed down. However all of a sudden, a van bearing registration plate number SHD829K hit the rear side of my vehicle. The contact number of the van driver is as follows, Johnny (HP 91192885) PC 1991C

This resulted in damages to my taxi to the rear bumper which broke and became loose, together with scratches.

I later suffered from neck pain and back pain as a result of the accident and I have since visited the doctor and granted 5 days of medical leave.