

ASS. REC. BY:

REF:

AG21

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / (P) / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop n/s Trans Cab

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: 213134

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 08 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S110 648R Yr Regn: 11, 17

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

Truck / Trailer or A

Make: Renault Latitude c.c. 1995

Colour M. White / Red AC: Insured / Std / NI / NA

Sp. Reading 835987 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI AB2 15 AUG 283 252

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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 Paidun

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 16/11/24

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 21/11/2024

Survey held at _____

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

Rear d/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

2)

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Transportation: _____

\$ - RS. - SI

Fuel

Others

Report Format :

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

TOTAL

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
SHD648R

AAD2411-065

NBV : \$21,313.45.

21 NOV 2024

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

18 NOV 2024

SHD648R
 VF1ABL15AUC283252
 200303878K
 RENAULT
 LATITUDE
 16/11/2024
 SMC7763R / AUTO GENERAL
 30/11/2017

PART

LIST

- 1 BUMPER COVER REAR
- 1 BUMPER BRACKET CTR 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 RH REAR
- 1 BUMPER REFLECTOR RH
- 1 BOOT REFLECTOR LAMP RH
- 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 BOOT REAR
- 1 BOOT FINISHER
- 1 BOOT LOCK
- 1 BOOT WEATHERSTRIP
- 1 BOOT STRUT LH
- 1 BOOT STRUT RH
- 1 BOOT HINGE LH
- 1 BOOT HINGE RH
- 1 BOOT BADGE 'RENAULT'
- 1 BOOT BADGE

\$	71	561.70	✓
\$	L	98.10	X
\$	CM	82.10	✓
\$	L	54.20	X
\$	CM	59.80	✓
\$	CM	411.90	✓
\$	R	547.80	X
\$	R	114.50	X
\$	Bo	16.60	✓
\$	CM	277.70	✓
\$	Bo	401.40	✓
\$	R	1,933.20	✓
\$	CM	275.40	✓
\$	R	745.80	✓
\$	CM	404.56	✓
\$	R	1,229.40	X
\$	R	1,677.20	✓
\$	L	344.70	X
\$	R	246.60	X
\$	L	178.20	X
\$	L	145.10	X
\$	L	145.10	X
\$	R	254.20	X
\$	R	254.20	X
\$	Ma	82.40	✓
\$	Ma	95.80	✓

TOTAL	\$	10,637.66
10%	\$	1,063.77
	\$	9,573.89

5 - 1000 5000

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 No. 2 Ang Mo Kio Street 63 Singapore 569111
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AAD2411-065

SPECIAL NETT

1SET PARKING AID	\$	700.00	400sm
1 REAR BUMPER CLIP	\$	65.00	✓
1 REAR LH BUMPER RETAINER CLIP	\$	65.00	X
1 REAR RH BUMPER RETAINER CLIP	\$	65.00	X
1 REAR TAIL LAMP CLIP	\$	65.00	X
1 END PANEL INNER TRIM CLIP	\$	60.00	✓
1 REAR BUMPER PROTECTOR	\$	180.00	X
2 WINDSCREEN SEALANT	\$	150.00	40sm
1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	30sm
1 TYRE	\$	350.00	70?sm
1 RIM	\$	300.00	✓
TOTAL	\$	2,330.00	
TOTAL PARTS	\$	11,903.89	

LABOUR

To rust-proofing of the affected areas.	\$	600.00	90d
Putty and spray painting of the affected portion.	\$	2,000.00	110d
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	120d
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	60d
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	100d
To reinstall rear bumper parking sensor.	\$	170.00	60d
To check steering geometry and computer wheel alignment	\$	220.00	60d
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00	X

TOTAL \$ 5,710.00

8 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:

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD648R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Nov 2024
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003148
Chassis No.:	VF1ABL15AUC283252
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Nov 2017
First Registration Date:	30 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2025
PARF Rebate Amount:	\$12,998.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$4,316.00
Total Rebate Amount:	\$17,314.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Nov 2024

OK

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	18/11/2024 11:17 (SGT)
Reported by	Actual Driver
Date of Accident	16/11/2024 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD648R

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	Diesel
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

IMPORTANT NOTICE

SKETCH PLAN

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

18/11/2024
10:30

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

YUNOS S099951

Sketch Plan

A - SHD648R
B - SMC7763R



BARTLEY ROAD EAST



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20241116/2100

2 of 3

Report No. T/20241116/2100

CONTINUATION OF REPORT

Driver			
Name	YEOW KIAN HENG		ID No. S7139592H
Related Vehicle	SHD648R (Taxi)		Contact No. 87111944
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	16/11/2024	Date Discharge	16/11/2024
No. of Days granted Medical Leave	14	Degree of	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SMC7763R (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 16/11/2024, at about 1600hrs, along Bartley Road East towards Bishan, near to LP V4F, I was travelling on the right most lane of the 2-lane road in my Taxi. I then noticed a vehicle on my left who drove past me and splashed a large amount of water on my windscreen. I braked my vehicle to slow down because of the water which obscured my view of the road ahead. Shortly after, I felt an impact on the rear of my vehicle. I then lost control of my vehicle due to the impact and my vehicle spun out but did not hit the wall on my right. I then got out on the front passenger door and felt some dizziness. I spoke with the driver of the other vehicle and he asked if I was okay and called an ambulance for me. Shortly after the police arrived followed by the ambulance. I was interviewed by the police and refused conveyance to the hospital as I felt okay after a few moment.

The traffic police took my SD card of my vehicle dash camera and told me to lodge a police report.

I then went home after the incident and proceeded to Ng Teng Fong General Hospital to see a doctor. I went through a CT scan on my back checked my limbs and eyes for injuries. My primary injury was the pain that I feel on the back of my neck. I was given MC for a total of 14 days from 16/11/2024 to 29/11/2024.

The damages to my vehicle include the following:

1. Rear right of the vehicle severe dents.
2. Rear right tail light severely damaged and dislodged.
3. Rear right tyre of vehicle punctured.