

ASS. REC. BY:

REF:

TP / CS / TP18007062 / Kgbn2

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

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:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 9756M

Yr Regn:

07, 13

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

Truck / Traller or

Make:

Renault Latitude

c.c:

1995

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

310 313

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF-1ABL15AUC 273230

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: 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

Giti

Front

Rear

R/Bal.

8

mm

R/Bal.

4

mm

L/Bal.

8

mm

L/Bal.

4

mm

D.O.A.

12/4/18

D.O.I.

16/4/18

Survey held at

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

N/S / M

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

Date / Time

Action / Instruction

17/4

File n/s to Catherine

11/4 8190d (Red 88334.11, 82%)
no survey photo

SHB 9756M - 003/TM 16000490 / Kgbn2

AT: 110614

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

170

50

12

80

312

Report Format :

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

TP

1900



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

TRANS-CAB AUTO SERVICES PTE LTD

Ref : CS/TP18007062/Kqb

NO.2 ANG MO KIO STREET 63 SINGAPORE 569111

Date : 17-04-2018



Code : TP378

1. Policy Particulars :- THIRD PARTY CLAIM

| | | |
|--------------|----------------|------------|
| Insured Veh. | Veh. Inspected | SHB 9756M |
| Policy No. | Coverage (\$) | 0.00 |
| Claim No. | Excess (\$) | 0.00 |
| Assign From | Assign Date | 16/04/2018 |

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 | 12/04/2018 | Inspection Date | 16/04/2018 |
| Survey held at | TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111 | | |

5a. Remarks

| |
|---|
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|---|

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 3878K |

Vehicle Details

| | |
|--------------------------------|---------------------------------|
| Vehicle No.: | SHB9756M |
| Vehicle to be Exported: | Yes |
| Intended De-registration Date: | 12 Apr 2018 |
| Vehicle Make: | RENAULT |
| Vehicle Model: | LATITUDE 2.0L DCI AUTO D/AB 4DR |
| Primary Colour: | Red |
| Manufacturing Year: | 2013 |
| Engine No.: | M9R8839C000193 |
| Chassis No.: | VF1ABL15AUC273230 |
| Maximum Power Output: | 127.0 kW (170 bhp) |
| Open Market Value: | \$19,998.00 |
| Original Registration Date: | 31 Jul 2013 |
| First Registration Date: | 31 Jul 2013 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$12,498.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 30 Jul 2021 |
| PARF Rebate Amount: | \$9,373.00 |

Intended COE Rebate Details

| | |
|-----------------------------|--------------------------|
| COE Expiry Date: | 30 Jul 2021 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 8 |
| PQP Paid: | \$51,810.00 |
| COE Rebate Amount: | \$21,361.00 |
| Total Rebate Amount: | \$30,734.00 |

Message

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

The information contained herein is correct as at 12 Apr 2018.

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 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 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 12/04/2018 16:55
 Date Of Accident 12/04/2018 15:15
 Exact Location Of Accident BLK 34, OG - PARK CRESCENT CAR PARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB9756M
Insured/Policyholder
 Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
 Co Reg No 200303878K
 Email Address CLAIMS@TRANSCAB.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-62866666
Vehicle Particulars
 Manufacturer RENAULT
 Model LATITUDE-2.0 L (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 AXA INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy YES
 Policy Number VPX/P1680520
 Cover Note Number
Driver
 Name of Driver LOH TZE ENG
 NRIC No S1749856H
 Date Of Birth 19/04/1966
 Occupation OUTDOOR
 Date Of Driving Pass 27/06/1986
 Driving Experience 31 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96695585
 Fax Number
 Contact Number
 Email Address NOEMAIL

| | |
|---|-------------------------------------|
| Address | BLK 714 YISHUN STREET 71 #02-246 |
| Postcode | 760714 |
| 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 | HIT BY FALLEN TREE / OTHER OBJECTS |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | 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 12.04.2018 at about 1515 hours, I was heading towards BLK 34 OG, Park Crescent carpark, while crossing the gantry, the opposite barrier arm for exit point open and flip over to my side and hit onto my taxi's front bonnet.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

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 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 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:

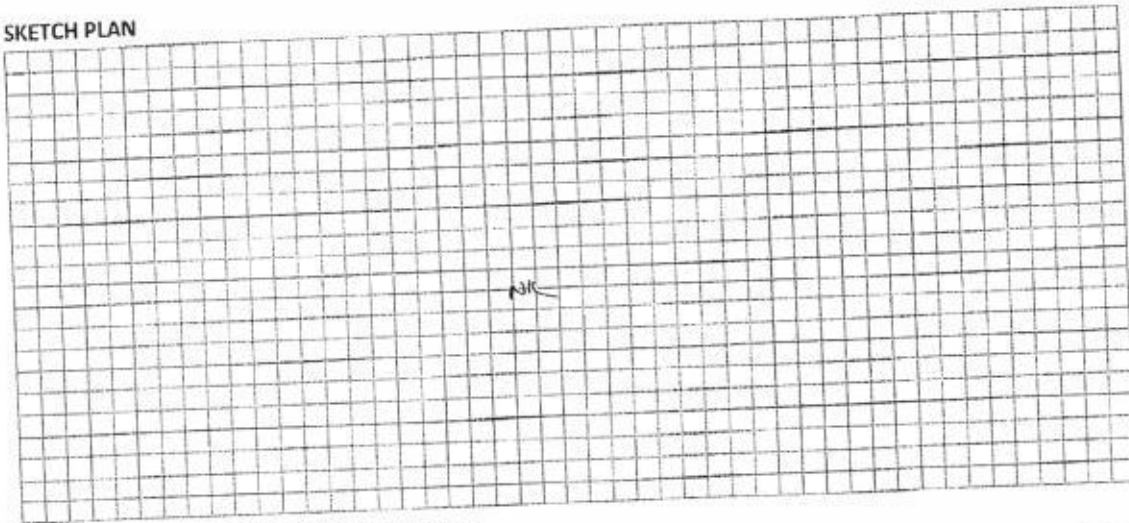
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the first line of the description area: *pls see attach SW Report,*

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9756M

AAD1804-132

*Not Authorised
11/10/2018*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB 9756M

VF1ABL15AUC273230

RENAULT

LATITUDE

12.4.2018

WILSON PARKING

| PART | | LIST | |
|--------------|---|---------------------|-----------------|
| 1 | 1 | BONNET | \$ 1,941.63 ✓ |
| 2 | 1 | BONNET INSULATOR | \$ 405.73 |
| 3 | 1 | BONNET STRUT LH | \$ 88.61 |
| 4 | 1 | BONNET STRUT RH | \$ 88.61 |
| 5 | 1 | BONNET HINGE LH | \$ 348.31 |
| 6 | 1 | BONNET HINGE RH | \$ 348.31 |
| 7 | 1 | BONNET CABLE COVER | \$ 161.03 |
| 8 | 1 | BONNET SEAL OUTER | \$ 92.36 |
| 9 | 1 | BONNET SEAL INNER | \$ 157.28 |
| 10 | 1 | FENDER PANEL FRT LH | \$ 783.83 |
| | | | <i>70</i> |
| TOTAL | | \$ | 4,415.68 |
| 10% | | \$ | 441.57 |
| | | \$ | 3,974.11 |

Special Nett

| | | |
|--------------------|-----------|-----------------|
| | \$ | - |
| TOTAL | \$ | - |
| TOTAL PARTS | \$ | 3,974.11 |

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

\$ 2,450.00 *1501*

Trans-cab Auto Services Pte Ltd

AAD1804-132

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9756M

| | | |
|---|----|---------------------------|
| To apply paint protection system (PPS) maintain and enhancement | \$ | <i>nn</i> 380.00 <i>X</i> |
| Putty and spray painting of the affected portion. | \$ | 2,200.00 <i>4401</i> |
| To rust-proofing of the affected areas. | \$ | 170.00 <i>301</i> |
| To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair. | \$ | <i>nn</i> 380.00 <i>X</i> |
| To check steering geometry and computer wheel alignment | \$ | <i>nn</i> 220.00 <i>X</i> |
| To transfer of tire, rim and on wheel balancing. | \$ | <i>nn</i> 170.00 <i>X</i> |
| To Check Electrical Lighting Concerned. | \$ | <i>nn</i> 170.00 <i>X</i> |
| To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test. | \$ | <i>nn</i> 170.00 <i>X</i> |

| | | |
|--------------|-----------|-----------------|
| TOTAL | \$ | 6,310.00 |
|--------------|-----------|-----------------|

| | | |
|-----------------------|-----------|------------------|
| Over All Total | \$ | 10,284.11 |
|-----------------------|-----------|------------------|

13

(LUMP SUM) Repair Days*1 DAY**2 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:




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 | | | |
|---|--|---------------------------|---|
| TRANS-CAB AUTO SERVICES PTE LTD | | Ref : CS/TP18007062/Kqbn2 | |
| NO.2 ANG MO KIO STREET 63 SINGAPORE 569111 | | Date : 08-05-2018 |  |
| | | Code : TP378 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | Veh. Inspected | | SHB 9756M |
| Policy No. | Coverage (\$) | | 0.00 |
| Claim No. | Excess (\$) | | 0.00 |
| Assign From | Assign Date | | 16/04/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | RENAULT LATITUDE (A) | c.c | 1995 |
| Engine No. | HIDDEN | Year of Reg. | 2013 |
| Chassis No. | VF1ABL15AUC273230 | Colour | METALLIC WHITE / RED |
| Odometer | 310313 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 215/60 R16 | GITI | 8 mm |
| L/H Front Tyre | 215/60 R16 | GITI | 8 mm |
| R/H Rear Tyre | 215/60 R16 | GITI | 4 mm |
| L/H Rear Tyre | 215/60 R16 | GITI | 4 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 12/04/2018 | Inspection Date | 16/04/2018 |
| Survey held at | TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111 | | |
| 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: | | 2 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. SHB 9756M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BONNET | BENT | 1,941.63 | 1,941.63 |
| 1 | BONNET INSULATOR | SERVICEABLE | 405.73 | - |
| 1 | BONNET STRUT LH | SERVICEABLE | 88.61 | - |
| 1 | BONNET STRUT RH | SERVICEABLE | 88.61 | - |
| 1 | BONNET HINGE LH | TO REPAIR SEE LABOUR | 348.31 | - |
| 1 | BONNET HINGE RH | TO REPAIR SEE LABOUR | 348.31 | - |
| 1 | BONNET CABLE COVER | SERVICEABLE | 161.03 | - |
| 1 | BONNET SEAL OUTER | SERVICEABLE | 92.36 | - |
| 1 | BONNET SEAL INNER | SERVICEABLE | 157.28 | - |
| 1 | FENDER PANEL FRT LH | TO REPAIR SEE LABOUR | 783.83 | - |
| | LESS 10% DISCOUNT | | -441.57 | -194.16 |
| | | | 3,974.13 | 1,747.47 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF BONNET HINGE LH,BONNET HINGE RH AND FENDER PANEL FRT LH. | | 2,450.00 | 150.00 |
| | TO APPLY PAINT PROTECTION SYSTEM (PPS) MAINTAIN AND ENHANCEMENT. | NOT NECESSARY | 380.00 | - |
| | PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION. | | 2,200.00 | 440.00 |
| | TO RUST-PROOFING OF THE AFFECTED AREAS. | | 170.00 | 30.00 |
| | TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR. | NOT NECESSARY | 380.00 | - |
| | TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT. | NOT NECESSARY | 220.00 | - |
| | TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING. | NOT NECESSARY | 170.00 | - |
| | TO CHECK ELECTRICAL LIGHTING CONCERNED. | NOT NECESSARY | 170.00 | - |
| | TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST. | NOT NECESSARY | 170.00 | - |
| | | | 6,310.00 | 620.00 |
| GRAND TOTAL | | | 10,284.13 | 2,367.47 |

Report Ref No. CS/TP18007062/Kqbn2



| | | | |
|---|--|--|----------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 1,900.00 |
|---|--|--|----------|

Report Ref No. CS/TP18007062/Kqbn2

KONG SENG CHEONG

Licensed Appraiser

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