

ASS. REC. BY:

REF: MID/

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Ceb

of _____

Insured: _____

Policy No. _____

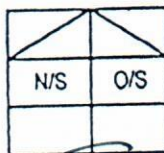
Claims No. _____

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S1AB 7687S Yr Regn: 06, 12

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

Truck / Traller or

Make: Chevrolet Epica c.c. 1991Colour: White A/C: Insured / Std / NI / NASp. Reading 753201 T/Radio: Insured / Std / NI / NAEng/No: JC/No: KL1LA69RBB 090933Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: M1 / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Giti

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 8 mmL/Bal. 9 mm L/Bal. 8 mmD.O.A. 24/5/18 D.O.I. 28/5/18

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>30/5</u>	<u>File pass to Catherine</u>
	<u>L1 Lump @ 13001</u>

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

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 7687S**AAD1805-237***Not Authored
L1 Sup @ 1300.*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB 7687S

KL1LA69RJBB090933

CHEVROLET

EPICA 2.0

24.5.2018

PART**LIST**

			\$	<i>Not/CM</i>	1,202.00	✓
1	1	Rear Bumper	\$	<i>R</i>	239.94	}
2	1	Rear Bumper Beam	\$	<i>Sn</i>	260.00	
3	1	Rear Bumper Centre Absorber	\$	<i>Sn</i>	68.76	
4	1	Rear Bumper Side Retainer RH	\$	<i>Sn</i>	68.76	
5	1	Rear Bumper Side Retainer LH	\$	<i>Sn</i>	119.74	
6	1	Rear Bumper Reflectors RH	\$	<i>Sn</i>	119.74	
7	1	Rear Bumper Reflectors LH	\$	<i>Sn</i>	93.00	
8	1	Rear Bumper Tow Hook Cover	\$	<i>R</i>	623.76	
9	1	Rear End Panel Outer	\$	<i>Sn</i>	263.84	
10	1	Rear End Panel Inner Trim	\$	<i>R</i>	973.00	
11	1	Rear Luggage Floor Panel	\$	<i>Sn</i>	63.50	
12	1	Rear Luggage Floor Panel Insulator	\$	<i>Sn</i>	378.00	
13	1	Rear Luggage Floor Panel Trim Board	\$	<i>R</i>	973.00	
14	1	Bootlid	\$	<i>Sn</i>	400.00	
15	1	Bootlid inner trim board	\$	<i>Sn</i>	344.28	
16	1	Bootlid Weatherstrip	\$	<i>R</i>	466.56	
17	1	Bootlid Lock - Top	\$	<i>~</i>	120.62	
18	1	Bootlid 'CHEVROLET' Badge	\$	<i>~</i>	138.84	
19	1	Bootlid Logo	\$	<i>~</i>	119.84	
20	1	Bootlid 'EPICA LT' Badge	\$	<i>Sk</i>	217.97	
21	1	Bootlid Reflector Centre	\$	<i>Sn</i>	128.40	}
22	1	Bootlid Reflector RH	\$	<i>Sn</i>	128.40	
23	1	Bootlid Reflector LH	\$	<i>Sn</i>	479.30	
24	1	Rear Tail Lamp RH	\$	<i>Sn</i>	479.30	
25	1	Rear Tail Lamp LH	\$	<i>R</i>	1,110.00	
26	1	Rear Exhaust Box (Muffler A-EXH,RR)	\$	<i>R</i>	1,145.00	
27	1	Rear Fender RH	\$	<i>Sn</i>	418.44	
28	1	Rear Fender Inner Trim RH	\$	<i>R</i>	1,145.00	
29	1	Rear Fender LH	\$			

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

CO./GST Reg. No. 201019626G

SHB 7687S**AAD1805-237**

30 1 Rear Fender Inner Trim LH

\$ *Sm* 418.44 X

TOTAL	\$	12,707.43
10%	\$	1,270.74
	\$	11,436.69

Special Nett

- | | | | | |
|----|------|-----------------------------------|----|--------------------|
| 1 | 1Set | Bootlid inner trim board Clip | \$ | <i>nn</i> 40.00 X |
| 2 | 1Set | Rear Bumper Parking Sensor | \$ | <i>Sm</i> 300.00 X |
| 3 | 1Set | Rear Bumper Fastener Clip | \$ | <i>nn</i> 44.00 ✓ |
| 4 | 1Set | Rear Fender Inner Trim Clip LH | \$ | <i>nn</i> 30.00 |
| 5 | 1Set | Rear Bumper End Dust Cover Clip | \$ | <i>nn</i> 30.00 |
| 6 | 1 | Rear Exhaust Mounting | \$ | <i>Sm</i> 300.00 |
| 7 | 2 | Rear Windscreen Sealant | \$ | <i>nn</i> 80.00 |
| 8 | 1 | Rear Windscreen Inner Sponge Seal | \$ | <i>Sm</i> 100.00 |
| 9 | 1 | Spare Tyre | \$ | <i>Sm</i> 180.00 |
| 10 | 1 | Spare Wheel Rim | \$ | <i>Sm</i> 126.74 |

TOTAL	\$	1,230.74
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TOTAL PARTS	\$	12,667.43
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Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of
Parts, Adjust And Realign The Same

\$ 3,500.00 *2001*

To Check Electrical Lighting Concerned.

\$ 170.00 *101*

To Rust-Proofing Of The Affected Areas.

\$ *nn* 170.00 X

Putty And Spray Painting Of The Affected
Portion.

\$ 3,200.00 *2001*

To reinstall rear bumper parking sensor.

\$ 170.00 *601*

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SHB 7687S

AAD1805-237

To transfer of end panel fittings and conduct water seepage test.

\$ *nn* 170.00 X

To transfer of boot fittings and conduct water seepage test.

\$ *nn* 170.00 X

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

\$ *nn* 380.00 X

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 X

\$ 8,150.00

TOTAL \$ 20,817.43

Repair Days (LUMP SUM)

~~10 Days~~

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:

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	25/05/2018 10:12
Date Of Accident	24/05/2018 10:15
Exact Location Of Accident	DEPOT RD TOWARDS BLK 105A DEPOT RD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7687S
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-62876666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	ANG GEOK SEE
NRIC No	S1684680E
Date Of Birth	23/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1987
Driving Experience	31 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94361327
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 37 TOA PAYOH LORONG 5 #19-355
Postcode	310037
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 - HEAD TO REAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to police report

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	46307MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	BRYAN LOR WEN BIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

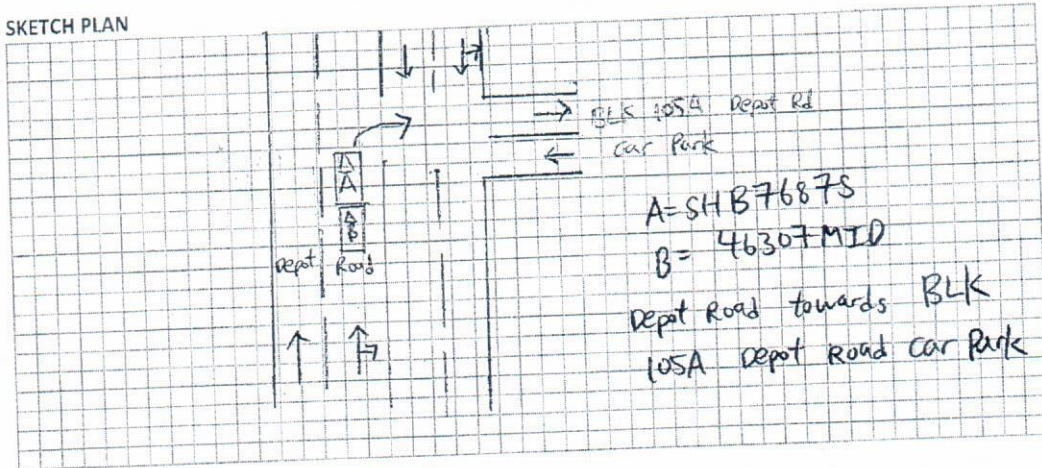
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to Police 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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180524/2186

1 of 3

Report No. T/20180524/2186

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2018 21:24	Vide Report No.:	Station Diary No.: 49
--	------------------	--------------------------

Informant's Particulars

Informants Particulars				
Name of Informant: ANG GEOK SEE			Address: APT BLK 309 SHUNFU ROAD #09-177 SINGAPORE 570309	
ID Type / ID No.: NRIC NO / S1684680E			Contact No.: Home/Office: Mobile: 94361327	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 53	Date of Birth: 23/04/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 24/05/2018 10:15	Type of Location: Straight Road
Location: Along Road 1 DEPOT ROAD				
Along Depot Road turning right to Blk 105A Depot Road carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
46307MID	Van				Slightly Damaged	2
SHB7687S	Car	CHEVROLET		Red	Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180524/2186

2 of 3

Report No. T/20180524/2186

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Driver			
Name	Bryan Lor Wen Bin	ID No.	S9538128C
Related Vehicle	46307MID (Van)	Contact No.	81893740
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	NIL	Degree of Injury	NIL
Driver			
Name	ANG GEOK SEE	ID No.	S1684680E
Related Vehicle	SHB7687S (Car)	Contact No.	94361327
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 24/05/2018 at about 1015hrs, I was driving my taxi bearing registration number, SHB7687S along Depot Road. I was about to turn right to carpark of Bk 105A Depot Rd. Suddenly, I felt an impact from the rear of my taxi. I alighted my taxi and discovered that one army van bearing registration number, 46307MID had collided with my taxi. My vehicle sustained damages to the rear portion of the bumper. Both parties exchanged particulars and left scene. I felt pain on my lower back however I have yet to go seek medical attention. My vehicle is not equipped with in-vehicle camera.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180524/2186

3 of 3

Report No. T/20180524/2186

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Staff Sgt MUHAMMAD AFIQ BIN SAIFUL
BAHRY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication
NP168



SINGAPORE
POLICE FORCE

SN 054

Signature Of Informant:

Date/Time:
24/05/2018 21:24

Classification Of Case:

SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHB7687S

Vehicle to be Exported: Yes

Intended De-registration Date: 25 May 2018

Vehicle Make: CHEVROLET

Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO

Primary Colour: Red

Manufacturing Year: 2011

Engine No.: Z20S1454376K

Chassis No.: KL1LA69RJB090933

Maximum Power Output: 110.0 kW (147 bhp)

Open Market Value: \$14,395.00

Original Registration Date: 29 Jun 2012

First Registration Date: 29 Jun 2012

Transfer Count: 0

Actual ARF Paid: \$14,395.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 28 Jun 2020

PARF Rebate Amount: \$10,076.00

Intended COE Rebate Details

COE Expiry Date: 28 Jun 2020

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

PQP Paid: \$47,515.00

COE Rebate Amount: \$12,423.00

Total Rebate Amount: \$22,499.00

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 25 May 2018

OK