

ASS. REC. BY:

REF:

TMI/

Kennaeth

## ASSIGNMENT

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

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

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

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

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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

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

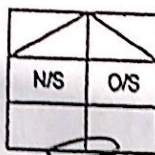
Claims No. \_\_\_\_\_

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

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: S/HO 1377 Yr Regn: 09, 15

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

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

Make: Renault Latitude c.o. 1995Colour: M. White / Red A/C: Insured / Std / NI / NASp. Reading: 702280 T/Radio: Insured / Std / NI / NA

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

C/No: VFIABL15AUC 282241

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

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

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

TOYO / YOKO or Sailun

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 10/5/20 D.O.I. 12/5/2020

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

Got injur.  
61 Rm. @ 1250/h

Date/Time, File Pass to?

☐ : Prell. Report

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

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

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

Report Format :

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



**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

**SHD 137Z****AAD2005-021***Not Authorised  
61 Eng @ 1250h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**12 MAY 2020****SHD 137Z**

VF1ABL15AUC282241

RENAULT

LATITUDE

10.5.2020

**TOKIO MARINE**

1/9/2015

PART	LIST
1 FENDER PANEL REAR LH	\$ R 1,933.20 X
1 FENDER PANEL INNER TRIM REAR LH	\$ L 671.45 X
1 WHEELARCH REAR LH	\$ L 275.40 X
1 BUMPER COVER REAR	\$ B 561.70 ✓
1 BUMPER LOWER REAR	\$ D/L 411.90 ✓
1 BUMPER BRACKET SIDE LH REAR	\$ D/L 82.10 ✓
1 BUMPER BRACKET CTR REAR	\$ L 98.10
1 BUMPER RETAINER LH REAR	\$ L 54.20
1 BUMPER REFLECTOR LH	\$ L 16.60
1 BUMPER BEAM REAR	\$ R 547.80
1 BUMPER BEAM BRACKET LH REAR	\$ R 114.50
1 OUTER PANEL REAR (END PANEL) TRIM	\$ L 404.56 X
1 TAILLAMP LH	\$ L 401.40
1 TAILLAMP PANEL LH	\$ R 401.40
1 BOOT REFLECTOR LAMP LH	\$ L 277.70
1 BOOT REAR	\$ R 1,677.20
1 BOOT BADGE	\$ R 95.80
1 BOOT BADGE "RENAULT"	\$ R 82.40
1 BOOT WHEATERSTRIP	\$ L 178.20

<b>TOTAL</b>	\$	<b>8,285.61</b>
<b>10%</b>	\$	<b>828.56</b>
	\$	<b>7,457.05</b>

**Special Nett**

1SET BUMPER BRACKET CTR CLIP	\$	R 35.00 X
1 FENDER INNER TRIM CLIP LH	\$	R 38.00 X
1SET FENDER WHEELARCH REAR LH CLIP	\$	R 38.00 X

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**SHD 137Z****AAD2005-021**

2 REAR WINDSCREEN SEALANT	\$	<i>na</i> 150.00	X
1 WINDSCREEN MOULDING	\$	<i>na</i> 180.00	X
1 REAR WINDSCREEN INNER SPONGE SEAL	\$	<i>na</i> 120.00	X
1 TAILLAMP CLIP LH	\$	<i>na</i> 25.00	X
1 REAR RENAULT TYRE	\$	<i>ln</i> 300.00	X
1 REAR RENAULT TYRE RIM	\$	<i>ln</i> 380.00	X
1 REAR RENAULT TYRE RIM COVER	\$	<i>ln</i> 60.00	X
1SET PARKING AID	\$	<i>ln</i> 700.00	X
1SET REAR BUMPER CLIP	\$	<i>na</i> 68.00	✓
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	<i>na</i> 25.00	X
1SET BUMPER RETAINER CLIP LH RR	\$	<i>na</i> 30.00	X
1SET BUMPER LOWER REAR RIVET	\$	<i>na</i> 25.00	X
1SET BUMPER LOWER REAR CLIP	\$	<i>na</i> 68.00	✓
1 Rear Bumper Protector	\$	<i>na</i> 120.00	X
1 Boot Sticker "Trans-Cab"	\$	<i>na</i> 40.00	X
1 Boot Sticker "6555-3333"	\$	<i>na</i> 40.00	X
1 REAR LICENCE PLATE WITH HOLDER	\$	<i>ln</i> 100.00	X
1 REAR FENDER PANEL STICKER "Trans-Cab"	\$	<i>na</i> 120.00	X
<b>TOTAL</b>	<b>\$</b>	<b>2,662.00</b>	
<b>TOTAL PARTS</b>	<b>\$</b>	<b>10,119.05</b>	

**LABOUR**

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

\$ 6,500.00 *200*

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.

\$ *na* 380.00 X

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

\$ *ln* 380.00 X

To rust-proofing of the affected areas.

\$ *ln* 170.00 X

To transfer of tire, rim and on wheel balancing.

\$ *ln* 170.00 X



**Trans-cab Auto Services Pte Ltd****AAD2005-021**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD 137Z**

To transfer of rear windscreen glass to facilitate bodywork repair.	\$	170.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	170.00	X
To transfer of Rear bumper fittings, attachment and perform water seepage test.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
Putty and spray painting of the affected portion.	\$	6,500.00	2201
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	X

**TOTAL \$ 15,340.00****Over All Total \$ 25,459.05****LUMP SUM (REPAIR DAY)**~~20 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 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 Report	11/05/2020 09:27
Date Of Accident	10/05/2020 17:50
Exact Location Of Accident	HOUGANG STREET 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD137Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
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	VFX/P1680520
Cover Note Number	

### Driver

Name of Driver	RAYMOND YEO ENG YONG
NRIC No	SXXXX519H
Date Of Birth	01/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1993
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94597392
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address BLK 145 SERANGOON NORTH AVE 1  
#02-389  
Postcode 550145  
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 WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles (including own vehicle) involved in the accident 2  
Was any body injured in the Accident? YES  
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) 3  
Passenger 1  
NAME: : BABY BOY  
GENDER: : MALE  
Passenger 2  
NAME: : MRS YEO  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200511/2046

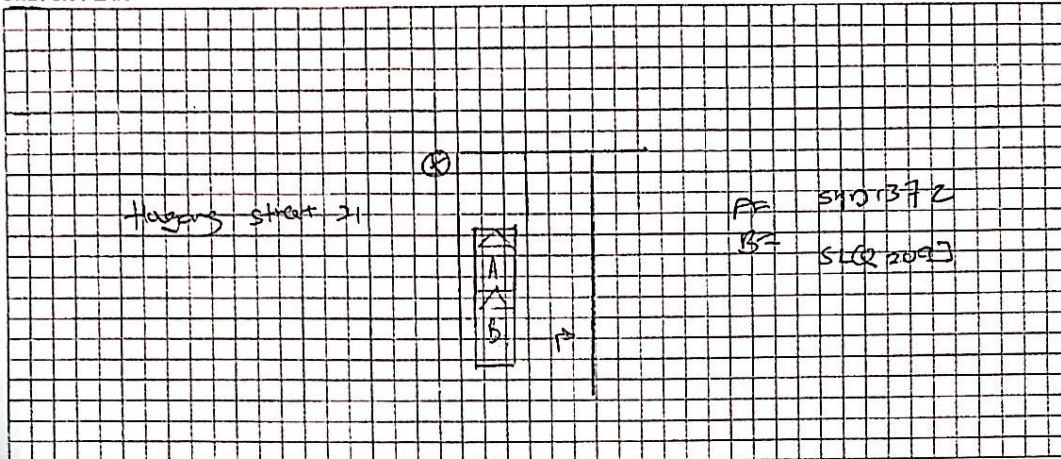
#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: FILE TOO BIG  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ209J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

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





**SINGAPORE  
POLICE FORCE**



T/20200511/2046

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

1 of 4

Report No. T/20200511/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2020 16:09	Vide Report No.:	Station Diary No.: 16
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<b>Informant Details</b>			
Name of Informant: RAYMOND YEO ENG YONG		Address: APT BLK 145 SERANGOON NORTH AVENUE 1 #02-389 SINGAPORE 550145	
ID Type / ID No.: NRIC NO / S7439519H		Contact No.: Home/Office: Mobile: 94597392	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 01/12/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2020 17:55	Type of Location: T-Junction
Location: Along Road 1 HOUGANG STREET 21 Towards Lorong Ah Soo				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SHD137Z	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	2
SLQ209J	Car				Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20200511/2046

2 of 4

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20200511/2046

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHD137Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2020	Date Discharge	11/05/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	RAYMOND YEO ENG YONG	ID No.	S7439519H
Related Vehicle	SHD137Z (Car)	Contact No.	94597392
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/05/2020	Date Discharge	11/05/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHD137Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2020	Date Discharge	11/05/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 10/05/2020 at about 1753hrs, I was driving along Hougang St 21 in my vehicle SHD137Z with my wife and my child. I came to a T-Junction and stopped behind 2 vehicles. Suddenly, I felt a impact from the rear side of my vehicle. I then got down and saw a vehicle SLQ209J had hit onto the left rear bumper of my vehicle causing some scratches and dents. We then took some photos and also the car plate number of the vehicles. After that accident, me, my wife and my child felt sore at the neck area and went to Mount Alvernia Hospital to see a doctor and was given 5 days MC. I wish to state that the front of my vehicle has recording and the footage is with Trans-Cab now as I am a taxi driver. That is all.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	878K
<b>Vehicle Details</b>	
Vehicle No.:	SHD137Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 May 2020
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002523
Chassis No.:	VF1ABL15AUC282241
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	01 Sep 2015
First Registration Date:	01 Sep 2015
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Aug 2023
PARF Rebate Amount:	\$14,998.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Aug 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$47,373.00
COE Rebate Amount:	\$19,563.00
<b>Total Rebate Amount:</b>	<b>\$34,561.00</b>
<b>Message</b>	
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 11 May 2020

OK