

ASS. REC. BY:

REF:

AGZ/20005881/KY

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

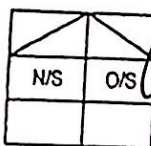
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

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:

SHC 59540 Yr Regn: 03, 15

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

Truck / Trailer or

Make:

Renault Latitude c.c. 1995

Colour

M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading

556111

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1 ABL 15AUC 281471

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Pailun

Front

R/Bal.

8

mm

Rear

R/Bal.

9

mm

L/Bal.

8

mm

L/Bal.

9

mm

D.O.A.

21/5/20

D.O.I.

22/5/2020

Survey held at

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

O/S Fr Body

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

Date / Time

Action / Instruction

1 / Got injury

11 Sep @ 345dr

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

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

**SHC 5954D****AAD2005-049***Not Authored  
61 Snp & 3450/-*

Vehicle No.:

Chassis No.:

**22 MAY 2020**

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**SHC 5954D**

VF1ABL15AUC281471

RENAULT

LATITUDE

21.5.2020

**AUTO & GENERAL**

23/3/2015

PART		LIST	
1	BUMPER COVER FRT	\$	Sm 747.20
1	BUMPER SPOILER FRT	\$	Sm 344.70
1	BUMPER ABSORBER FRT	\$	Sm 394.68
1	BUMPER RETAINER FRT RH	\$	Sm 101.40
1	BUMPER UNDERTRAY FRT	\$	Sm 292.50
1	BUMPER GRILLE LOWER FRT	\$	Sm 147.00
1	BUMPER FOG LAMP GRILLE RH	\$	Sm 207.21
1	HEADLAMP RH	\$	Sm 743.60
1	HEADLAMP PANEL FRT RH	\$	Sm 128.30
1	FENDER PANEL FRT RH	\$	Sm 437.10
1	WHEELARCH FRT RH	\$	Sm 191.40
1	FENDER BRACKET LOWER RH	\$	Sm 11.80
1	FENDER BRACKET/GRILL WING HOLDER RH	\$	Sm 80.70
1	FENDER BRACKET FRT RH	\$	Sm 106.40
1	FENDER INSULATOR RH	\$	Sm 66.30
1	RADIATOR GRILLE	\$	Sm 969.90
1	RADIATOR GRILLE FRAME	\$	Sm 686.00
1	FRAME FULL SUPPORT PANEL	\$	Sm 592.70
1	BONNET	\$	Sm 1,312.70
1	WIPER RESERVOIR MOTOR	\$	Sm 82.60
1	WIPER RESERVOIR	\$	Sm 179.60
1	WIPER RESERVOIR NECK	\$	Sm 29.30
1	DOOR PANEL FRT RH	\$	Sm 2,844.66
1	DOOR MIRROR ASSY RH	\$	Sm 1,483.40
1	DOOR SEAL FRT RH	\$	Sm 72.82
1	DOOR HINGE UPPER RH	\$	Sm 261.28



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**SHC 5954D**

1	DOOR HINGE LOWER RH	\$	300.55	}	X
1	DOOR CHECK FRT RH	\$	194.77		
1	DOOR SEAL LOWER FRT RH	\$	91.17		
1	DOOR FINISHER FRT RH	\$	515.06		
1	DOOR FINISHER CLIP KIT FRT RH	\$	94.00		
1	DOOR REGULATOR FRT RH	\$	505.19		
1	DOOR REGULATOR MOTOR FRT RH	\$	796.46		
1	DOOR REGULATOR GUIDE FRT RH	\$	120.97		
1	DOOR HANDLE OUTER FRT RH	\$	477.76		
1	DOOR MOULDING FRT RH	\$	291.27		
1	DOOR HARNESS WIRE FRT RH	\$	2,670.00		
1	ROCKER PANEL OUTER RH	\$	1,184.99		
1	ROCKER PANEL INNER GARNISH RH	\$	466.51		

<b>TOTAL</b>	\$	<b>20,223.95</b>
<b>10%</b>	\$	<b>2,022.40</b>
	\$	<b>18,201.56</b>

**Special Nett**

1	BUMPER CLIP FRT	\$	na	68.00	} X
1	BUMPER BRACKET CLIP FRT RH	\$	na	25.00	
1	BUMPER SUPPORT CLIP FRT RH	\$	na	20.00	
1	BUMPER GRILLE LOWER CLIP	\$	na	69.00	
1SET	FRAME FULL SUPPORT PANEL CLIP	\$	na	70.00	
2	FRAME FULL SUPPORT PANEL NUT	\$	na	25.00	
2	FRAME FULL SUPPORT PANEL STUD	\$	na	30.00	
1	WHEELARCH CLIP FRT RH	\$	na	38.00	
1	FRONT RENAULT TYRE	\$	sn	300.00	
1SET	Front licence plate with holder	\$	sn	100.00	
1	FRONT RENAULT TYRE RIM	\$	sn	380.00	
1SET	RADIATOR GRILLE SCREW	\$	na	28.00	
1SET	RADIATOR GRILLE FRAME CLIP	\$	na	55.00	
1	FRONT DOOR STICKER "Trans-Cab"	\$	na	80.00	60.00
1	FRONT DOOR STICKER "Classic"	\$	na	80.00	15.00

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SHC 5954D

TOTAL	\$	1,368.00
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TOTAL PARTS	\$	19,569.56
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**LABOUR**

Putty and spray painting of the affected portion.	\$	6,500.00	6600
To pull and jack out body frame and correct it to symmetrical position with the aid of hydraulic pneumatic jack.	\$	nn 380.00	X
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	6,500.00	5000
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	4 380.00	X
To transfer of front fender fittings, attachment and perform water seepage test.	\$	4 170.00	X
To transfer of bonnet fittings, attachment and perform water seepage test.	\$	4 170.00	X
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	4 170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	4 380.00	X
To rust-proofing of the affected areas.	\$	170.00	600

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SHC 5954D

To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	601
<b>TOTAL</b>	<b>\$</b>	<b>15,550.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>35,119.56</b>	

**LUMP SUM (REPAIR DAY)****20 DAYS****3 day**

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	21/05/2020 14:22
Date Of Accident	21/05/2020 09:50
Exact Location Of Accident	BLK 216 / 217 OPEN CARPARK LORONG 8 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5954D
<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	SAHARUDEN BIN HANIFFA
NRIC No	SXXXX483B
Date Of Birth	23/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81813903
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 492G TAMPINES STREET 45  
#11-626  
Postcode 527492  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
Weather Conditions CLEAR  
Road Surface DRY

#### 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200521/2016

#### 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 SJS4796S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHOW YENG FOOK  
NRIC/Passport Number SXXXX606C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage



SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s see attach 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.:

GIARMC SketchPlanForm\_V3

2



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200521/2016

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3

Report No. T/20200521/2016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2020 12:03		Vide Report No.:		Station Diary No.: 22
<b>Informant's Particulars</b>				
Name of Informant: SAHARUDEN BIN HANIFFA		Address: APT BLK 492G TAMPINES STREET 45 #11-626 SINGAPORE 527492		
ID Type / ID No.: NRIC NO / S1711483B		Contact No.: Home/Office: Mobile: 81813903		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 23/10/1965	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2020 09:50	Type of Location: Car Park
Location: Along Road 1 LORONG 8 TOA PAYOH  Between Blk 216 and Blk 217 Open Carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5954D	Car				Seriously Damaged	0
SJS4796S	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20200521/2016

2 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20200521/2016

CONTINUATION OF REPORT

<b>Driver:</b>			
Name	SAHARUDEN BIN HANIFFA	ID No.	S1711483B
Related Vehicle	SHC5954D (Car)	Contact No.	81813903
Hospital/Clinic	CHUNG & EE Medical Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/05/2020	Date Discharge	21/05/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver:</b>			
Name	CHOW YENG FOOK	ID No.	S1211606C
Related Vehicle	NIL	Contact No.	NIL
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

**Brief Details.**

On the above mentioned date and location at about 0954hrs, I was driving my Taxi (SHC5954D) and I dropped off my passenger at Blk 216 Lorong 8 Toa Payoh. Subsequently I drove off and wanted to exit out of the open carpark, at the above mentioned location, there was one vehicle (SJS4796S) drove out of the parking lot and collided till my driver's door.

We both alighted and exchanged particulars. I felt pain at my neck and back area and then I proceeded to Chung & Ee Medical Clinic located at 10 Telok Blangah Crescent #01-15. Doctor issued me 7 days of MC and provided me with medications.

**Vehicle SJS4796S Driver's Particular:**

Name: Chow Yeng Fook  
NRIC: S1211606C  
Address: Blk 217 Lorong 8 Toa Payoh #21-611