

Kenneth

ASSIGNMENT

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

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

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

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

at Workshop nvs 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: \_\_\_\_\_

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: S110 263S Yr Regn: 11, 15

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

Truck / Traller or A

Make: Renault Latitude c.c. 1995

Colour M. White / Red A/C: Insured / Std / NI / NA

Sp. Reading 447365 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ C/No: VI1ABL15AUC 282307

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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 Sailun

Front 9 mm Rear 9 mm

R/Bal. 9 mm L/Bal. 9 mm

D.O.A. 29/7/20 D.O.I. 3/8/2020

Survey held at \_\_\_\_\_

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

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

Date / Time	Action / Instruction
	<u>1 / Ins @ 1600 Summit (\$ 8,919.35 Red - 85%)</u>

Date/Time, File Page to?

17/09/20

: Prell. Report

: Final Report

1) Type 4  
Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: Independent  
Lump Sum / B.I: (\$ \$ 1,600.00 L/S)

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD263S
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Jul 2020
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002868
Chassis No.:	VF1ABL15AUC282307
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	20 Nov 2015
First Registration Date:	20 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Nov 2023
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	19 Nov 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,267.00
COE Rebate Amount:	\$18,703.00
<b>Total Rebate Amount:</b>	<b>\$33,701.00</b>
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 30 Jul 2020

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 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	30/07/2020 16:07
Date Of Accident	29/07/2020 17:30
Exact Location Of Accident	BISHAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD263S
<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	MOHAMAD RAZIEF BIN MOHD ALI
NRIC No	SXXXX592G
Date Of Birth	09/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1998
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87932069
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 175 WOODLANDS STREET 13 #03-325
Postcode	730175
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 - 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	ROCHER N.P.C
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200730/2048

#### 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	SMD2922B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO WENG KIT
NRIC/Passport Number	SXXXX730B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MOHAMAD RAZIEF BIN MOHD ALI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD263S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

**SKETCH PLAN**

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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.

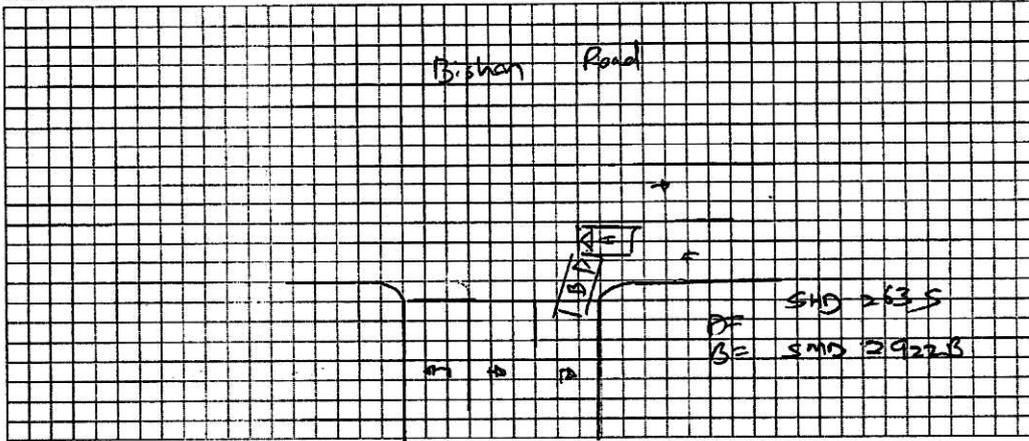
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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

plc 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.:

Not Authenised  
L/Sny & 1600h

**Trans-cab Auto Services Pte Ltd**

**AAD2007-121**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD 2635**

Vehicle No.:	<b>SHD 2635</b>
Chassis No.:	VF1ABL15AUC282307
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	29.7.2020
Third Party Insurer :	<b>DIRECT ASIA</b>
Date of Registration:	20/11/2015

43 AUG 2020

	<b>PART</b>		<b>LIST</b>	
1	BUMPER COVER FRT	\$	Bu 747.20	✓
1	BUMPER SPOILER FRT	\$	Sn 344.70	X
1	BUMPER RETAINER FRT LH	\$	Sn 101.40	X
1	HEADLAMP LH	\$	Sn 743.60	X
1	FENDER PANEL FRT LH	\$	Bu 437.10	✓
1	WHEELARCH FRT LH	\$	Sn 191.40	X
1	RADIATOR GRILLE	\$	Sn 969.90	X
1	RADIATOR GRILLE FRAME	\$	Sn 686.00	X
1	AIR CLEANER BOX	\$	Sn 464.20	X
1	AIR CLEANER HOSE	\$	Sn 175.85	X
1	AIR CLEANER LOWER	\$	Sn 271.26	X
<b>TOTAL</b>		<b>\$</b>	<b>5,132.61</b>	
<b>10%</b>		<b>\$</b>	<b>513.26</b>	
		<b>\$</b>	<b>4,619.35</b>	

	<b>Special Nett</b>			
1	BUMPER CLIP FRT	\$	nn 75.00	✓
1	BUMPER RETAINER CLIP FRT LH	\$	nn 65.00	} X
1	BUMPER SPOILER CLIP	\$	nn 60.00	
1	WHEELARCH CLIP FRT LH	\$	nn 65.00	
1SET	RADIATOR GRILLE SCREW	\$	Sn 55.00	
1SET	RADIATOR GRILLE FRAME CLIP	\$	nn 60.00	
1	FRONT LEFT TYRE RIM	\$	Sn 380.00	
<b>TOTAL</b>		<b>\$</b>	<b>760.00</b>	
<b>TOTAL PARTS</b>		<b>\$</b>	<b>5,379.35</b>	

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**SHD 2635**

**LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	400l
To transfer of front fender fittings, attachment and perform water seepage test.	\$	170.00	X
To remove and refit interior fittings, trimings, garnish, cover and other to enable repair.	\$	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
Putty and spray painting of the affected portion.	\$	2,000.00	400l
To Check Electrical Lighting Concerned.	\$	170.00	10l
To rust-proofing and apply undercoat of the affected areas.	\$	250.00	30l
<b>TOTAL</b>	<b>\$</b>	<b>5,140.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>10,519.35</b>	

**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:

**Trans-cab Auto Services Pte Ltd**

**AAD2007-121**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD 263S**

**For Official Use**

Prepared By : _____ (Accident Dept)
Verify By : _____ (Accident Workshop)
Checked By : _____ (Finance Dept)