ASS. REC. BY:	
Kenneth Kenneth	2 - 41
. <u>A</u> l	SSIGNMENT
From: Date:	_ Veh No: S/10 4806 Yr Regn: 07 17
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxl) Prime Mover /
OD VTP INS ITP RES ! OD RES ! EVA ! INV ! MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Renova latitude co 1995
at Workshop m/s Trans Cab	Colour M. White / Red AC: Insured/Std/MI/NA
of	Sp.Reading 332217 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: VI=1ABL 15AUC 283456
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jagamed / Leaked / Burnt or
(Client's Record)	Brake: Ingreder / Jammed / Leaked / Burnt or
Make of Veh:	Mod: (NII) SIRIM I STD A/RIM or
the little part. The	Tyre Stze: F: 215/60R16
(Palky Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Sailun
Bal. or Market Value:	Front Rear
IDAC Accident Rport Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 4 mm
GIA / PR Seen: Consistent7 : Yes or No	UBal. 7 mm
Est Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 18/8/20 D.O.I. 19/8/2020
	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	anected due to collision.
lump sum \$8,350 (before GST).	
(red:42151.7; 83%)	
(100:12101:1,007/)	
	·
Data/Time, File Pass to? : Preff. Report	
=	s Of Repair: 4
Cuta/Time, File Return to?	urvey No. of Trip: Survey Fee:
Add Fee:	Transportation (5
, , , , , , , , , , , , , , , , , , , ,	: Site Insp (\$) 5 - RSSI
Report Format :	: Interview (\$)) Factors
Lump Sum / I.B.I: (S	Tech Invs (\$). Others
	Weekend (\$
•	TOTAL

Not Northonsel

AAD2008-076

SHD 480G

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 480G

	Makiala No.	SHD 480G
	Vehicle No.: 19 AUG 2020 Chassis No.:	VF1ABL15AUC283456
		RENAULT
	Vehicle Make:	LATITUDE
	Vehicle Model:	18.8.2020
	Date of Accident :	Direct Posia
	Third Party Insurer:	3/7/2017
	Date of Registration:	LIST
	PART	\$ CM 747.20
1	BUMPER COVER FRT	\$ Pir 344.70
1	BUMPER SPOILER FRT	\$ 394.68 ⊀
1	BUMPER ABSORBER FRT	\$ CM 116.47
1	BUMPER BRACKET FRT LH (Headlamp Lower)	s cm 101.40 -
1	BUMPER RETAINER FRT LH	\$ 10.70 X
1	BUMPER SUPPORT FRT	\$ (292.50)
1	BUMPER UNDERTRAY FRT	s In 147.00
1	BUMPER GRILLE LOWER FRT	\$ 207.21
1	BUMPER FOG LAMP GRILLE LH	s / 663.70
1	BUMPER BEAM FRT	s s 969.90 > x
1	RADIATOR GRILLE	\$ 225.36
1	RADIATOR GRILLE BADGE 'RENAULT'	0 220.00
1	RADIATOR GRILLE FRAME	0
1	FRAME FULL SUPPORT PANEL	
1	FRAME FULL SUPPORT BRACKET	A
1	FRONT BRACE PANEL	\$ M (177.22)
1	HEADLAMP LH	\$ MJ cm 743.60 \\ 128.30 \times
1	HEADLAMP PANEL FRT LH	3 120.50 A
1	BONNET	\$ 1,312.70 X
1	BONNET STRUT LH	\$ \(\int_{\scale} \) 53.30 \(\times \)
1	BONNET HINGE LH	\$ 7 236.50 X
1	BONNET CABLE	\$ 55.20 ×
1	BONNET CABLE COVER	\$ Sn 80.60 X
1	BONNET LOCK	\$ 152.80 X
1	FENDER PANEL FRT LH	\$ 37.10

Trans-cab Auto Services Pte Ltd

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CO./GST Reg. No. 201019626G

SHD 480G

10.00			
	**************************************	\$	CM 191.40
1	WHEELARCH FRT LH	•	A 11.80
1	FENDER BRACKET LOWER LH	•	<i>f</i>
1	FENDER INSULATOR LH	•	X 106.40
1	FENDER BRACKET FRT LH	•	7 858.30 X
1	FENDER PANEL INNER FRT LH	.	M 642,40
1	FENDER PANEL REINFORCEMENT FRT LH	\$	N 655.80
1	CHASSIS PANEL FRT LH	\$	54 431.70
1	CHASSIS PANEL SUPPORT FRT LH	\$	N 2,698.60
1	WHEEL HOUSING PANEL FRT LH	,	Bn 271.26
1	AIR CLEANER LOWER	3	54 175.85 x
1	AIR CLEANER HOSE	\$	173.83 X 363.40 X
1	BASE BATTERY TRAY	\$	15 464.20 X
1	AIR CLEANER BOX	\$	R 1,094.20
1	SUBFRAME OUTER FRT	5	[
1	SUBFRAME BRACKET OUTER LH	\$	
1	SUBFRAME INNER FRT	\$	5 2,284.80 x 69.50 x
1	SUBFRAME SUPPORT INNER	\$	
1	SUBFRAME BRACKET INNER LH	\$	101.00 X
1	AUTO COMPUTER	\$	1,287.30
1	INJECTION COMPUTER	\$	2,706.30 \$
1	STEERING PINION RACK	\$	41/h 3,765.30
1	STEERING PUMP ELECTRIC	\$	2,026.70 🗶
1	ENGINE HARNESS	\$	1,501.60 ★
1	ENGINE UNDERTRAY	\$	583.10 X
1	BATTERY	\$	5℃ 350.00 ×
1	BATTERY COVER	\$	∫_ 363.40 X
1	LOWER ARM LH L70Y	\$	カッサ 192.70 ー
1	KNUCKLE ARM LH L70Y	\$	By 481.50 —
1	ABSORBER FRT LH L70Y	\$	By 274.10 -
1	ABSORBER MOUNTING KIT LH	\$	Ry 212.30 -
1	ABSORBER DUST COVER	\$	76.30 ★
1	DRIVESHAFT LH	\$	N 1,355.70 X
1	KNUCKLE HUB+BEARING LH	\$	By 272.30
1	STABILIZER BAR FRT	•	€ 427.90 ×
+	STABLEE BANTINI	4	, , , , , , , , , , , , , , , , , , , ,

AAD2008-076

1SET Front licence plate with holder

1SET WHEELARCH CLIP FRT

Mes 60.00 4

Tran	ns-cab Auto Services Pte Ltd		AAD2008-076
No. 2	Ang Mo Kio Street 63 Singapore 569111		
Tel N	o.: 6287 6666 Fax No.: 6257 1330		
CO./	GST Reg. No. 201019626G		
	480G		
			Na
1	ROCKER PANEL CLIP	\$	60.00 X
1	FRONT DOOR STICKER "Trans-Cab"	\$	80.00 1
1	Front Renault Tyre 215/60/16	\$	Pn 330.00 50812
1	Front Renault tyre rim	\$	380.00
1	FRONT DOOR STICKER 'Classic'	\$	NR 80.00
3 Ca	n Power Steering Fluid	\$	N 80.00 (V
	T FENDER INSULATOR CLIP	\$	12 50.00 X
1	BONNET CABLE CLIP	\$	30.00
2	SEAM SEALANT (FOR BODY REPAIR)	\$	~~ 200.00
,,,,,,	TOTAL	\$	2,575.00
	TOTAL PARTS	\$	40,651.70
		1,	
	LABOUR		
	To pull and jack out chassis frame and correct it to		
	symmetrical position with the aid of hydraulic		
	pneumatic jack.	\$	380.00 X
	Panel beating, knocking and straightening the		
	necessary portion, remove and renewal of parts,		
	adjust and realign the same	\$	2,200.00 4001
	To remove and refit interior fittings, trimings,		~
	garnish, fittings and other, to enable repair.	\$	~~ 380.00 X
	To rust-proofing and apply undercoat of the		
			•
	affected areas.	\$	250.00 301
	affected areas.	\$	250.00 3al
	affected areas. To check steering geometry and computer wheel		

AAD2008-076 Trans-cab Auto Services Pte Ltd No. 2 Ang Mo Kio Street 63 Singapore 569111 Fax No.: 6257 1330 Tel No.: 6287 6666 CO./GST Reg. No. 201019626G **SHD 480G** To remove and renew power steering pump, oil 22 440.00 X cooler pipe and final checking and testing. 170.00 20/ To transfer of tire, rim and on wheel balancing. To dismantle and refit engine cross-member and MA 380.00 X engine mounting. To remove and refit battery, electrical wiring, fuse 450.00 X box and relay to enable repair. 2,200.00 6601 Putty and spray painting of the affected portion. To Transfer Of Fender Fittings, Attachments And 12 170.00 X \$ Perform Water Seepage Test. To transfer of front windscreen glass to facilitate 170.00 X \$ bodywork repair. To transfer of bonnet fittings, attachment and 170.00 X \$ perform water seepage test. To transfer of front bumper fittings, attachment and 170.00 X \$ perform water seepage test. To check ABS and brake efficiency, final checking 380.00 \$ and testing. To transfer of door fittings, attachment and perform **6** 170.00

water seepage test.

To dismantle and refit front end suspension,

undercarriage parts, final checking and testing.

380.00 2001

\$

ans-cab Auto Se	rvices Pte Lta				
2 Ang Mo Kio Stree	et 63 Singapore 569111				
No. : 6287 6666	Fax No.: 6257 1330				
/GST Reg. No. 2010	19626G				
D 480G					- 1
				170.00 170.00	5ch
Towing Fees		•			
				170.00	201
	trical Lighting Concerned.	\$			
i - conduct an	d perform a comprehensive ve	hicle			
diagnostic che	ck and reset vehicle warning	The second	A.A.	450.00	(
indicators.		\$,850.00	1
Indicators.	diter i i i i	TOTAL \$	9	,830.00	
	O A	II Total \$	50	,501.70	
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	Repair Days (Loin	,	11.1		
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	service months of a promote	Same of	LKK Auto Co	onsultants her	nce notify
3			the Repairer	of the following	ng:
Prepared By		- m ²	To display dan	efore/after spray naged part(s) dur	painting ing resurvey
Trepared -	(Accident Dept)		 Parts prices ar 	e subject to conf	irmation
			I hird party sur No illegal modi	vey is on a "With fication(s) is allow	out Prejudice* basis
			 Supplementary 	item(s) must be	bee housevalues
			is subject to fin	al approval from	Insurance Compan
Verify By	•	. 11	Acknowledged by	Repairer	
verily by	(Accident Workshop)		Signature: Date:		
	(Accident	L	Date:		
		1.			
Checked By :					
e de a Menoral de el colo de la c	(Finance Dept)				
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AAD2008-076

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 witholding 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	18/08/2020 15:22
Date Of Accident	18/08/2020 02:55
Exact Location Of Accident	UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD480G
Insured/Policyholder	
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/P2348706
Cover Note Number	
Driver	
Name of Driver	TOH KOK SHONG
NRIC No	SXXXX457A
Date Of Birth	20/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1998
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97550405
ax Number	
Contact Number	
	NOEMAIL

Page 1 of 16

Address

BLK 672B YISHUN AVENUE 4

#12-548

Postcode

762672

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: UNKNOWN

: MALE

Passenger 2

NAME:

GENDER:

: UNKNOWN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

Police Station Address

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20200818/2058

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

SMC946B

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Page 2 of 16

Sketch Plan #2 Pg. 1

SKETCH PLAN		
		
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CLARATION	iculars are true in every respect.	
e deciare the foregoing pa	actuals are tide in every respect.	(andy
cyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

GIARMC SketchPlanForm_V3

NRIC/FIN No.: