

ASS. REC. BY:

REF:

AGY

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHF 740X

Yr Regn:

06.16

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

Truck / Trailer or

Make:

Renault Latitude

1995

Colour

M. White / Red

AC: Insured / Std / NI / NA

Sp. Reading

550949

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VI-1ABL15AUC 282718

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / 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

Pailon

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

27/8/20

D.O.I.

2/9/2020

Survey held at

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

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Got BL

11 Rm @ 2050 (Red: 15750.10; 88%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

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: (\$

Not Authorized  
L1 Smp 820501

AAD2008-118

**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

**SHF 740X**

Vehicle No.:  
Chassis No.:  
Vehicle Make:  
Vehicle Model:  
Date of Accident :  
Third Party Insurer :  
Date of Registration:

02 SEP 2020

**SHF 740X**

VF1ABL15AUC282718

RENAULT

LATITUDE

27.8.2020

**AUTO & GENERAL**

30/6/2016

- |   | PART                              |
|---|-----------------------------------|
| 1 | BUMPER COVER REAR                 |
| 1 | BUMPER LOWER REAR                 |
| 1 | BUMPER BRACKET CTR REAR           |
| 1 | BUMPER BRACKET SIDE RH REAR       |
| 1 | BUMPER RETAINER RH REAR           |
| 1 | BUMPER REFLECTOR RH               |
| 1 | BUMPER BEAM REAR                  |
| 1 | BUMPER BEAM BRACKET RH REAR       |
| 1 | BOOT REAR                         |
| 1 | BOOT WEATHERSTRIP                 |
| 1 | BOOT REFLECTOR LAMP RH            |
| 1 | BOOT BADGE 'RENAULT'              |
| 1 | BOOT BADGE                        |
| 1 | TAILLAMP RH                       |
| 1 | OUTER PANEL REAR (End Panel)      |
| 1 | OUTER PANEL REAR (End Panel) TRIM |
| 1 | EXHAUST REAR                      |
| 1 | EXHAUST CAP REAR                  |

LIST	
\$	B <sub>1</sub> 561.70 ✓
\$	Nett G <sub>1</sub> 411.90 ✓
\$	P <sub>2</sub> 98.10 X
\$	S <sub>2</sub> 82.10 X
\$	S <sub>2</sub> 59.80 X
\$	CM 16.60 ✓
\$	B <sub>3</sub> 547.80 ✓
\$	B <sub>3</sub> 114.50 ✓
\$	N 1,677.20
\$	S <sub>2</sub> 178.20
\$	S <sub>2</sub> 277.70
\$	S <sub>2</sub> 82.40
\$	S <sub>2</sub> 95.80 } X
\$	S <sub>2</sub> 401.40
\$	N 745.80
\$	S <sub>2</sub> 404.56
\$	N 5,263.60
\$	N 125.40
TOTAL \$	11,144.56
10% \$	1,114.46
\$	10,030.10

**Special Nett**

- 1SET PARKING AID  
1SET REAR BUMPER CLIP  
1SET BUMPER BRACKET CTR CLIP

\$	Short 700.00 400.00
\$	na 75.00 ✓
\$	na 65.00 X



**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

**SHF 740X****AAD2008-118**

1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na	65.00	X
1SET BUMPER RETAINER RH CLIP RR	\$	na	60.00	X
1SET BUMPER LOWER REAR RIVET	\$	na	70.00	X
1SET BUMPER LOWER REAR CLIP	\$	na	75.00	
2 SEAM SEALANT	\$	na	180.00	} X
1 BOOT STICKER "Trans-cab"	\$	na	80.00	
1 BOOT STICKER "6555-3333"	\$	na	80.00	
1 RENAULT TYRE RIM (ROUE 7J 16H)	\$	Sh	385.00	
1 RENAULT TYRE 215/60/16	\$	Sh	330.00	
1 TAILLAMP CLIP	\$	na	40.00	
1 Rear Bumper Protector	\$	na	190.00	
1SET Rear licence plate with holder	\$	Sh	140.00	
1SET END PANEL TRIM CLIP	\$	na	60.00	
1 EXHAUST MOUNTING	\$	Sh	65.00	
1 EXHAUST BRACKET REAR	\$	n	60.00	
<b>TOTAL</b>	<b>\$</b>		<b>2,720.00</b>	

**TOTAL PARTS \$ 12,750.10****LABOUR**

To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na	380.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	na	380.00	X
Putty And Spray Painting Of The Affected Portion.	\$		1,400.00	2201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		1,400.00	2001
To transfer of rear bumper fittings, attachment and perform water seepage test.	\$	na	170.00	X

**Trans-cab Auto Services Pte Ltd****AAD2008-118**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHF 740X**

To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	250.00	X
To repair and realign rear exhaust pipe.	\$	170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
To Check Electrical Lighting Concerned.	\$	170.00	152
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
<b>TOTAL</b>	<b>\$</b>	<b>5,050.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>17,800.10</b>	

**(LUMP SUM) Repair Days****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 27/08/2020 09:02  
Date Of Accident 27/08/2020 06:45  
Exact Location Of Accident TPE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF740X  
**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 TECK GUAN @ SOH TECK HUAT  
NRIC No SXXXX748H  
Date Of Birth 15/11/1959  
Occupation OUTDOOR  
Date Of Driving Pass 28/11/1979  
Driving Experience 40 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96658677  
Fax Number  
Contact Number  
Email Address NOEMAIL



Address BLK 147 YISHUN STREET 11  
#06-69  
Postcode 760147  
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 CHAIN COLLISION  
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 4  
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) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 2  
Passenger 1 NAME: : SARIP - 88126445  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/0200827/2085

#### 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 SLH6672L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NEO MING FENG  
NRIC/Passport Number SXXXX906D  
Contact Number 91515714  
Address

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT2619E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEO CHIN BOON  
NRIC/Passport Number SXXXX799C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJJ7791H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SARIP  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHF740X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TOH TECK GUAN @ SOH TECK HUAT  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHF740X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

TPE

A

B

C

D

A= SHE 740X  
B= SM 6672L  
C= SLT 0619E  
D= S33779111

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:

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/20200827/2085

1 of 4

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Report No. T/20200827/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 16:01		Vide Report No.: T/20200827/2037		Station Diary No.: 70	
<b>Informant's Particulars</b>					
Name of Informant: TOH TECK GUAN			Address: APT BLK 147 YISHUN STREET 11 #06-69 SINGAPORE 760147		
ID Type / ID No.: NRIC NO / S1445748H			Contact No.: Home/Office: Mobile: 96658677		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 15/11/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2020 06:40	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
SHF740X	Car 1				Slightly Damaged	1
SJJ7791H	Car 4				Slightly Damaged	0
SLH6672L	Car 2				Slightly Damaged	0
SLT2619E	Car 3				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200827/2085

2 of 4

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Report No. T/20200827/2085

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	TOH TECK GUAN	ID No.	S1445748H
Related Vehicle	SHF740X (Car)	Contact No.	96658677
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	27/08/2020	Date Discharge	27/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	NEO MING FENG	ID No.	S8611906D
Related Vehicle	SLH6672L (Car)	Contact No.	91515714
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	NIL

**Brief Details.**

On 27 August 2020 at about 0643hrs, I was driving my taxi SHF740X, along TPE, after Punggol towards the direction of Changi Airport with one passenger by the name of Sarip (88126445). I was driving on the first lane, when the car in front of me suddenly braked. I applied emergency brake as well, I did not knock into the car in front of my car. A Honda Shuttle, SLH6672L, which was travelling behind could not brake in time and knocked into the rear of my taxi. Another 2 vehicles which were travelling behind the Honda car could not brake in time and collided into one another as well. A total of 4 vehicles were involved in this chain collision, inclusive of my taxi.

My taxi was the first vehicle in the chain collision, followed by SLH6672L. Then 3rd car is SLT2619E. The 4th and last car in the collision is SJJ7791H.

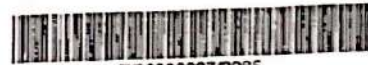
I immediately alighted from my taxi to assess the damages on my taxi. The right side of the rear of my taxi was slightly dented and there were scratches as well. The left front side of the Honda car was slightly dented and there were scratches sustained. No government properties was damaged.

I exchanged particulars with the driver of the Honda car, he is Neo Ming Feng (S8611906D), his contact number is 91515714.

I subsequently drove off and drop my passenger off at Changi Cargo Area, I cannot remember the exact location. He subsequently informed me that he was feeling a little giddy, and I drove him to Khoo Teck



**SINGAPORE  
POLICE FORCE**



T/20200827/2085

3 of 4

Report No. T/20200827/2085

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

CONTINUATION OF REPORT

Puat Hospital.

I went to see a doctor afterwards, I was given 3 days medical certificate.

I am lodging this report for insurance purposes.