

ASS. REC. BY:

REF: TM1/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: _____

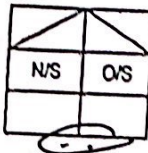
Excess: _____

(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 Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

2 1/2 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

1 Got BZ

Amount confirmed \$3,500 (before GST) (red: 7298.94; 67%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2.5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Not Authored
11 Sep 8

AAD2009-138

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 5411D

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

29 SEP 2020

	PART
1	BUMPER COVER REAR
1	BUMPER LOWER REAR
1	BUMPER BRACKET CTR REAR
1	BUMPER BRACKET SIDE REAR
1	BUMPER RETAINER RH REAR
1	BUMPER RETAINER LH REAR
1	BUMPER BEAM REAR
1	BUMPER BEAM BRACKET LH REAR
1	BUMPER BEAM BRACKET RH REAR
1	BOOT REAR
1	BOOT WEATHERSTRIP
1	BOOT HINGE
1	BOOT LOCK
1	BOOT BADGE 'RENAULT'
1	BOOT BADGE
1	TAILLAMP LH
1	TAILLAMP RH
1	OUTER PANEL REAR (End Panel)
1	OUTER PANEL REAR (End Panel) TRIM

SHC 5411D
VF1ABL15AUC279614
RENAULT
LATITUDE
26.9.2020
TOKIO MARINE
04/11/2014

	LIST		
\$	Bu	561.70	✓
\$	Pa/Bu	411.90	✓
\$	Sm	98.10	X
\$	Sm	82.10	X
\$	Sm	59.80	X
\$	Sm	54.20	X
\$	Rh	547.80	✓
\$	Rh	114.50	X
\$	Rh	114.50	X
\$	Pa/Bu	1,677.20	✓
\$	Sm	178.20	X
\$	Rh	254.20	X
\$	Rh	246.60	X
\$	Sm	82.40	✓
\$	Sm	95.80	✓
\$	Sm	401.40	X
\$	Sm	401.40	X
\$	Rh	745.80	X
\$	Sm	404.56	X
TOTAL	\$	6,532.16	
10%	\$	653.22	
	\$	5,878.94	

Special Nett

1SET PARKING AID
1SET REAR BUMPER CLIP

\$	Sm	700.00	X
\$	Sm	90.00	75.00

Trans-cab Auto Services Pte Ltd

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SHC 5411D

1SET BUMPER BRACKET CTR CLIP	\$	nn	65.00	X
1SET BUMPER RETAINER CLIP RR	\$	nn	75.00	X
1SET BUMPER BRACKET SIDE CLIP RR	\$	nn	65.00	X
1SET BUMPER LOWER REAR RIVET	\$	nn	80.00	X
1SET BUMPER LOWER REAR CLIP	\$	nn	90.00	65.00
1 BOOT STICKER "Trans-cab"	\$	nn	80.00	30.00
1 BOOT STICKER "6555-3333"	\$	nn	80.00	30.00
1SET TAILLAMP CLIP	\$	nn	55.00	X
1 Rear Bumper Protector	\$	nn	180.00	30.00
1SET Rear licence plate with holder	\$	nn	140.00	X
1SET Rear End Panel Trim Clip	\$	nn	60.00	X

TOTAL \$ 1,760.00**TOTAL PARTS \$ 7,638.94****LABOUR**

Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of Parts,
Adjust And Realign The Same

\$ 1,200.00 400

To Rust-Proofing and apply undercoat Of The
Affected Areas.

\$ 250.00 30

Putty And Spray Painting Of The Affected Portion.

\$ 1,200.00 600

To reinstall rear bumper parking sensor.

\$ 170.00 60

To Check Electrical Lighting Concerned.

\$ 170.00 15

To transfer of rear end panel fittings, attachment and
perform water seepage test.

\$ nn 170.00 X

TOTAL \$ 3,160.00**Over All Total \$ 10,798.94**

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SHC 5411D

AAD2009-138

(LUMP SUM) Repair Days

15 DAYS

2 1/2 days

For Official Use

Prepared By : _____
(Accident Dept)

Verify By : _____
(Accident Workshop)

Checked By : _____
(Finance Dept)

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 28/09/2020 14:08
Date Of Accident 26/09/2020 11:20
Exact Location Of Accident HANDY ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5411D
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-62876666

Vehicle Particulars

Manufacturer RENAULT
Model LATITUDE-2.0 D DCI (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 SEAH JOSEPH
NRIC No SXXXX206I
Date Of Birth 20/01/1961
Occupation OUTDOOR
Date Of Driving Pass 22/06/1988
Driving Experience 32 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91067886
Fax Number
Contact Number
Email Address NOEMAIL

Address	APT BLK 302B ANCHORVALE LINK #13-174
Postcode	542302
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	2
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)	3
Passenger 1	NAME: : ANGELA GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	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

REFER TO POLICE REPORT T/20200926/2119

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	NO

Details of Witness 1

Name	ANGELA
Phone Number	96533187
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP8753Z
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF6713G
Vehicle Make/Model/Colour LORRY
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 SEAH JOSEPH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC5411D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLP8753Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLP8753Z

Sketch Plan #2 Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200926/2119.

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

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**SINGAPORE
POLICE FORCE**



T/20200926/2119

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20200926/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2020 19:12	Vide Report No.: E/20200926/0070	Station Diary No.: 38
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Informant's Particulars

Name of Informant: SEAH JOSEPH			Address: APT BLK 302B ANCHORVALE LINK #13-174 SINGAPORE 542302	
ID Type / ID No.: NRIC NO / S1485206I			Contact No.: Home/Office:	Mobile: 91067886
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 20/01/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/09/2020 11:20	Type of Location: Straight Road
Location: HANDY ROAD				
Lamp Post Number: 5		Road Surface:		Road Speed Limit:
Weather:		Traffic Control:		Traffic Volume:
Traffic Flow: Two Way		Type of Collision:		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6713G	Lorry	MITSUBISHI				1
SHC5411D	Car	RENAULT		Red	Seriously Damaged	2
SLP8756Z	Car	MAZDA	Mazda 3	Blue		2



**SINGAPORE
POLICE FORCE**



T/20200926/2119

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20200926/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH JOSEPH	ID No.	S1485206I
Related Vehicle	SHC5411D (Car)	Contact No.	91067886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Angela	ID No.	NIL
Related Vehicle	SHC5411D (Car)	Contact No.	96533187
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 26/9/2020 at around 1120hrs, I was driving along Handy Road towards Plaza Singapura in my vehicle and my 1 passenger. While I was driving, I noticed that there was a vehicle on my left signaling to move off. I slowed down and ended up giving way to this vehicle.

While stationary, I suddenly felt an impact come from behind. I checked with my passenger to check if she was okay, at the time she informed me that she was okay. I exited my vehicle and assessed the collision. It was a three vehicle collision involving my vehicle, a blue Mazda 3(SLP8756Z) and a Sunshine delivery van(GBF6713G). The van had collided with the middle car and caused it to move forward and also collide with my vehicle. The driver and the passengers of the second vehicle were all conveyed to hospital.

I only took the particulars of the people in the Mazda 3 but not of the people in the van. I have been instructed by Traffic Police Officer to make a traffic accident report vide E/20200926/0070.