

ASS. REC. BY:

REF: 0721

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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: SHC 5601Y Yr Regn: 09, 14

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: 710877 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUX 279405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: SR / SR/Im / STD A/Rim or

Tyre Size: F: _____ R: 215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Pailon

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 6/10/20

Survey held at _____

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 7/10/2020

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or O/S 171

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S - RS, SI

Fuel

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

SHC5601Y

AAD2010-031

*Not Authored
L/Sing &*

07 OCT 2020

Vehicle No.: **SHC5601Y**
 Chassis No.: VF1ABL15AUC279405
 Vehicle Make: RENAULT
 Vehicle Model: LATITUDE
 Date of Accident : 06/10/2020
 Third Party Insurer : **CHINA**
 Date of Registration: 30/09/2014

PART	LIST		
1 BUMPER COVER FRT	\$ <i>Bu</i>	747.20	✓
1 BUMPER SPOILER FRT	\$ <i>Sn</i>	344.70	X
1 BUMPER ABSORBER FRT	\$ <i>Sn</i>	394.68	X
1 BUMPER BRACKET FRT RH (Headlamp Lower)	\$ <i>Sn</i>	116.47	X
1 BUMPER RETAINER FRT RH	\$ <i>Diy</i>	101.40	✓
1 BUMPER SUPPORT FRT	\$ <i>Sn</i>	10.70	X
1 BUMPER GRILLE LOWER FRT	\$ <i>Sn</i>	147.00	X
1 BUMPER FOG LAMP GRILLE RH	\$ <i>Sn</i>	207.21	X
1 HEADLAMP RH	\$ <i>ngcra</i>	743.60	✓
1 HEADLAMP PANEL FRT RH	\$ <i>R</i>	128.30	X
1 FENDER PANEL FRT RH	\$ <i>Bu</i>	437.10	✓
1 WHEELARCH FRT RH	\$ <i>Sn</i>	191.40	X
1 TOW COVER FRT	\$ <i>Sn</i>	60.90	X
TOTAL	\$	3,630.66	
10%	\$	363.07	
	\$	3,267.59	

Special Nett

1SET BUMPER CLIP FRT	\$ <i>nn</i>	90.00	66% ✓
1 BUMPER BRACKET CLIP FRT	\$ <i>nn</i>	75.00	} X
1 BUMPER SUPPORT CLIP FRT	\$ <i>nn</i>	10.00	
1SET BUMPER RETAINER CLIP FRT	\$ <i>nn</i>	70.00	
1SET BUMPER GRILLE LOWER CLIP	\$ <i>nn</i>	70.00	
1 BUMPER FOG LAMP GRILLE CLIP	\$ <i>nn</i>	65.00	
1 BUMPER SPOILER CLIP	\$ <i>nn</i>	60.00	
1SET WHEELARCH CLIP FRT	\$ <i>nn</i>	80.00	
TOTAL	\$	520.00	

Trans-cab Auto Services Pte Ltd

AAD2010-031

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5601Y

TOTAL PARTS \$ 3,787.59

LABOUR

To pull and jack out chassis frame and correct it to symmetrical position with the aid of hydraulic pneumatic jack.

\$ *na* 380.00 X

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 1,800.00 *400*

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ *na* 380.00 X

To Check Electrical Lighting Concerned.

\$ 170.00 *20*

To rust-proofing and apply undercoat of the affected areas.

\$ 250.00 *30*

To check steering geometry and computer wheel alignment

\$ *4* 220.00 X

To transfer of tire, rim and on wheel balancing.

\$ *4* 170.00 X

To remove and refit battery, electrical wiring, fuse box and relay to enable repair.

\$ *4* 450.00 X

Putty and spray painting of the affected portion.

\$ 1,800.00 *440*

TOTAL \$ 5,620.00

Over All Total \$ 9,407.59

Repair Days (LUMP SUM)

10 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	07/10/2020 09:58
Date Of Accident	06/10/2020 11:30
Exact Location Of Accident	1 BEDOK ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5601Y
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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	IBRAHIM BIN MOHD JAAFAR
NRIC No	SXXXX283E
Date Of Birth	11/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1979
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88144107
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 2 CHAI CHEE ROAD
#04-288
Postcode 461002
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 SIDE SWIPE
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 KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

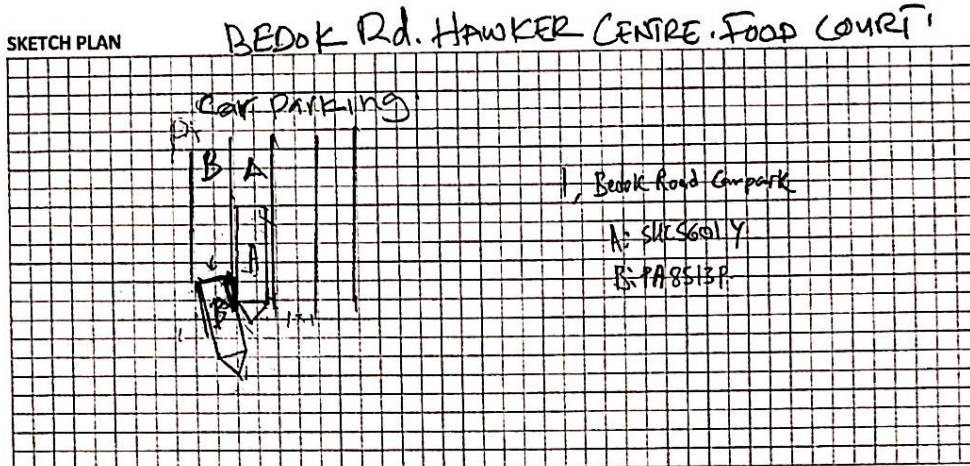
REFER TO POLICE REPORT T/20201006/2125

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 PA8513P
Vehicle Make/Model/Colour MINI BUS
Details Of Properties
Vehicle Category BUS
Name of Driver AYANG ALIHANA
NRIC/Passport Number
Contact Number 87686898
Address
Postcode
Insurance Company Name



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201006/2125.

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.:

GIAA MC SketchPlanForm_V3

2



**SINGAPORE
POLICE FORCE**



T/20201006/2125

1 of 3

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20201006/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2020 20:15	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars			
Name of Informant: IBRAHIM BIN MOHD JAAFAR		Address: APT BLK 2 CHAI CHEE ROAD #04-288 SINGAPORE 461002	
ID Type / ID No.: NRIC NO / S1193283E		Contact No.: Home/Office: Mobile: 88144107	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 11/07/1956	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2020 11:30	Type of Location: Car Park
Location: BEDOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8513P	Van	TOYOTA	HIACE COMMUTER GL 3.0 A	Silver	Slightly Damaged	2
SHC5601Y	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0



Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AYANG ALIHANA	ID No.	NIL
Related Vehicle	PA8513P (Van)	Contact No.	87686898
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
Driver			
Name	IBRAHIM BIN MOHD JAAFAR	ID No.	S1193283E
Related Vehicle	SHC5601Y (Car)	Contact No.	88144107
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/10/2020	Date Discharge	06/10/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 06/10/2020 at about 11:30am I parked my taxi, a red renault car, SHC5601Y, in lot 101 of the Open Space Carpark of 1 Bedok road, Singapore 469572. I had returned from lunch and was resting in my vehicle. A grey van, PA8513P, that was parked in lot 102 on my right side, then drove his vehicle out of the lot and bumped into the front right side of my car. I then stopped him and he reversed back into the lot. We both exchanged particulars and I noticed that my vehicle sustained scratches on the front right bumper, which got slightly dislodged as well, and my front right headlight was damaged. I then went to Mount Alvernia Hospital and was given 7 days MC due to body ache.