

ASS. REC. BY:

REF:

EQ1

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 98405

Yr Regn:

04, 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

490461

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 277502

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt /

Brake:

In order / Jammed / Leaked / Burnt /

Mod:

M / S / R / m / STD A / R / m or

Tyre Size:

F:

Falken 215/60R16

R:

Skilun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

30/10/20

D.O.I.

3/11/2020

Survey held at

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

O/S 151

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

Date / Time

Action / Instruction

1

GOT B1

21 Nov 81900h

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - R.S. SI

F.M. 25

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

Not Withheld
1/1 Sep 81900h

AAD2011-011

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

SHD9840S

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

03 NOV 2020

SHD9840S

VF1ABL15AUC277502

RENAULT

LATITUDE

30/10/2020

EQ

25/04/2014

PART

- 1 BUMPER COVER FRT
- 1 BUMPER SPOILER FRT
- 1 BUMPER RETAINER FRT RH
- 1 BUMPER BRACKET FRT RH (Headlamp Lower)
- 1 BUMPER FOG LAMP GRILLE RH
- 1 BUMPER BEAM FRT
- 1 BUMPER BRACKET KIT FRT RH
- 1 HEADLAMP RH
- 1 FENDER PANEL FRT RH
- 1 FENDER BRACKET FRT RH
- 1 WHEELARCH FRT RH
- 1 WIPER RESERVOIR

LIST	
\$ Bumper	747.20 ✓
\$ Sn	344.70 X
\$ BRT	101.40 ✓
\$ Sn	116.47 X
\$ Sn	207.21 X
\$ R	663.70 X
\$ R	101.40 X
\$ mfg kit	743.60 ✓
\$ R	437.10 X
\$ R	106.40 X
\$ Sn	191.40 X
\$ Sn	179.60 X

TOTAL \$	3,940.18
10% \$	394.02
\$	3,546.16

Special Nett

- 1 BUMPER CLIP FRT
- 1 BUMPER RETAINER CLIP FRT
- 1 WHEELARCH CLIP FRT
- 1 FENDER SCREW

\$	net	90.00	661m
\$	nn	75.00	X
\$	nn	75.00	X
\$	nn	60.00	X
TOTAL \$		240.00	

TOTAL PARTS \$	3,786.16
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LABOUR

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

SHD9840S

AAD2011-011

To rust-proofing and apply undercoat of the affected areas.	\$	230.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	X
Putty and spray painting of the affected portion.	\$	1,400.00	440/
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	400/
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	20/
To check steering geometry and computer wheel alignment	\$	220.00	X
TOTAL	\$	4,360.00	
Over All Total	\$	8,146.16	

(PART-BY-PART) Repair Days

20 Days

2 days

For Official Use

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

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:

MBH20096610 / Alex Mare Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 02/11/2020 22:09
SUBMITTED BY: Mohamed Azely Bin Abdullah

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 02/11/2020 22:09
Date Of Accident 30/10/2020 13:50
Exact Location Of Accident ALN CHOA CHU KANG DRIVE BFR CHOA CHU KANG NORTH 7
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9840S
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 2.0L DCI AUTO D/AB 4DR
Exact Purpose for which vehicle was being used at time of accident HIRE & 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 NA
Driver
Name of Driver EIO HYORK MING
NRIC No SXXXX593D
Date Of Birth 26/01/1966
Occupation OUTDOOR
Date Of Driving Pass 05/01/1988
Driving Experience 32 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83693382
Fax Number
Contact Number OTHERS-83693382
Email Address NOEMAIL

Address NA
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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 [OTHER] TOA PAYOH N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20201031/2046

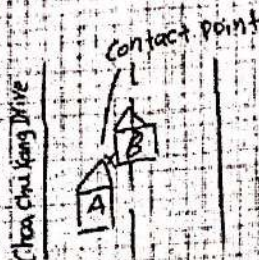
Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: UPLOADED INTO AXA
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2965B
 Vehicle Make/Model/Colour FIAT / DOBLO CARGO MAXI 1.6MJ DIESEL (MTA)
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number 87960039
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



veh A: SHD 98405
veh B: GBJ 2965B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

DECLARATION
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 _____

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
VICTOR ANG

Reporting Center Personnel's Signature
Name: NICK H No. 1



SINGAPORE POLICE FORCE



T20201031/2046

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 1

Report No: T20201031/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2020 12:25	Vide Report No.:	Station Diary No.: 88
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Informant's Particulars			
Name of Informant: EIO HYORK MING		Address: APT BLK 536 CHOA CHU KANG STREET 51 #08-12B SINGAPORE 680536	
ID Type / ID No.: NRIC NO / S1740593D		Contact No.: Home/Office: 83683382 Mobile: 98545222	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 26/01/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

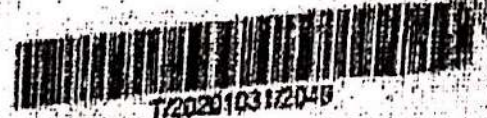
General Information of the Accident				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2020 14:40	Type of Location: Straight Road	
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicles Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
GBJ2985B	Van	FIAT	DOBLO CARGO MAXI	White	Slightly Damaged	0
SHD88403	Car	RENAULT	LATITUDE	Red	Slightly Damaged	0

Details of Person Involved	
Name/Position/Involved No.	
Use of Pedestrian Crossing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



SINGAPORE POLICE FORCE



T/20201031/204B

2 of 3

Report No. T/20201031/204B

Police Station Of Origin

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver		ID No.	
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBJ2865B (Van)	Contact No.	87960039
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		ID No.	
Name	EIO HYORK MING	ID No.	S1740593D
Related Vehicle	SHD9840S (Car)	Contact No.	83653382
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 30/10/2020 at about 01.49pm, while I was driving my taxi (SHD9840S) on my way to pick up a passenger on Choa Chu Kang Drive, just before Choa Chu Kang North 7, a vehicle (GBJ2865B) cut into my lane from the right side. I wish to inform that this is a two lane road, I was travelling on the left lane, while the other vehicle was travelling on the right side. He signaled at the last minute, and cut into my lane abruptly, side swiping the rear left side of his vehicle on the front right side of my vehicle.

I sounded the horn with the attempt to inform him that he had collided into my vehicle, and also to stop him. However, he did not stop and continued driving off. I pursued him, which he had his hazard light switched on without stopping. He then turned into a carpark and finally stopped. I attempted to exchange particulars with him, which he refused, and only gave me his contact number, and vehicle plate number.

I made a check and discovered that there were scratches to my vehicle, and the front of my bonnet was slightly dislodged from the collision. I wish to inform that while I was recording the damages, I saw the other driver taking his phone, pointing his phone's camera in my direction. I am unsure of the purpose of him in doing so.

I am logging this report for insurance claims and records purpose.