

ASS. REC. BY:

REF:

A/G/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

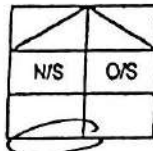
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D401K Yr Regn: 10, 16

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

Truck / Trailer or _____

Make: Renault Laguna c.c. 1885Colour: M. white / Red A/C: Insured / Std / NI / NASp. Reading: 602594 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AB115AUC 283412Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Sailun

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 15/11/20 D.O.I. 17/11/2020

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

1 Get BL01 Nov 81700f

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S + RS, \$

Fees

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

SHD401K

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

17 NOV 2020

AAD2011-084

Not Notified

11/11/2020

SHD401K

VF1ABL15AUC283412

RENAULT

LATITUDE

15/11/2020

AIG

17/10/2016

	PART		LIST	
		\$	Bu	561.70 ✓
		\$	11/11/20	411.90 ✓
1	1 BUMPER COVER REAR	\$	SL	98.10 X
2	1 BUMPER LOWER REAR	\$	SL	82.10 X
3	1 BUMPER BRACKET CTR REAR	\$	SL	59.80 X
4	1 BUMPER BRACKET SIDE RH REAR	\$	SL	80.80 X
5	1 BUMPER RETAINER RH REAR	\$	SL	54.20 X
7	1 BUMPER BRACKET SIDE LH REAR	\$	SL	54.20 X
8	1 BUMPER RETAINER LH REAR	\$	Bu	547.80 ✓
10	1 BUMPER BEAM REAR	\$	Dir	114.50 ✓
11	1 BUMPER BEAM BRACKET LH REAR	\$	R	114.50 X
12	1 BUMPER BEAM BRACKET RH REAR	\$	R	745.80
13	1 OUTER PANEL REAR (End Panel)	\$	SL	404.56
14	1 OUTER PANEL REAR (End Panel)TRIM	\$	R	1,677.20
15	1 BOOT REAR	\$	SL	277.70
16	1 BOOT REFLECTOR LAMP LH	\$	R	277.70
17	1 BOOT REFLECTOR LAMP RH	\$	R	254.20
18	1 BOOT HINGE LH	\$	R	254.20
19	1 BOOT HINGE RH	\$	R	246.60
20	1 BOOT LOCK	\$	R	41.70
21	1 BOOT LOCK CATCH	\$	SL	344.70
22	1 BOOT FINISHER	\$	SL	82.40
23	1 BOOT BADGE 'RENAULT'	\$	SL	95.80
24	1 BOOT BADGE	\$	SL	344.70
25	1 BOOT FINISHER	\$	SL	401.40
26	1 TAILLAMP RH	\$	SL	401.40
27	1 TAILLAMP LH	\$		
		\$		7,975.46
		10% \$		797.55

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CO./GST Reg. No. 201019626G

SHD401K**AAD2011-084**

		<u>\$ 7,177.91</u>	
Special Nett			
1 1SET PARKING AID	\$	Pa 700.00	X
2 1 BOOT FINISHER NUT L70Y	\$	na 60.00	X
3 1SET REAR BUMPER CLIP	\$	na 66.00	✓
4 1SET BUMPER BRACKET CTR CLIP	\$	na 33.00	X
5 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na 10.00	X
6 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	na 20.00	X
7 1SET BUMPER RETAINER RH CLIP RR	\$	na 10.00	X
8 1SET BUMPER RETAINER CLIP LH RR	\$	na 20.00	X
9 1SET BUMPER LOWER REAR RIVET	\$	na 22.00	X
10 1SET BUMPER LOWER REAR CLIP	\$	na 66.00	✓
11 1 EXHAUST MOUNTING REAR	\$	Pa 17.82	X
12 1 REAR NUMBER PLATE WITH HOLDER	\$	Pa 120.00	X
13 1 REAR BOOT STICKER 'Trans-cab'	\$	na 80.00	X
14 1 REAR BOOT STICKER '6555-3333'	\$	na 80.00	X
TOTAL		\$ 1,304.82	
TOTAL PARTS		\$ 8,482.73	

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	2201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	2001
To Rust-Proofing Of The Affected Areas.	\$	na 170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	na 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na 170.00	X

AAD2011-084

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CO./GST Reg. No. 201019626G

SHD401K

To check steering geometry and computer wheel alignment \$ 220.00 X

To Check Electrical Lighting Concerned. \$ 170.00 10/

TOTAL \$ 7,070.00

Over All Total \$ 22,730.65

(LUMP SUM)

Repair Days

20 DAYS

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	16/11/2020 09:33
Date Of Accident	15/11/2020 22:30
Exact Location Of Accident	BRADDELL ROAD EXITED FROM CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD401K
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXXX78K
Email Address	CLAIMS@TRANSCAB.COM
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	

Driver

Name of Driver	CHUNG WOON CHIP
NRIC No	SXXXX692D
Date Of Birth	07/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1979
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96758392
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address
Postcode NA
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 COLLISION - HEAD TO REAR
Weather Conditions RAINING
Road Surface WET

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 NPC
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE6777J
Vehicle Make/Model/Colour KIA / FORTE K3 1.6A
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIM CHONG THYE
NRIC/Passport Number SXXXX073B
Contact Number 83283798
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN

A. SHOLIK

B. 5467773

BRADLEY
WATZ

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20201116/2005

1 of 3

Report No. T/20201116/2005

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2020 01:49		Video Report No.:		Station Diary No.: 19
Informant's Particulars				
Name of Informant: CHUNG WOON CHIP		Address: APT BLK 275C COMPASSVALE LINK #03-218 SINGAPORE 543275		
ID Type / ID No.: NRIC NO / S1273692D		Contact No.: Home/Office: Mobile: 96758392		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 07/12/1957	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

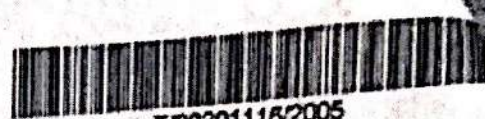
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2020 22:30	Type of Location: X-Junction
Location: CENTRAL EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of 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
SHD401K	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0
SLE6777J	Car	KIA	FORTE K3 1.6A	White	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20201116/2005

2 of 3

Report No. T/20201116/2005

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

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	CHUNG WOON CHIP	ID No.	S1273692D
Related Vehicle	SHD401K (Car)	Contact No.	96758392
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/11/2020	Date Discharge	16/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/11/2020 at about 2230hrs, I was driving my taxi (registration number: SHD401K) along CTE towards SLE and exited at Braddell Road (Upper Serangoon Road). I then stopped along Braddell Road (Upper Serangoon Road) as the traffic light was red. Out of a sudden, I felt an impact from the rear as such I applied brakes and stopped the car. I then alighted to make a check. The other vehicle (registration number: SLE6777J) had collided into the rear of my taxi. I then exchanged particulars with the other driver (Lim Chong Thye, S8116073B, C/N: 83283798) and my friend who had driven to the location assisted to take photos of both cars for me. Due to the collision, my vehicle had crack at the rear bumper area. The other car had cracks on the front bumper area, grilles and driver's side headlight. Subsequently, I drove home and felt pain at my neck and lower back area as such I decided to go to Mount Alvernia Hospital to see a doctor. I was then given 3 days of medical leave. There is in-car camera installed in my taxi and was recording during the incident.

I am lodging a report for insurance claims purpose.