

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

SHD482B

AAD2011-113

Not Authored

1 Sup &

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model: **23 NOV 2020**
 Date of Accident :
 Third Party Insurer :
 Date of Registration:

SHD482B
 VF1ABL15AUC283292
 RENAULT
 LATITUDE
 19/11/2020
CHINA
 07/08/2017

	PART
1	DOOR PANEL REAR RH
1	DOOR REGULATOR REAR RH
1	DOOR REGULATOR MOTOR REAR RH
1	DOOR PANEL FRT RH
1	DOOR REGULATOR FRT RH
1	DOOR REGULATOR MOTOR FRT RH
1	DOOR REGULATOR GUIDE FRT RH
1	FENDER PANEL REAR RH
1	FENDER BRACKET LOWER RH
1	WHEELARCH REAR RH
1	ROCKER PANEL OUTER RH

	LIST	
\$	R	2,844.66
\$	Sm	758.10
\$	Sh	450.60
\$	R	2,844.66
\$	Sm	505.19
\$	Sm	796.46
\$	Sm	120.97
\$	R	1,933.20
\$	Sm	11.80
\$	Sm	275.40
\$	R	1,184.99

TOTAL	\$	11,726.03
10%	\$	1,172.60
	\$	10,553.43

	Special Nett
1SET	FENDER SCREW
1SET	CLIP, FRONT FENDER LINER
1	BUMPER CLIP FRT
1	BUMPER RETAINER CLIP FRT
1	WHEELARCH CLIP FRT
1	DOOR FINISHER CLIP KIT FRT RH
1	DOOR MOULDING CLIP L70Y
1	DOOR MOULDING SCREW L70Y
1	DOOR CASING CLIP
1	DOOR STICKER "TRANSCAB"
1	DOOR STICKER "6555-3333"
1	DOOR STICKER "CLASSIC"

\$	na	60.00
\$	na	65.00
\$	na	90.00
\$	na	75.00
\$	na	75.00
\$	na	90.00
\$	na	80.00
\$	na	65.00
\$	na	85.00
\$	na	100.00
\$	na	100.00
\$	na	100.00

TOTAL	\$	985.00
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TOTAL PARTS \$ 11,538.43

LABOUR

Towing fees	\$	<i>nn</i>	170.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	<i>nn</i>	300.00	X
To check steering geometry and computer wheel alignment	\$	<i>4</i>	220.00	X
To remove and refit interior fittings, trimings, garnish, fittings and others, to enable repair.	\$	<i>4</i>	380.00	X
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		1,400.00	<i>20d</i>
To rust-proofing and apply undercoat of the affected areas.	\$	<i>4</i>	240.00	X
Putty and spray painting of the affected portion.	\$		1,400.00	<i>44d</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>4</i>	170.00	X
To Check Electrical Lighting Concerned.	\$		170.00	<i>15/</i>
TOTAL	\$		4,450.00	

Over All Total \$ 15,988.43

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
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

For Official Use

Acknowledged by Repairer
Signature:
Date:

LUMP SUM (REPAIR DAY)

20 DAYS
2 days

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	20/11/2020 15:52
Date Of Accident	20/11/2020 08:20
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD482B
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	GOH SENG CHOON
NRIC No	SXXXX061E
Date Of Birth	08/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2005
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82008023
Fax Number	
Contact Number	OTHERS-82008023
E Mail Address	NOEMAIL

Address NA
 Postcode
 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? NO
 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) 2
 Passenger 1 NAME: : PASSENGER 1
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] 10 UBI AVENUE 3
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20201120/7009

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 SKB9178X
 Vehicle Make/Model/Colour HONDA / CIVIC 1.8L 5MT
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201120/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2020 12:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH SENG CHOON			Address: 450C BUKIT BATOK WEST AVENUE 6 #08-621 SINGAPORE 653450		
ID Type / ID No.: NRIC NO / S7045061E			Contact No.:		Mobile: 82008023
Nationality: SINGAPORE CITIZEN			Email: GSCJEFFREY@GMAIL.COM		
Sex: Male	Age: 50	Date of Birth: 08/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2020 08:20	Type of Location: T-Junction
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD482B	Car					0
SKB9178X	Car					0

Details of Persons Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201120/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201120/7009

CONTINUATION OF REPORT

Driver			
Name	GOH SENG CHOON	ID No.	S7045081E
Related Vehicle	SHD482B (Car)	Contact No.	82008023
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/11/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 20/11/2020 at about 0820hours at before the cross junction of Clementi road and commonwealth Ave west towards AYE beside Ngee Ann Kongsi Sports Complex SSC. I was travelling on lane 3 and suddenly, a vehicle (B) on my right veered into my lane without caution and collided onto my right portion my vehicle causing damages to my vehicle. I have 1 passenger on board. I have 3 days mc for my injury.

Vehicles involving in the situation:

- (A)SHD482B
- (B)SKB9178X