ASS. REG. BY:	CC3/EQI20014405/Kvd3
Kennerh	CCI CIN COLOR
E	ASSIGNMENT
Estimated Cost:	Veh No: 5/10 4990 Yr Regn: 11, 17
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Fax Prime Mover /
OD MP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Traffer or
To Inspect Vehicle No:	Make: Renout Lotitude c.c 1985
at Workshop m/s Trans Cab	Colour M. White / Red AIC: Insured / Std / NI / NA
Insured: GBG 6814M	Sp.Reading 536963 T/Radio: Insured / Std / NI / NA
	Eng/Net
Policy No.	_ CNO: VFI ABL 15 AUC 283457
Claims No. DM20HO01813/JT	Gen. Cond. Geod / Fair / Poor / Burnt
Sum Insured: Excess:	Sleering: Inorder Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: Inorder / Jammed / Leaked J Burnt or
	Mod: Kill I S/Rim I STD A/Rim or
(Policy Condition)	Tyre Size: F: 215/60R16
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	T DO TOOK TEXNOVAT GY TEST LIZAT MICTOHTSU IPIR I SUMIT
Bal. or Market Value:	TOYOTYOKO or Sailun
IDAC Accident Rport: Consistent? : Yes or No	Fron! Rear
GIA / PR Seen: Consistent? : Yes or No	Mm NBar. mm
Est Repairs: Of days Res.: Yes or No	mm Usal. mm
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at D.O.I. 4/12/2020
CA / REV / REP. / 24 HRS	
· Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	another another doe to consion.
12/1/21 LS \$6100 confirmed by email	(Pod 17 /06 17 7/06)
127 1721 LS \$0 100 COMMITTED by email	(Ited 17.400.17,7470)
	(A) (B) (B)
Date/Time, File Pass 107 : Prefil. Report	0
=	ays Of Repair: 8
Outs/Time, File Return 10?	esurvey No. of Trip: Survey Fee:
7 12/1/21-Typist	Transportative
Add Fee:	: Site Insp (\$)s+Rssi
Report Format : TP	: Interview (\$) Factor
	Tech Invs (\$). Others
ump Sum / I.B.I: (\$ 6100	:Weekend (\$
_	
	TOTAL

AAD2012-037 **Trans-cab Auto Services Pte Ltd** Not Nothansel No. 2 Ang Mo Kio Street 63 Singapore 569111 Fax No.: 6257 1330 Tel No.: 6287 6666 618mg & CO./GST Reg. No. 201019626G SHD499D SHD499D Vehicle No.: VF1ABL15AUC283457 Chassis No.: 04 0 0 2020 RENAULT Vehicle Make: LATITUDE Vehicle Model: 03/12/2020 Date of Accident: Third Party Insurer: 17/11/2017 Date of Registration: LIST PART By 561.70 -1 BUMPER COVER REAR 1 nul /6, 411.90 -1 BUMPER LOWER REAR 2 Sh 98.10 X 1 BUMPER BRACKET CTR REAR 3 CM 82.10 -1 BUMPER BRACKET SIDE RH REAR Dir 59.80 1 BUMPER RETAINER RH REAR 5 5 80.80 X 1 BUMPER BRACKET SIDE LH REAR 7 54.20 X 1 BUMPER RETAINER LH REAR 8 By 547.80 -1 BUMPER BEAM REAR 10 n 114.50 x 1 BUMPER BEAM BRACKET LH REAR 11 n 114.50 x 1 BUMPER BEAM BRACKET RH REAR 12 In 16.60 X 1 BUMPER REFLECTOR LH 13 Pin 16.60 -1 BUMPER REFLECTOR RH 14 B 745.80 -1 OUTER PANEL REAR (End Panel) 15 CM 404.56 1 OUTER PANEL REAR (End Panel)TRIM 16 1,677.20 X 1 BOOT REAR 17 Dis /61 178.20 50 /sa 1 BOOT WEATHERSTRIP 18 Sn 277.70 1 BOOT REFLECTOR LAMP LH 19 5 277.70 1 BOOT REFLECTOR LAMP RH 20 K 254.20 1 BOOT HINGE LH 21 **1** 254.20 22 1 BOOT HINGE RH N 246.60 23 1 BOOT LOCK N 41.70 24 1 BOOT LOCK CATCH Sa 344.70 1 BOOT FINISHER 25 Na 82.40 1 BOOT BADGE 'RENAULT' 26

27

28

29

30

1 BOOT BADGE

1 BOOT FINISHER

1 TAILLAMP RH

1 TAILLAMP LH

~ € 95.80

Sh 344.702

Br 401.40 -

5- 401.40 X

Putty And Spray Painting Of The Affected Portion.



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 witholding of material facts may allow insurance companies to repudiate

3. Information provided must be as a utulinu and accurate as possible to the 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 Accident	03/12/2020 23:47 (SGT) 03/12/2020 13:20 (SGT) 158 Lor 1 Toa Payoh, Toa Payoh Int, Block 158, Singapore 310158 ALONG LOR 1 TOA PAYOH AFTER JUNCTION LOR 2 Singapore

DETAILS OF OWN VEHICLE

Renault

Vehicle Registration Number SHD	499D	
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INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No	Yes TRANS-CAB SERVICES PTE LTD 2XXXXX878K Claims@transcab.com.sg (Phone) +65-62866666
Mobile Phone No Alternative Phone No	(Phone) +65-62866666 (Office) +65-62866666

VEHICLE PARTICULARS

Mainiacturei	
Model	Latitude
Variant	-
Exact purpose for which vehicle was being used at time of	E. January
accident	Employment
Are you claiming under your own insurance policy for repair to	No - Claiming third party
your vehicle?	
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2348706
Cover Note Number	NA

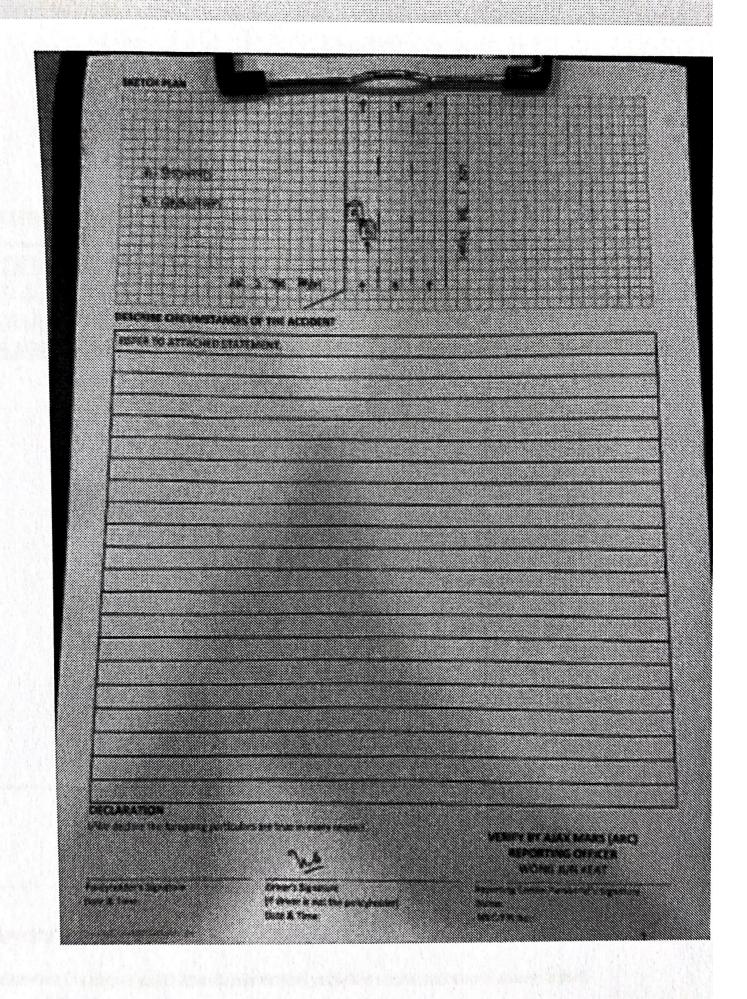
DRIVER

Name of Driver	LIANG CHWEE CHOON
NRIC No	SXXXX697H
Date Of Birth	17/02/1952
Occupation	Outdoor



Page 1 of 15

Date Of Driving Pass	06/02/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97322920
Alt. Phone Number	- Claims@transcab.com.sg
Email Address	
Address	NA
Address complement	-
Postcode	No
Is the driver the policyholder?	No Hirer
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	NO
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	AND THE PERSON OF THE PERSON O
- A A	Collision - Head to Rear
Type of Accident	Clear
Weather Conditions Road Surface	Dry
Road Surface	
OTHER INFORMATION	The second secon
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
A MARIE CONT. AND	
Was the accident reported to the police?	No
table and intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	The state of the s
I WAS DRIVING ALONG LOR 6 TOA PAYOH TOWARDS LOR 1 I OPENED MY DOUBLE SIGNAL AND STATIONARY AT SIDE (COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVO	I TOA PAYOH . AFTER CROSS JUNCTION OF LOR 2 TOA PAYOH OF THE ROAD TO CHECK MY GPS . SUDDENLY VEHICLE B DLVED .
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	R VEHICLE PROPERTY 1
	The state of the s
Vehicle Registration Number	GBG6914M
Vehicle Manufacturer	Nissan Ni-200
Vehicle Model	Nv200
Vehicle Variant	
Vehicle Colour	- Commercial vehicle
Vehicle Category	CHANG BOON CHYE
Name of Driver	
NRIC No	SXXXX654B (Phone) +65-90292989
Contact Number	(PHONE) 103-30232303
Address	•
	Page 2 of 15
Accident report SA0A20C3000Z	1 495 2 51 15
WOODBOOLSTON 20	



ACCIDENT STATEMENT (2000 characters) I WAS DRIVING ALONG LOR 6 TOA PAYOH TOWARDS LOR 1 TOA PAYOH. AFTER CROSS JUNCTION OF LOR 2 TOA PAYOH , I OPENED MY DOUBLE SIGNAL AND STATIONARY AT SIDE OF THE ROAD TO CHECK MY GPS . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED .