

ASS. REC. BY:

REF: CTZ/

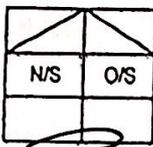
Kenneth

**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.



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: S1HD 401K Yr Regn: 10, 6  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Renault Latitude c.c. 1995  
 Colour: White / Red A/C: Insured / Std / NI / NA  
 Sp. Reading: 072997 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: VIFIABLISAUC 283412  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In Order / Jammed / Leaked / Burnt or  
 Brake: In Order / Jammed / Leaked / Burnt or  
 Modf: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: G4 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / QHTSU / PIR / SUMI /  
 TOYO / YOKO or Doitun  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 9 mm R/Bal. 8 mm  
 L/Bal. 9 mm L/Bal. 8 mm  
 D.O.A. 21/12/20 D.O.I. 23/12/2020  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Got BI</u>
	<u>11 Rm @ 1550h</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee:	
Transportation:	
S - RS - SI	
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**

**AAD2012-161**

*Not Authorized*  
*11 Imp @ 1550/h*

Vehicle No.:  
Chassis No.:  
Vehicle Make:  
Vehicle Model:  
Date of Accident :  
Third Party Insurer :  
Date of Registration :

**23 DEC 2020**

**SHD401K**

VF1ABL15AUC283412

RENAULT

LATITUDE

21/12/2020

**CHINA**

17/10/2016

#	PART	PRICE	STATUS
1	1 BUMPER COVER REAR	\$ 561.70	✓
2	1 BUMPER LOWER REAR	\$ 411.90	✓
3	1 BUMPER REFLECTOR LH	\$ 16.60	X
4	1 BUMPER BRACKET CTR REAR	\$ 98.10	X
5	1 BUMPER BRACKET SIDE RH REAR	\$ 82.10	X
6	1 BUMPER RETAINER RH REAR	\$ 59.80	X
7	1 BUMPER BRACKET SIDE LH REAR	\$ 80.80	X
8	1 BUMPER RETAINER LH REAR	\$ 54.20	X
##	1 BUMPER BEAM REAR	\$ 547.80	✓
		<b>\$ 1,913.00</b>	
		<b>10% \$ 191.30</b>	
		<b>\$ 1,721.70</b>	

#	Special Nett	PRICE	STATUS
1	1SET PARKING AID	\$ 700.00	X
2	1SET REAR BUMPER CLIP	\$ 66.00	✓
3	1SET BUMPER BRACKET CTR CLIP	\$ 33.00	X
4	1SET BUMPER BRACKET SIDE CLIP RH RR	\$ 10.00	X
5	1SET BUMPER RETAINER RH CLIP RR	\$ 20.00	✓
6	1SET BUMPER BRACKET SIDE CLIP LH RR	\$ 10.00	X
<b>TOTAL</b>		<b>\$ 839.00</b>	
<b>TOTAL PARTS</b>		<b>\$ 2,560.70</b>	

**LABOUR**

Putty And Spray Painting Of The Affected Portion. \$ 3,000.00

*2201*

**Trans-cab Auto Services Pte Ltd**

**AAD2012-161**

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**SHD401K**

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.	\$	170.00	Nu X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	4 X
To repair and realign rear exhaust pipe.	\$	170.00	4 X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00	4 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	4 X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	4 X
To check steering geometry and computer wheel alignment	\$	220.00	4 X
To Check Electrical Lighting Concerned.	\$	170.00	4 X

**TOTAL \$ 7,580.00**

**Over All Total \$ 11,862.40**

**(LUMP SUM)  
Repair Days**

**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:

40 YEARS AND 11 MONTHS  
1979-12-31

# 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 Submission ..... 22/12/2020 14:01 (SGT)  
Date of Accident ..... 21/12/2020 01:55 (SGT)  
Exact Location of Accident ..... Aljunied Rd, Singapore  
Additional Location Information ..... ALONG ALJUNIED ROAD TOWARDS UPPER ALJUNIED ROAD  
JUNCTION OF MACPHERSON  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD401K

### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer ..... Renault  
Model ..... Latitude  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
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 ..... CHAN YEW WAH PETER  
NRIC No ..... SXXXX105A  
Date Of Birth ..... 24/01/1954

Occupation .....	Outdoor
Date Of Driving Pass .....	05/01/1980
Driving experience .....	40 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98173493
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	NA
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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**

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

**OTHER INFORMATION**

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**

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

**CIRCUMSTANCES OF ACCIDENT**

REFER TO POLICE REPORT NO: T/20201221/7023

**ATTACHMENT(S)**

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SJF5985A
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Latio
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-







**SINGAPORE  
POLICE FORCE**



T/20201221/7023

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

2 of 3

Report No. T/20201221/7023

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN YEW WAH PETER	ID No.	S0008105A
Related Vehicle	SHD401K (Car)	Contact No.	98173493
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, my vehicle SHD401K was stationery on Aljunied road(towards MacPherson) before upper Aljunied road, when I realised that another vehicle SJF5985A behind me was trying to filter left out of the lane and hit the rear of my vehicle. No police or traffic police was at the scene. We moved to a private estate to exchange particulars and proceeded on. I then went to see a doctor and received 3 days mc.

Signature Of Driver Reporting The Report

Full Name

Signature Of Driver

Full Name

Signature Of Driver

Full Name

Signature Of Witness

The identity of the person making this report has been substantiated by SingPass. No signature is required.

Date Time

01/02/2021 15:40

Classification Of Case