

ASS. REC. BY:

REF: AIG/

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. \_\_\_\_\_

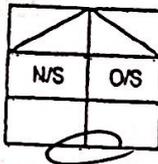
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: S14D 2326 Yr Regn: 101 15

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

Truck / Trailer or \_\_\_\_\_

Make: Renault Latitude c.c. 1995

Colour A. White 1Pw AC: Insured / Std / NI / NA

Sp. Reading 725758 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VI-1 ABL 15AUC 282171

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Paitun

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 06/2/21

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 9/2/2021

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

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation: \_\_\_\_\_

S - RS. \$ \_\_\_\_\_

Partners \_\_\_\_\_

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

**SHD232G**

**AAD2102-042**

*Not Authorized*  
*1/1/2021*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHD232G**

VF1ABL15AUC282171

RENAULT

LATITUDE

31/01/2021

**AIG**

16/10/2015

**PART**

**LIST**

1 BUMPER COVER REAR	\$	<i>Bu</i> 561.70 ✓
1 BUMPER LOWER REAR	\$	<i>Sn</i> 411.90 X
1 BUMPER BRACKET CTR REAR	\$	<i>Sn</i> 98.10 X
1 BUMPER BRACKET SIDE RH REAR	\$	<i>Sn</i> 82.10 X
1 BUMPER BRACKET SIDE LH REAR	\$	<i>Sn</i> 80.80 X
1 BUMPER RETAINER RH REAR	\$	<i>Sn</i> 59.80 ✓
1 BUMPER RETAINER LH REAR	\$	<i>Sn</i> 54.20 X
1 BUMPER BEAM REAR	\$	<i>n</i> 547.80 \$ 7
	\$	<b>1,896.40</b>
	10% \$	<b>189.64</b>
	\$	<b>1,706.76</b>

**Special Nett**

1SET PARKING AID	\$	<i>Sn</i> 700.00 X
1SET REAR BUMPER CLIP	\$	<i>Ma</i> 66.00 ✓
1SET BUMPER BRACKET CTR CLIP	\$	<i>na</i> 33.00 X
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	<i>Sn</i> 10.00 ✓
1SET BUMPER RETAINER RH CLIP RR	\$	<i>Sn</i> 20.00 X
1SET BUMPER LOWER REAR RIVET	\$	<i>na</i> 22.00 X
1SET BUMPER LOWER REAR CLIP	\$	<i>ne</i> 66.00 X

**TOTAL \$ 917.00**

**TOTAL PARTS \$ 2,623.76**

**LABOUR**

**Trans-cab Auto Services Pte Ltd**

**AAD2102-042**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHD232G**

Putty And Spray Painting Of The Affected Portion.	\$	1,500.00	4401
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,500.00	3001
To Rust-Proofing Of The Affected Areas.	\$	nn 170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	nn 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn 170.00	X
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	101
<b>TOTAL</b>	<b>\$</b>	<b>4,070.00</b>	

**Over All Total \$ 8,400.52**

**(LUMP SUM)  
Repair Days**

**7 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:

# 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 ..... 08/02/2021 15:31 (SGT)  
Date of Accident ..... 06/02/2021 23:35 (SGT)  
Exact Location of Accident ..... Bukit Timah Rd, Singapore  
Additional Location Information ..... JUNCTION OF BUKIT TIMAH ROAD AND KAMPONG JAVA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD232G

### 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 ..... Private hire  
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/P2413997  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH TSE HUAT  
NRIC No ..... SXXXX103I  
Date Of Birth ..... 09/05/1962

Occupation ..... Outdoor  
 Date Of Driving Pass ..... 20/08/1982  
 Driving experience ..... 38 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96675908  
 Alt. Phone Number ..... -  
 Email Address ..... exocdesiates@gmail.com  
 Address ..... 572 ANG MO KIO AVENUE 3 #06-3371 SINGAPORE  
 Address complement ..... -  
 Postcode ..... 560572  
 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? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

**PASSENGER 1**

Name ..... PASSENGER 1  
 Gender ..... Male

**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**

PLEASE REFRE TO THE POLICE REPORT NO:T/20210207/7003

**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 VEHICLE PROPERTY 1**

Vehicle Registration Number ..... SME9634G  
 Vehicle Manufacturer ..... Mazda  
 Vehicle Model ..... Cx-3





**SINGAPORE  
POLICE FORCE**



T/20210207/7003

1 of 3

Report No. T/20210207/7003

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2021 05:43		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH TSE HUAT			Address: 572 ANG MO KIO AVENUE 3 #06-3371 SINGAPORE 560572		
ID Type / ID No.: NRIC NO / S1557103I			Contact No.:		Mobile: 96675908
Nationality: SINGAPORE CITIZEN			Email: exodesiates@gmail.com		
Sex: Male	Age: 58	Date of Birth: 09/05/1962	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2021 23:35	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD232G	Car					0
SME9634G	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210207/7003

2 of 3

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

Report No. T/20210207/7003

**CONTINUATION OF REPORT**

Driver

<b>Name</b>	GOH TSE HUAT	<b>ID No.</b>	S1557103I
<b>Related Vehicle</b>	SHD232G (Car)	<b>Contact No.</b>	96675908
<b>Hospital/Clinic</b>	24 HOUR WALK-IN CLINIC	<b>Class of Driving Licence &amp; Expiry</b>	Class: 3 Date of Expiry: NIL
<b>Date</b>	NIL	<b>Date</b>	NIL
<b>No. of Days granted Medical Leave</b>	03	<b>Degree of</b>	Serious

**Brief Details.**

On 06-02-2021 at around 2335HRS, I was working as a trans cab taxi driver and was ferrying a customer back home to Kim Keat Link. I was driving my vehicle bearing car plate SHD232G, along Bukit Timah Road going straight towards Newton Roundabout.

As I was driving slowly adhering to the traffic flow as it was just before the controlled junction. Out of a sudden, I felt a impact coming from the rear. I came out of my vehicle and saw that the vehicle banged into my rear. The vehicle plate was SME9634G.

I did not feel well with the impact that happened when the vehicle banged into me. Therefore, I went to Intemedical 24HR CLINIC to seek assistance for my injuries. I was given medication for my injuries and a 3 Days MC.

Signature Of Officer Reporting This Report  
Not applicable

Signature Of Interpreter  
Not applicable

Signature Of Driver  
Not applicable

Signature Of Witness  
Not applicable

Signature Of Victim  
Not applicable

Signature Of Station  
The content of this report must be true and  
correct and supported by the facts and  
figures.

Date Time  
06/02/2021 23:40

Signature Of Case  
Not applicable