

ASS. REC. BY:

REF:

A/G

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

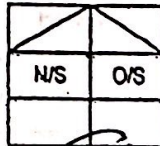
Excess:

(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:

SHC 57195

Yr Regn:

06/15

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1995

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

461125

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 281617

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: 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

Pirelli

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/3/21

D.O.I.

12/3/2021

Survey held at

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

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

Date / Time

Action / Instruction

1 Got B2

11/2/2021

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

**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

**SHC5719S****AAD2103-58***Not Authored  
L/Snp \$12000*

Putty And Spray Painting Of The Affected Portion.

Vehicle No.:

Chassis No.:

Vehicle Make: 12 MAR 2021

Vehicle Model: The Same

Date of Accident :

Third Party Insurer : The Affected Area

Date of Registration :

To reinstall rear bumper parking sensor

**SHC5719S**

VF1ABL15AUC281617

RENAULT

LATITUDE

10/03/2021

**AIG**

12/06/2015

PART	LIST	
1 BUMPER COVER REAR	Bu	\$ 561.70
1 BUMPER LOWER REAR	nd/lw	\$ 411.90
1 BUMPER BRACKET CTR REAR	Sw	\$ 98.10
1 BUMPER BRACKET SIDE RH REAR	Sw	\$ 82.10
1 BUMPER RETAINER RH REAR	Sw	\$ 59.80
1 BUMPER BRACKET SIDE LH REAR	Sw	\$ 80.80
1 BUMPER RETAINER LH REAR	Sw	\$ 54.20
1 BUMPER BEAM REAR	N	\$ 547.80
1 BUMPER BEAM BRACKET LH REAR	N	\$ 114.50
1 BUMPER BEAM BRACKET RH REAR	N	\$ 114.50
		\$ 2,125.40
		10% \$ 212.54
		\$ 1,912.86

Specical Nett	
1SET PARKING AID	\$ Sw 700.00 X
1SET REAR BUMPER CLIP	\$ N 66.00
1SET BUMPER BRACKET CTR CLIP	\$ N 33.00 X
1SET BUMPER BRACKET SIDE CLIP RH RR	\$ N 10.00 X
1SET BUMPER RETAINER RH CLIP RR	\$ N 20.00 X
1SET BUMPER BRACKET SIDE CLIP LH RR	\$ N 10.00 X
1SET BUMPER RETAINER CLIP LH RR	\$ N 20.00 X
1SET BUMPER LOWER REAR CLIP	\$ N 66.00
TOTAL	\$ 925.00

**TOTAL PARTS \$ 2,837.86****LABOUR**

**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

**SHC5719S****AAD2103-58**

Putty And Spray Painting Of The Affected Portion.

\$

3,000.00 *2200*Panel Beating, Knocking And Straightening The  
Necessary Portion, Remove And Renewal Of Parts,  
Adjust And Realign The Same

\$

3,000.00 *2000*

To Rust-Proofing Of The Affected Areas.

\$

*nn* 170.00 *X*

To reinstall rear bumper parking sensor.

\$

170.00 *600*To transfer of bootlid fittings, attachments and  
perform water seepage test.

\$

*nn* 170.00 *X*

To repair and realign rear exhaust pipe.

\$

↪ 170.00 *X*To drop rear exhaust box, renew the same, to repair  
and realign centre exhaust pipe.

\$

↪ 170.00 *X*To transfer of rear end panel fittings, attachment and  
perform water seepage test.

\$

↪ 170.00 *X*To transfer of rear windscreen fittings and conduct  
water seepage test.

\$

↪ 170.00 *X*To check steering geometry and computer wheel  
alignment

\$

↪ 220.00 *X*

To Check Electrical Lighting Concerned.

\$

↪ 170.00 *X***TOTAL \$****7,580.00****Over All Total \$****12,330.72****(LUMP SUM)  
Repair Days***2 days*  
**20 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:

Date Of Driving Pass ..... 16/03/1978  
 Driving experience ..... 43 YEARS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-88129312  
 Alt. Phone Number ..... -  
 Email Address ..... exocdesiates@gmail.com  
 Address ..... 601D TAMPINES AVENUE 9 #13-850 SINGAPORE  
 Address complement ..... -  
 Postcode ..... 524601  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Hirer  
 Does Driver Own Other Vehides? ..... 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) ..... 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 THE POLICE REPORT NO:T/20210310/7026

#### 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 ..... GBH5355C  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... Hiace  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... -

# SKETCH PLAN

Permittee KACI BERT  
Gate 2 airport exit

A: JHC5719S

B: GBH5385C



## 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/20210310/7026

1 of 3

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

Report No. T/20210310/7026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2021 17:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAW LAY BENG			Address: 601D TAMPINES AVENUE 9 #13-850 SINGAPORE 524601		
ID Type / ID No.: NRIC NO / S0066137F			Contact No.: Home/Office: Mobile: 88129312		
Nationality: SINGAPORE CITIZEN			Email: exoclesiates@gmail.com		
Sex: Male	Age: 66	Date of Birth: 27/09/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2021 16:30	Type of Location: Car Park
Location:  BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBH5355C	Van		TOYOTA		Slightly Damaged	1
SHC5719S	Car			Red	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210310/7026

2 of 3

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

Report No. T/20210310/7026

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAW LAY BENG	ID No.	S0066137F
Related Vehicle	SHC5719S (Car)	Contact No.	88129312
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	10/03/2021	Date	10/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

ON THE STATED VENUE, DATE AND TIME. I VEHICLE A BEARING CARPLATE SHC5719S, WAS WAITING FOR THE GANTRY TO EXIT.

SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GET DOWN AND REALISED VEHICLE B BEARING CARPLATE GBH 5355C HAS COLLIDED ON TO ME.

AFTER THE ACCIDENT I FELT PAIN ON MY NECK, SHOULDER AND BACK. SO I WENT TO CONSULT A DOCTOR AT OUR FAMILY PHYSICIAN CLINIC & SURGERY AND RECEIVED 3 DAYS OF MC.

Signature Of Officer Recording The Report  
Not available

Signature Of Person Involved  
Not available

Officer In Charge Of Case

IP: 17867

REMARKS: PEDESTRIAN INVOLVED

Completed: 04/03/2021

Approved By: [Signature]  
Date: 04/03/2021

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LAW LAY BENG	ID No.	S0066137F
Related Vehicle	SHC5719S (Car)	Contact No.	68129312
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	10/03/2021	Date	10/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A BEARING CARPLATE SHC5719S, WAS WAITING FOR THE GANTRY TO EXIT.

SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GET DOWN AND REALISED VEHICLE B BEARING CARPLATE GBH 5355C HAS COLLIDED ON TO ME.

AFTER THE ACCIDENT I FELT PAIN ON MY NECK, SHOULDER AND BACK. SO I WENT TO CONSULT A DOCTOR AT OUR FAMILY PHYSICIAN CLINIC & SURGERY AND RECEIVED 3 DAYS OF MC.

Signature Of Officer Recording The Report  
H.A. [Signature]

Signature Of Roadblock  
H.A. [Signature]

Signature Of Officer Of Charge  
H.A. [Signature]  
Signature Of Officer Of Charge  
H.A. [Signature]

Signature Of Officer Of Charge  
H.A. [Signature]

Signature Of Officer Of Charge  
H.A. [Signature]  
Signature Of Officer Of Charge  
H.A. [Signature]

Signature Of Officer Of Charge  
H.A. [Signature]