

ASS. REC. BY:

REF:

EQ/

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. _____

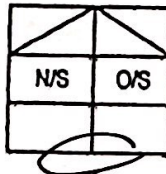
Claims No. _____

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: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 5154X Yr Regn: 01, 14

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

Truck / Trailer or Aj.Make: Renault Latitude c.c 1995Colour M. White / Red AC: Insured / Std / NI / NASp. Reading 648997 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 276543Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rlm / STD A/Rlm orTire Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Pailun

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 24/4/21 D.O.I. 28/4/2021

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

/ Awert Book Valve

Data/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

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

SHC5154X

AAD2104-125

Not Authorized
U/Lm &

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

27 APR 2021

SHC5154X

VF1ABL15AUC276543

RENAULT

LATITUDE

24/04/2021

EQ

14/01/2014

PART**LIST**

- 1 BUMPER COVER REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER REFLECTOR LH
- 1 BUMPER REFLECTOR RH
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER RH REAR
- 1 BUMPER BRACKET SIDE LH REAR
- 1 BUMPER RETAINER LH REAR
- 1 FENDER PANEL REAR RH
- 1 WHEELARCH REAR RH
- 1 ABSORBER REAR
- 1 BUMPER BEAM REAR
- 1 BUMPER BEAM BRACKET LH REAR
- 1 BUMPER BEAM BRACKET RH REAR
- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel)TRIM
- 1 BOOT REAR
- 1 BOOT LOCK
- 1 BOOT LOCK CATCH
- 1 BOOT FINISHER
- 1 BOOT WEATHERSTRIP
- 1 BOOT STRUT LH
- 1 BOOT STRUT RH
- 1 BOOT HINGE LH
- 1 BOOT HINGE RH
- 1 BOOT BADGE 'RENAULT'

\$	Bu	561.70	—
\$	nd/cmt	411.90	✓
\$	cm	16.60	—
\$	sn	16.60	X
\$	df	98.10	—
\$	sn	82.10	X
\$	sn	59.80	X
\$	sn	80.80	X
\$	sn	54.20	X
\$	R	1,933.20	X
\$	sn	275.40	X
\$	sn	217.30	X
\$	R	547.80	✓
\$	df	114.50	—
\$	R	114.50	—
\$	R	745.80	—
\$	nd	404.56	—
\$	R	1,677.20	—
\$	nd	246.60	—
\$	R	41.70	X
\$	sn	344.70	X
\$	sn	178.20	502m
\$	sn	145.10	X
\$	sn	145.10	X
\$	R	254.20	X
\$	R	254.20	X
\$	sn	82.40	—

TOTAL

TOTAL PARTS

LABOUR

Trans-cab Auto Services Pte Ltd**AAD2104-125**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHCS154X

1 BOOT BADGE	\$	95.80	✓
1 BOOT REFLECTOR LAMP LH	\$	277.70	X
1 BOOT REFLECTOR LAMP RH	\$	277.70	X
1 TAILLAMP LH	\$	401.40	X
1 TAILLAMP RH	\$	401.40	X
1 EXHAUST REAR	\$	5,263.60	X
1 EXHAUST CAP REAR	\$	125.40	X

	\$	15,947.26
10%	\$	1,594.73
	\$	14,352.53

Special Nett

1SET PARKING AID	\$	700.00	X
1SET REAR BUMPER CLIP	\$	66.00	✓
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	10.00	X
1SET BUMPER RETAINER RH CLIP RR	\$	20.00	X
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	10.00	X
1SET BUMPER RETAINER CLIP LH RR	\$	20.00	X
1SET BUMPER LOWER REAR CLIP	\$	66.00	✓
1 EXHAUST MOUNTING REAR	\$	17.82	X
1 LICENSE PLATE WITH HOLDER FRT	\$	120.00	X
2 WINDSCREEN SEALANT	\$	150.00	X
1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	X
TOTAL	\$	1,509.82	
TOTAL PARTS	\$	15,862.35	

LABOUR

To Remove And Refit Rear Big and Small W/Screen
Glass To Facilitate Bodywork Repair.

Putty And Spray Painting Of The Affected Portion.

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

\$	300.00	X
\$	3,000.00	6601
\$	3,000.00	6001

Trans-cab Auto Services Pte Ltd

AAD2104-125

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC5154X

To Rust-Proofing Of The Affected Areas.	\$	170.00	601
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	601
To repair and realign rear exhaust pipe.	\$	nn 170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	nn 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	601
To transfer of rear windscreen fittings and conduct 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	201
TOTAL	\$	7,880.00	
Over All Total	\$	38,094.89	

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:

(LUMP SUM)**Repair Days**~~10 DAYS~~

5 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 Submission	26/04/2021 20:46 (SGT)
Date of Accident	24/04/2021 22:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF RIVERVALE DR AND RIVERVALE LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5154X
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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
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	NA

DRIVER

Name of Driver	MOHAMAD NOOR BIN MAJEED
NRIC No	SXXXX974Z

Date Of Birth	30/10/1958
Occupation	Outdoor
Date Of Driving Pass	04/03/1980
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85021021
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	182 RIVERVALE CRES #16-319
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?	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	MA'IL BIN OSMAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kim Keat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002529999
Alt. Police Station Phone No	(Fax) +65-63554311
Police Station Address	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210426/2036

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO HAS BEEN FORWARDED TO TRANSCAB SERVICES & AXA INSURANCE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

REFER TO ATTACHED STATEMENT.

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-185
SINGAPORE 310231
Tel No: 1800-2529999

Report No. T/20210426/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2021 13:05	Vide Report No.: T/20210426/2025	Station Diary No.: 22
Informant's Particulars		
Name of Informant: MOHAMAD NOOR BIN MAJEED	Address: APT BLK 182 RIVERVALE CRESCENT #16-319 SINGAPORE 540182	
ID Type / ID No.: NRIC NO / S1309974Z	Contact No.: Home/Office:	Mobile: 85021021
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 62	Date of Birth: 30/10/1958
Type of Informant: Driver		
Race: Malay	Language:	Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2021 22:40	Type of Location: T-Junction
Location: RIVERVALE DRIVE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two 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	Condition	No of Passenger
SHC5154X	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	1
SLR2527Y	Car	MERCEDES BENZ	C 250	Silver		0



**SINGAPORE
POLICE FORCE**



T/20210426/2036

2 of 4

Report No. T/20210426/2036

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	MAIL BIN OSMAN	ID No.	S1726702G
Related Vehicle	SHC5154X (Car)	Contact No.	88259172
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	MOHAMAD NOOR BIN MAJEED	ID No.	S1309974Z
Related Vehicle	SHC5154X (Car)	Contact No.	85021021
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	NG CHYE SENG, SHAWN	ID No.	S9039667F
Related Vehicle	SLR2527Y (Car)	Contact No.	87777558
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/04/2021 at about 2240hrs, I was driving my taxi bearing registration plate number SHC5154X on the extreme left lane of Rivervale Dr towards Rivervale St. As I was stationary position at the T-junction of Rivervale Dr x Rivervale Lane, there was a vehicle bearing registration plate number SLR2527Y had a collision onto the rear side of my vehicle. We alighted and exchanged particulars, before sending my passenger off to his destination. I suffer pain on my back, hip and stomach area and visited the doctor at MEDICAL HORIZON PTE LTD to get a 5 days MC from 26/04/2021 - 30/04/2021. There was no traffic police or ambulance attended to us. I am lodging for insurance and recording purposes for my company.