

ASS. REC. BY:

REF:

TMI / 210056261kg

C

Kenneth

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: Sailun 215/60R16

R: Falken

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

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 BL

715 L1Rup 86501 Cabw Cred \$1390337, 96%

Date/Time, File Pass to?

1) 28/5 10:15

Date/Time, File Return to?

2)

Report Format:

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

AVER-TP
650

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

☐

Prell. Report

☐

Final Report

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

SHD407U**AAD2105-***Not Authorized
L/Rp @ 650h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

06 MAY 2021

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD407U

VF1ABL15AUC283490

RENAULT

LATITUDE

05/05/2021

TOKIO

14/11/2016

PART

- 1 BUMPER COVER REAR
- 1 BUMPER LOWER REAR
- 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 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

LIST

\$	<i>R</i>	561.70	X
\$	<i>nd/cut</i>	411.90	✓
\$	<i>R</i>	98.10	X
\$	<i>R</i>	82.10	X
\$	<i>R</i>	59.80	X
\$	<i>R</i>	80.80	X
\$	<i>R</i>	54.20	X
\$	<i>R</i>	547.80	X
\$	<i>R</i>	114.50	X
\$	<i>R</i>	114.50	X
\$	<i>R</i>	745.80	X
\$	<i>R</i>	404.56	X
\$		3,275.76	
10% \$		327.58	
\$		2,948.18	

Special Nett

- 1SET PARKING AID
- 1 BOOT FINISHER NUT L70Y
- 1SET REAR BUMPER CLIP
- 1SET BUMPER BRACKET CTR CLIP
- 1SET BUMPER BRACKET SIDE CLIP RH RR
- 1SET BUMPER RETAINER RH CLIP RR
- 1SET BUMPER BRACKET SIDE CLIP LH RR
- 1SET BUMPER RETAINER CLIP LH RR
- 1SET BUMPER LOWER REAR RIVET
- 1SET BUMPER LOWER REAR CLIP
- 1 REAR NUMBER PLATE WITH HOLDER

\$	<i>R</i>	700.00	X
\$	<i>na</i>	60.00	X
\$	<i>na</i>	66.00	} X
\$	<i>na</i>	33.00	
\$	<i>na</i>	10.00	
\$	<i>na</i>	20.00	
\$	<i>na</i>	10.00	
\$	<i>na</i>	20.00	
\$	<i>na</i>	22.00	
\$	<i>na</i>	66.00	✓
\$	<i>R</i>	120.00	X

Trans-cab Auto Services Pte Ltd**AAD2105-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD407U

1 REAR BOOT STICKER 'Trans-cab'	\$	<i>nn</i>	80.00	X
1 REAR BOOT STICKER '6555-3333'	\$	<i>nn</i>	80.00	X
2 WINDSCREEN SEALANT	\$	<i>nn</i>	150.00	X
1 WINDSCREEN MOULDING	\$	<i>nn</i>	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>nn</i>	130.00	X
TOTAL	\$		1,287.00	
TOTAL PARTS	\$		4,235.18	

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$		3,000.00	<i>2201</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		3,000.00	<i>1501</i>
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>nn</i>	300.00	X
To Rust-Proofing Of The Affected Areas.	\$	<i>4</i>	170.00	X
To reinstall rear bumper parking sensor.	\$	<i>4</i>	170.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	<i>4</i>	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>4</i>	170.00	X
To check steering geometry and computer wheel alignment	\$	<i>4</i>	220.00	X
To Check Electrical Lighting Concerned.	\$	<i>4</i>	170.00	X
TOTAL	\$		7,370.00	

Trans-cab Auto Services Pte Ltd**AAD2105-**

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SHD407U**Over All Total \$ 14,553.37****(LUMP SUM)****Repair Days****~~20 DAYS~~***1 1/2 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	05/05/2021 19:03 (SGT)
Date of Accident	05/05/2021 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS AVE 4 JUNCTION OF AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD407U
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
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	-

DRIVER

Name of Driver	HENG SIR LIN
NRIC No	SXXXX640G

Date Of Birth	25/07/1965
Occupation	Outdoor
Date Of Driving Pass	21/10/2000
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86132887
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	51 Jalan Taman.
Address complement	-
Postcode	328997
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)	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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFR TO POLICE REPORT: T/20210505/2038 LODGED AT BISHAN N P C

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	SML8652Z
Vehicle Manufacturer	Honda
Vehicle Model	HRV 1.5 DX CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LOU GEOK ENG
NRIC No	SXXXX549G
Contact Number	(Phone) +65-93830364
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HENG SIR LIN
Address	51 Jalan Taman.
Address Complement	-
Post Code	28997
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD407U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH

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. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

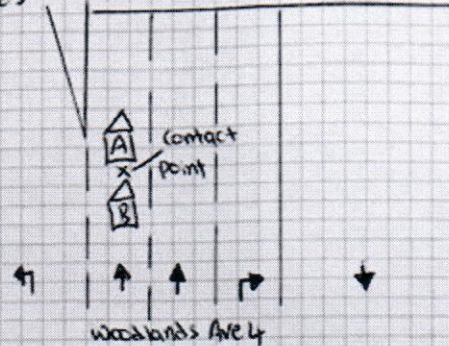
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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

SKETCH PLAN

Woodlands Ave 5



Veh A SHD 407U
Veh B SML 8652 Z

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
ANG QI HAO, VICTOR

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20210505/2038

1 of 3

Report No. T/20210505/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2021 13:36	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: HENG SIR LIN			Address: 51 JALAN TAMAN SINGAPORE 328997		
ID Type / ID No.: NRIC NO / S1697640G			Contact No.: Home/Office: Mobile: 86132887		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 25/07/1965	Type of Informant: Driver		
Race: Chinese			Language: Chinese		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: 05/05/2021 07:50	Type of Location: X-Junction
Location: WOODLANDS AVENUE 4				
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
SHD407U	Taxi	RENAULT		Red		0
SML8652Z	Car	HONDA		Red		0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20210505/2038

Police Station Of Origin:
Bishan N P C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20210505/2038

CONTINUATION OF REPORT

Driver			
Name	HENG SIR LIN	ID No.	S1697640G
Related Vehicle	SHD407U (Taxi)	Contact No.	86132887
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/05/2021	Date Discharge	05/05/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	LOU GEOK ENG	ID No.	S7889549G
Related Vehicle	SML8652Z (Car)	Contact No.	93830364
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 05/05/2021 at about 0750hrs, I was driving my taxi (SHD407U) along Woodlands avenue 4. At that point of time, I was at the traffic light junction of Woodlands avenue 4 and 5 waiting for the traffic light to turn 'green'. While waiting, I felt an impact from the rear of my taxi. I got out to check and realized that another car (SML8652Z) had collided into the rear of my taxi. I took photos of the accident and approach the driver of SML8652Z. The driver (female Chinese) informed that she need to inform her her husband about the matter. After informing, we decided to lodge our own report with regards to the case. After the accident, I proceed back home to keep some of my stuff and started to felt pain coming from my back area and neck area. I proceed to seek medical assistance and was given 4 days of medical leave (MC) by the doctor.



**SINGAPORE
POLICE FORCE**



T/20210505/2038

3 of 3

Report No. T/20210505/2038

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt LIM BENG LEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/05/2021 13:36

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:



Authentication Stamp

NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD407U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 May 2021
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	M9R8839C003117
Chassis No.:	VF1ABL15AUC283490
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	14 Nov 2016
First Registration Date:	14 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Nov 2024
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	13 Nov 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,313.00
COE Rebate Amount:	\$18,189.00
Total Rebate Amount:	\$33,187.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 May 2021

OK