

ASS. REC. BY:

REF:

TMI /

CC3/TMI21005626/Kqf3

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. \_\_\_\_\_

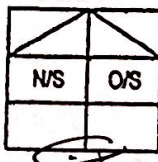
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 1 1/2 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: S110407U Yr Regn: 11, 16

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

Truck / Trailer or

Make: Renault Latitude C.C. 1995Colour M. White / Red A/C: Insured / Std / Nil / NASp. Reading 532813 T/Radio: Insured / Std / Nil / NA

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

C/No: V11 ABL15MC 283490Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Sailor 215/60R16R: Falken

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 7 mmL/Bal. 9 mm L/Bal. 7 mmD.O.A. 5/5/21 D.O.I. 6/5/2021

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 Get BZ

10/05/21 @ 11.14am Email GIA, police report &amp; estimate and revised to TMI.

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

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

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

Survey Fee: \_\_\_\_\_

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

S + RS. \$ \_\_\_\_\_

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

**SHD407U****AAD2105-***Not Authorized*  
*1/1/2021*

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	LIST
1 BUMPER COVER REAR	\$ 561.70 X
1 BUMPER LOWER REAR	\$ 411.90 ✓
1 BUMPER BRACKET CTR REAR	\$ 98.10 X
1 BUMPER BRACKET SIDE RH REAR	\$ 82.10 X
1 BUMPER RETAINER RH REAR	\$ 59.80 X
1 BUMPER BRACKET SIDE LH REAR	\$ 80.80 X
1 BUMPER RETAINER LH REAR	\$ 54.20 X
1 BUMPER BEAM REAR	\$ 547.80 ?
1 BUMPER BEAM BRACKET LH REAR	\$ 114.50 X
1 BUMPER BEAM BRACKET RH REAR	\$ 114.50 X
1 OUTER PANEL REAR (End Panel)	\$ 745.80 X
1 OUTER PANEL REAR (End Panel)TRIM	\$ 404.56 X
	\$ 3,275.76
10% \$	\$ 327.58
	\$ 2,948.18

Special Nett	
1SET PARKING AID	\$ 700.00 X
1 BOOT FINISHER NUT L70Y	\$ 60.00 X
1SET REAR BUMPER CLIP	\$ 66.00
1SET BUMPER BRACKET CTR CLIP	\$ 33.00
1SET BUMPER BRACKET SIDE CLIP RH RR	\$ 10.00
1SET BUMPER RETAINER RH CLIP RR	\$ 20.00
1SET BUMPER BRACKET SIDE CLIP LH RR	\$ 10.00
1SET BUMPER RETAINER CLIP LH RR	\$ 20.00
1SET BUMPER LOWER REAR RIVET	\$ 22.00
1SET BUMPER LOWER REAR CLIP	\$ 66.00 ✓
1 REAR NUMBER PLATE WITH HOLDER	\$ 120.00 X



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

No. 2 Ang Mo Kio Street 63 Singapore 569111

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**SHD407U**

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

**LABOUR**

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

# 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

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 ..... TRANSCAB 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

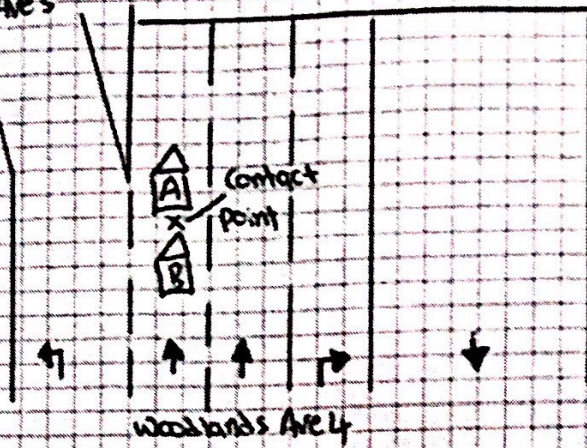
#### DETAILS OF OTHER VEHICLE PROPERTY 1

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



SKETCH PLAN

Woodlands Ave 5



Veh A: SHD 407U

Veh B: SML 8652Z

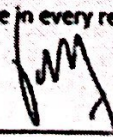
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

2 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

<b>Driver</b>			
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
<b>Driver</b>			
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 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.