

ASS. REC. BY:

REF: FC2/21007503/keKenneth

## 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: 8

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 08 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: SHD 323CYr Regn: 031 16

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

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

Make: Perant Lapindac.c. 1995Colour: M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading: 792269

T/Radio: Insured / Std / NI / NA

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

C/No: VI-1 ABL 15AUC 282614Gen. 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: \_\_\_\_\_

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

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

TOYO / YOKO or Radun

Front

Rear

R/Bal. 9 mmR/Bal. 6 mmL/Bal. 9 mmL/Bal. 6 mmD.O.A. 8/7/21D.O.I. 9/7/2021

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

1Get BL

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: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

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

P.P.S. \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format :

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

**AAD2107-034**

Not Authored  
L. Ry. S.

## SHD323C

VF1ABL15AUC282614

## RENAULT

09 JUL 2021

LATITUDE

08/07/2021

**TOWER TRANSIT (FCI)**

04/03/2016

## LIST

## LIST

TOTAL

TOTAL PARTS



**Trans-cab Auto Services Pte Ltd**

AAD2107-

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD323C**

1 BOOT STRUT RH	\$	sn 145.10	X
1 BOOT LOCK	\$	na 246.60	✓
1 BOOT LOCK CATCH	\$	DIY 41.70	✓
1 BOOT FINISHER	\$	Refurn 344.70	✓
1 FENDER PANEL REAR LH	\$	M/Bn 1,933.20	✓
1 WHEELARCH REAR LH	\$	sn 275.40	X
	\$	<b>12,415.76</b>	
	10% \$	<b>1,241.58</b>	
	\$	<b>11,174.18</b>	

**Special Nett**

1SET PARKING AID	\$	Adlshon 700.00	400sn
1SET REAR BUMPER CLIP	\$	na 66.00	✓
1SET BUMPER BRACKET CTR CLIP	\$	na 33.00	X
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na 10.00	X
1SET BUMPER RETAINER RH CLIP RR	\$	na 20.00	X
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	na 10.00	X
1SET BUMPER RETAINER CLIP LH RR	\$	na 20.00	X
1SET BUMPER LOWER REAR CLIP	\$	na 66.00	✓
1 EXHAUST MOUNTING REAR	\$	sn 17.82	X
1 REAR BOOT STICKER 'Trans-cab'	\$	na 80.00	30sn
1 REAR BOOT STICKER '6555-3333'	\$	na 80.00	30sn
1 LICENSE PLATE WITH HOLDER	\$	na 120.00	45sn
2 WINDSCREEN SEALANT	\$	na 150.00	40sn
1 WINDSCREEN MOULDING	\$	na 200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	na 130.00	30sn
	<b>TOTAL</b>	<b>\$ 1,222.82</b>	
	<b>TOTAL PARTS</b>	<b>\$ 12,397.00</b>	

**LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	132d
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	120d
To Rust-Proofing Of The Affected Areas.	\$	170.00	9d

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SHD323C

To reinstall rear bumper parking sensor.	\$	170.00	60d
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	60d
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	10d
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	12d
To check steering geometry and computer wheel alignment	\$	~ 220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	2d
<b>TOTAL</b>	<b>\$</b>	<b>7,580.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>31,151.19</b>	

(LUMP SUM)

Repair Days

~~20~~ DAYS

8 day,

**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	08/07/2021 15:50 (SGT)
Date of Accident	08/07/2021 10:50 (SGT)
Exact Location of Accident	Near 209 Jurong East Street 21, Block 209, Singapore 600209
Additional Location Information	JUNCTION OF BOON LAY WAY AND JURONG EAST CENTRAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD323C

#### 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	LIM CHIT CHAN
NRIC No	SXXXX363G



Date Of Birth	11/10/1975
Occupation	Outdoor
Date Of Driving Pass	04/02/1999
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96954928
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Yishun, 413 Yishun Ring Road
Address complement	#06-1887
Postcode	760413
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 vehicle 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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210708/2070 LODGED AT BUKIT MERAH WEST N P C

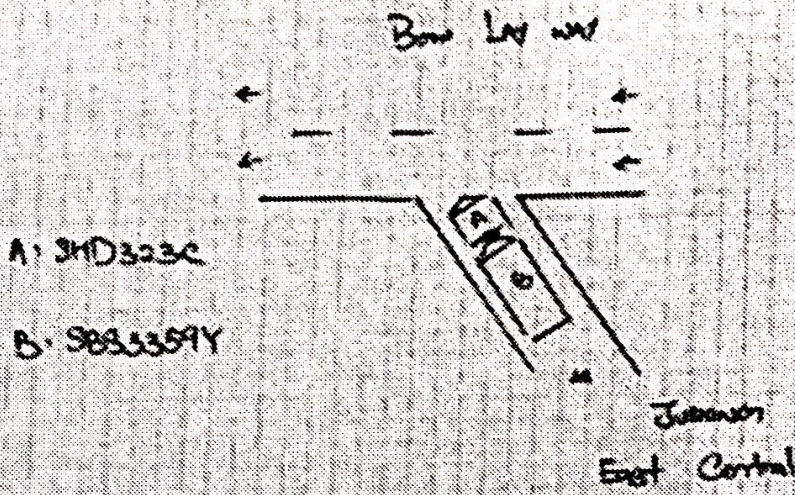
#### ATTACHMENT(S)

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	SBS3359Y
Vehicle Manufacturer	Volvo
Vehicle Model	B9tl
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Commercial vehicle





Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT

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



Police Station Of Origin:  
East Marsh West N.P.C  
200 Bukit Merah View #01-01 SINGAPORE  
150082  
Tel No: 1800-3779999

1 of 3  
Report No. T/20210708/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 14:46	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: LIM CHIT CHAN		Address: APT BLK 413 YISHUN RING ROAD #06-1887 SINGAPORE 760413	
ID Type / ID No.: NRIC NO / S7530363G		Contact No.: Home/Office: Mobile: 96954928	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 11/10/1975	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 Government Vehicle	Drink Drive: No	Date/Time of Accident: 08/07/2021 10:50	Type of Location: Bend
Location:  JURONG EAST CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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 Pass
SBS3359Y	Bus/Coach/Mi nibus				Slightly Damaged	0
SHD323C	Car				Seriously Damaged	0

Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20210708/2070

2 of 2

Report No. T/20210708/2070

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159652  
Tel No: 1800-3779999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LI TIEZHONG	ID No.	G8416223Q
Related Vehicle	SBS3359Y (Bus/Coach/Minibus)	Contact No.	NIL
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
<b>Driver</b>			
Name	LIM CHIT CHAN	ID No.	S7530363G
Related Vehicle	SHD323C (Car)	Contact No.	96954928
Hospital/Clinic	CHUNG & EE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2021	Date Discharge	08/07/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 08/07/2021 at about 1050hrs, I was driving along Jurong East Central and had entered into the left filter lane into Boon Lay Way, towards Upper Jurong Road direction. I am the first vehicle in the filter lane and I saw a motorcycle is traveling on the main road of Boon Lay Way, I slowed down and come to a complete stop at the stop line while waiting for the motorcycle to ride past before I entered Boon Lay Way.

After my vehicle comes to a complete stop, I felt a strong impact from the rear of my vehicle and the whole vehicle jerk forward. I then went out from my car and the driver of the SBS driver also came out. He informed that he was driving 'off service' SBS Bus and had entered the filter lane as well and was behind by taxi. he informed that he was also looking at the on-coming vehicles from the main road and as such, he did not manage to look in front and assume that I had driven off hence he proceed on without realizing that my vehicle was at the front. Both of use then took picture of the accident as well as informing our respective company about the accident. Both of us the drove off from the scene after taking pictures and I do not have the contact number of the driver. Subsequently he told me that I settle with SBS company for the insurance claim.

I wish to state that after the accident, I felt pain and stiff on my rear neck area as well as the back of my body. I went to see a private clinic which the doctor had given me 5 days MC and that he told me to make a Traffic Accident Report.