

ASS. REC. BY:

REF:

AIG/

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

11 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1

Get BL

11/12/2021 @ 8:50h

Date/Time, File Pass to?

☐

: Prell. 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 (\$

Veh No:

S14D15S

Yr Regn:

10, 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

AC:

Insured / Std / NI / NA

Sp. Reading

658113

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VFIABLISAUC 281655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LZA / 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.

19/7/21

D.O.I.

22/7/2021

Survey held at

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

Rear o/s &amp; 1st N/S

The UIC / Chassis frame / Body Structure affected due to collision.

**Trans-cab Auto Services Pte Ltd**

AAD2107-083

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD15S***Not Withheld  
11 Sep 88650h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

22 JUL 2021

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHD15S**

VF1ABL15AUC281655

RENAULT

LATITUDE

19/07/2021

AIG.

02/10/2015

**PART****LIST**

1 BUMPER COVER FRT	\$	Bu	747.20	✓
1 HEADLAMP LH	\$	msm	743.60	✓
1 FENDER PANEL FRT LH	\$	R	437.10	X
1 RADIATOR GRILLE	\$	Sm	969.90	X
1 RADIATOR GRILLE FRAME	\$	Sm	686.00	X
1 FRAME FULL SUPPORT PANEL	\$	cm	592.70	✓
1 BUMPER COVER REAR	\$	Bu	561.70	✓
1 BUMPER LOWER REAR	\$	cm	411.90	✓
1 BUMPER REFLECTOR LH	\$	Sm	16.60	X
1 BUMPER REFLECTOR RH	\$	Bu	16.60	✓
1 BUMPER BRACKET CTR REAR	\$	h	98.10	X
1 BUMPER BRACKET SIDE RH REAR	\$	Di	82.10	✓
1 BUMPER RETAINER RH REAR	\$	h	59.80	X
1 BUMPER BRACKET SIDE LH REAR	\$	Di	80.80	✓
1 BUMPER RETAINER LH REAR	\$	h	54.20	X
1 BUMPER BEAM REAR	\$	Bu	547.80	✓
1 BUMPER BEAM BRACKET LH REAR	\$	R	114.50	X
1 BUMPER BEAM BRACKET RH REAR	\$	Bu	114.50	✓
1 OUTER PANEL REAR (End Panel)	\$	Bu	745.80	✓
1 OUTER PANEL REAR (End Panel)TRIM	\$	Sm	404.56	X
1 FENDER PANEL REAR RH	\$	Bu	1,933.20	✓
1 WHEELARCH REAR RH	\$	Di	275.40	✓
1 TAILLAMP RH	\$	cm	401.40	✓
1 EXHAUST REAR — Prt	\$	Bu	5,263.60	✓
1 BOOT REAR	\$	Bu	1,677.20	✓
1 BOOT BADGE 'RENAULT'	\$	Mc	82.40	✓
1 BOOT BADGE	\$	Mc	95.80	✓
1 BOOT REFLECTOR LAMP RH	\$	cm	277.70	✓



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**SHD15S**

1 BOOT HINGE LH	\$	254.20	X
1 BOOT HINGE RH	\$	254.20	X
1 BOOT STRUT LH	\$	145.10	X
1 BOOT STRUT RH	\$	145.10	X
1 BOOT LOCK	\$	246.60	X
1 BOOT LOCK CATCH	\$	41.70	X
1 BOOT FINISHER	\$	344.70	X
	\$	<b>18,923.76</b>	
10%	\$	<b>1,892.38</b>	
	\$	<b>17,031.38</b>	

**Special Nett**

1 FR BUMPER CLIP	\$	65.00	✓
1 RADIATOR GRILLE CLIP	\$	60.00	✓
1 FENDER CLIP	\$	70.00	X
1SET PARKING AID	\$	700.00	400.00
1SET REAR BUMPER CLIP	\$	66.00	✓
1SET BUMPER BRACKET CTR CLIP	\$	33.00	X
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 REAR BOOT STICKER 'Trans-cab'	\$	80.00	30.00
1 REAR BOOT STICKER '6555-3333'	\$	80.00	30.00
1 LICENSE PLATE WITH HOLDER FRT	\$	120.00	45.00
2 WINDSCREEN SEALANT	\$	150.00	40.00
1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	30.00
<b>TOTAL</b>	\$	<b>1,897.82</b>	
<b>TOTAL PARTS</b>	\$	<b>18,929.20</b>	

**LABOUR**

Putty And Spray Painting Of The Affected Portion. \$ 3,000.00 1540/

**Trans-cab Auto Services Pte Ltd**

AAD2107-

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CO./GST Reg. No. 201019626G

**SHD15S**

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	1500/
To Rust-Proofing Of The Affected Areas.	\$	170.00	120/
To reinstall rear bumper parking sensor.	\$	170.00	60/
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	60/
To repair and realign rear exhaust pipe.	\$	170.00	} 80/
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00	
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	120/
To check steering geometry and computer wheel alignment	\$	~ 220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	40/

**TOTAL \$ 7,580.00****Over All Total \$ 43,540.59****(LUMP SUM)****Repair Days****20 DAYS****11 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 ..... 21/07/2021 17:20 (SGT)  
Date of Accident ..... 19/07/2021 21:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HANDY ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD15S

#### 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 4D  
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 ..... LIO KOON MENG  
NRIC No ..... SXXXX585G



[illegible]

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

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





**SINGAPORE  
POLICE FORCE**



T/20210721/2022

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210721/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2021 12:19	Vide Report No.: E/20210719/0158	Station Diary No.: 44
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**Informant's Particulars**

Name of Informant: LIO KOON MENG			Address: APT BLK 229 COMPASSVALE WALK #15-404 SINGAPORE 540229		
ID Type / ID No.: NRIC NO / S1689585G			Contact No.: Home/Office: Mobile: 96900474		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 12/07/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2021 21:00	Type of Location: T-Junction
Location:  HANDY ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Chain-collision	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5469T	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon		0
SHD15S	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		0





**SINGAPORE  
POLICE FORCE**



T/20210721/2022

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20210721/2022

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX8265U	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED	Red		1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIO KOON MENG	ID No.	S1689585G
Related Vehicle	SHD15S (Car)	Contact No.	96900474
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	21/07/2021	Date Discharge	21/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 19/07/2021 at about 9pm, I was driving my taxi (SHD15S) along Handy Road T-Junction travelling on lane 5. My taxi was in stationery position wanting to turn left waiting for the traffic light.

Out of sudden, I felt an impact coming from the rear as there was a car (SMX8265U) collided on the rear portion of my taxi resulted to damage. Due to the impact my taxi surged forward and hit onto the rear portion of the taxi (SHB5469T) in front of me.

Nobody was injured at that point in time. A police car came and attended to the accident. My company in-car camera captured the accident footage.

The male driver of SMX8265U gave his handphone number 9835 2650. I did not exchange particulars with the drivers as the police officer had taken our particulars.

After the accident, I felt unwell thus seek medical treatment at a private clinic and was given 3 days of MC from 21/07/2021 to 23/07/2021.