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nneth	ASSIGNMENT 02 15
From: Date:	Veh No: 5/4C 5944/1/Yr Regn: 03, 15
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi 7 Prime Mover /
OD /TP / WS / TP RES / OD RES / EVA / INY / MY	Truck / Trailer or
To Inspect Vehicle No:	Make: Renault latitude as 198
at Workshop m/s Tans Cab	Colour M White / Act AC: Insured / Std / NI / NA
of	Sp.Reading 805850 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: VF1ABL 15/MC 28146
Claims No.	Gen. Cond: 9000 / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingraer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MIT SIRIM I STD AIRIM or
	Tyre Size: F: 215/60 R16
(Policy Condition)	R:
· · · · · · · · · · · · · · · · · · ·	DIS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Sailun
Bal, or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 9 mm L/Bal. 59 imm
20	D.O.A. 2/9/21 D.O.I. 3/9/20
0	Survey held at
um Sum: 10 % 3 Val.: Yes or No	Des. of Damages ; Frt / Rear / O/S / N/S / U/C / Rooftop or
A / REV / REP. / 24 HRS Vehicle: IN/	als had
ate:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
LUMP SUM \$4650, 3DAYS	
RED:15,157.90; 76%	
	•
Time, File Pass to? : Prell. Report	Days Of Repair: 3
	Days Of Repair: 3  Resurvey No. of Trip: Survey Fee:
: Final Report	
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: Final Report	Resurvey No. of Trip: Survey Fee: Transportation:  80: Site Insp (\$ ) _ S - RS _ SI
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: Final Report	Resurvey No. of Trip: Survey Fee: Transportation:  80: Site Insp (\$ ) _ S - RS _ SI

# 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

SHC5944H

Not Norhaise 615m &

AAD2108-

Vehicle No.: **SHC5944H** 

Chassis No.: VF1ABL15AUC281463

Vehicle Make: RENAULT

Vehicle Model: 03 SEP 2021 LATITUDE Date of Accident:

02/09/2021 Third Party Insurer: **AUTO & GENERAL** 

Date of Registration: 23/03/2015

			74		
	PART	TATTAL		LIST	
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	1 FENDER PANEL FRT RH	\$		By 437.10 -	_
]	L HEADLAMP RH	\$		12 743.60 X	
1	DOOR PANEL FRT RH	\$		R 2,844.66 -	_
1	DOOR WEATHERSTRIP FRT RH	\$		410.27 x	
1	DOOR HANDLE OUTER FRT RH	\$		~ 477.76 €	
1	DOOR HANDLE MODULE FRT RH	\$		1 133.60 X	
1	DOOR REGULATOR FRT RH	\$		505.19 7	
1	DOOR REGULATOR MOTOR FRT RH	\$		796.46 7	
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1	WHEELARCH REAR RH	\$		الم 275.40 x	
1	ROCKER PANEL OUTER RH	4		1,184.99 X	
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Acknowledged by Repairer			ž.			
Signature:						

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of the linear the insurance companies.

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 02/09/2021 13:39 (SGT) Date of Accident 02/09/2021 06:35 (SGT) **Exact Location of Accident** Near 375 Hougang Street 31, Block 375, Singapore 530375 Additional Location Information 374 HOUGANG ST 31 DROP OFF POINT Country/State of Loss

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC5944H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Company Reg No 2XXXXX878K Email Address claims@transcab.com.sg Mobile Phone No (Phone) +65-62876666 Alternative Phone No (Office) +65-62876666

#### VEHICLE PARTICULARS

Manufacturer ..... Renault Latitude 2.0L DCI AUTO D/AB 4DR Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category ...... Taxi Transmission Auto 1998

#### INSURANCE COMPANY

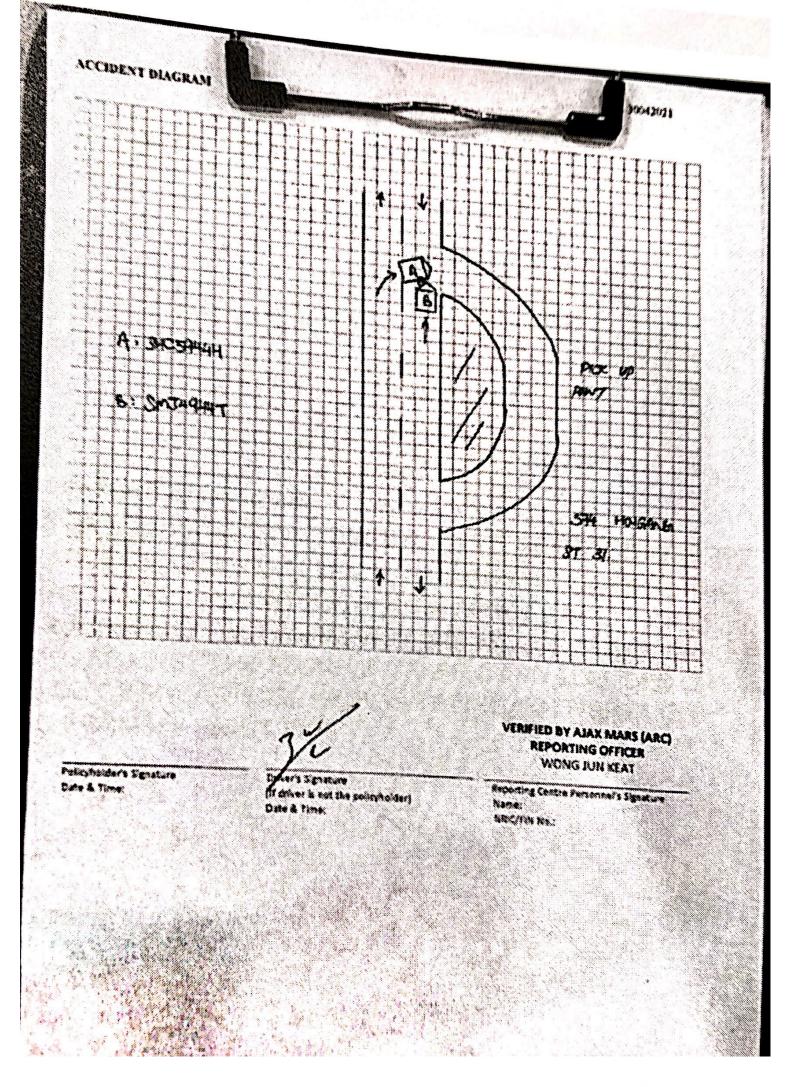
Name of Insurance Company ..... AXA Insurance Pte Ltd ThirdParty Type of Coverage Fleet Policy ..... Yes Policy Number ..... VFX/P2413997 Cover Note Number

#### DRIVER

JULIAN GOH HUI MENG Name of Driver ..... SXXXX906B



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SKETCH PLAN	
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### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING MY VEHICLE AT 374 HOUGANG ST 31 CAR PARK TO PICK UP MY PASSENGER. AFTER I STOPPED AND CHECKED THE ROAD WAS CLEAR, I STARTED TO TURN SLOWLY INTO PICK UP POINT . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD GONE AGAINST THE FLOW OF TRAFFIC AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE. HE WAS TRYING TO OVERTAKE BY CUTTING FROM MY RIGHT SIDE.

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I/We declare the foregoing particulars are true in every respict

Policyholder's Signature Date & Time:

prairie terrod union vi

Oriver & Signature

(If driver is not the policyholder)

Date & Time: 2/9/2021

**VERIFY BY AJAX MARS (ARC)** REPORTING OFFICER **WONG JUN KEAT** 

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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