

ASS. REG. BY:

REF:

AGZ/21010791/K9B3

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SHD 50114

Yr Regn:

07.17

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

Truck / Trailer or

Make:

Perodua Latitude

c.c

1995

Colour

M-White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

33599

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 283455

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

19/10/21

D.O.I.

21/10/2021

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, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Report Format :

TP-7/L-U

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

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

SHD5011U*Not Notion
L/Ry &***AAD2110-**

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration :

21 OCT 2021**SHD5011U**

VF1ABL15AUC283455

RENAULT

LATITUDE

19/10/2021

Auto & General.

10/07/2017

PART**LIST**

1 BUMPER COVER REAR	\$	<i>B</i>	561.70	—
1 BUMPER LOWER REAR	\$	<i>B</i>	411.90	—
1 BUMPER REFLECTOR LH	\$	<i>B</i>	16.60	—
1 BUMPER REFLECTOR RH	\$	<i>B</i>	16.60	X
1 BUMPER BRACKET CTR REAR	\$	<i>CM</i>	98.10	—
1 BUMPER BRACKET SIDE RH REAR	\$	<i>SL</i>	82.10	X
1 BUMPER RETAINER RH REAR	\$	<i>SL</i>	59.80	X
1 BUMPER BRACKET SIDE LH REAR	\$	<i>CM</i>	80.80	—
1 BUMPER RETAINER LH REAR	\$	<i>CM</i>	54.20	—
1 FENDER PANEL REAR LH	\$	<i>B</i>	1,933.20	—
1 WHEELARCH REAR LH	\$	<i>SL</i>	275.40	X
1 BUMPER BEAM REAR	\$	<i>B</i>	547.80	—
1 BUMPER BEAM BRACKET LH REAR	\$	<i>B</i>	114.50	—
1 BUMPER BEAM BRACKET RH REAR	\$	<i>B</i>	114.50	—
1 OUTER PANEL REAR (End Panel)	\$	<i>B</i>	745.80	—
1 OUTER PANEL REAR (End Panel)TRIM	\$	<i>RL</i>	404.56	—
1 BOOT REAR	\$	<i>B</i>	1,677.20	—
1 BOOT LOCK	\$	<i>RL</i>	246.60	—
1 BOOT LOCK CATCH	\$	<i>R</i>	41.70	X
1 BOOT FINISHER	\$	<i>SL</i>	344.70	X
1 BOOT WEATHERSTRIP	\$	<i>Dis / RL</i>	178.20	<i>50% SL</i>
1 BOOT STRUT LH	\$	<i>SL</i>	145.10	X
1 BOOT STRUT RH	\$	<i>SL</i>	145.10	X
1 BOOT HINGE LH	\$	<i>R</i>	254.20	X
1 BOOT HINGE RH	\$	<i>R</i>	254.20	X
1 BOOT BADGE 'RENAULT'	\$	<i>RL</i>	82.40	—
1 BOOT BADGE	\$	<i>RL</i>	95.80	—

Trans-cab Auto Services Pte Ltd**AAD2110-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

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SHD5011U

1 BOOT REFLECTOR LAMP LH	\$	CM 277.70	✓
1 BOOT REFLECTOR LAMP RH	\$	CM 277.70	✓
1 SPARE WHEEL PANEL	\$	BT/Bu 1,229.40	✓
1 TAILLAMP LH	\$	CM 401.40	✓
1 TAILLAMP RH	\$	CM 401.40	✓
1 EXHAUST CAP REAR	\$	DL 125.40	✓
1 BUMPER COVER FRT	\$	Bu 747.20	✓
1 BUMPER ABSORBER FRT	\$	CM 394.68	✓
1 BUMPER BRACKET KIT FRT LH	\$	SL 101.40	X
1 BUMPER RETAINER FRT LH	\$	Dis SL 101.40	✓
1 BUMPER BRACKET KIT FRT RH	\$	SL 101.40	X
1 BUMPER RETAINER FRT RH	\$	Dis 101.40	✓
1 BUMPER SUPPORT FRT	\$	SL 10.70	X
1 BUMPER GRILLE LOWER FRT	\$	SL 147.00	X
1 BUMPER FOG LAMP GRILLE LH	\$	mi 207.21	✓
1 BUMPER FOG LAMP GRILLE RH	\$	SL 207.21	X
1 BUMPER UNDERTRAY FRT	\$	SL 292.50	X
1 BONNET	\$	Bu 1,312.70	✓
1 BONNET HINGE LH	\$	R 236.50	X
1 BONNET HINGE RH	\$	R 237.40	X
1 BONNET LOCK	\$	Bu 152.80	✓
1 BONNET STRUT LH	\$	SL 53.30	X
1 BONNET STRUT RH	\$	SL 53.30	X
1 RADIATOR GRILLE	\$	mi 969.90	✓
1 RADIATOR GRILLE BADGE 'RENAULT'	\$	mi 225.36	✓
1 RADIATOR GRILLE FRAME	\$	Bu 686.00	✓
1 FRAME FULL SUPPORT PANEL	\$	CM 592.70	✓
1 A/C CONDENSER	\$	BT/Bu 1,537.80	✓
1 HORN	\$	SL 449.90	X
1 HORN BRACKET	\$	R 21.90	X
1 HEADLAMP RH	\$	CM 743.60	✓
1 BUMPER BRACKET FRT RH (Headlamp Lower)	\$	CM 116.47	✓
1 HEADLAMP LH	\$	CM 743.60	✓
1 BUMPER BRACKET FRT LH (Headlamp Lower)	\$	CM 116.47	✓
1 FENDER PANEL FRT LH	\$	Bu 437.10	✓
1 WHEELARCH FRT LH	\$	SL 191.40	X
1 FENDER PANEL FRT RH	\$	Bu 437.10	✓
1 WHEELARCH FRT RH	\$	SL 191.40	X

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SHD5011U

	\$	23,614.56
10%	\$	2,361.46
	\$	21,253.10

Special Nett

1SET PARKING AID	\$	<i>Pullihan</i> 700.00 <i>4005N</i>
1SET REAR BUMPER CLIP	\$	<i>na</i> 66.00 ✓
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	<i>na</i> 10.00 X
1SET BUMPER RETAINER RH CLIP RR	\$	<i>na</i> 20.00 X
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	<i>na</i> 10.00 X
1SET BUMPER RETAINER CLIP LH RR	\$	<i>na</i> 20.00 X
1SET BUMPER LOWER REAR CLIP	\$	<i>na</i> 66.00 ✓
1 REAR BOOT STICKER 'Trans-cab'	\$	<i>na</i> 80.00 <i>305N</i>
1 REAR BOOT STICKER '6555-3333'	\$	<i>na</i> 80.00 <i>305N</i>
1 EXHAUST MOUNTING REAR	\$	<i>PL</i> 17.82 X
1 FRONT BUMPER CLIP	\$	<i>na</i> 66.00 ✓
1 EXHAUST MOUNTING REAR	\$	<i>PL</i> 17.82 X
1 LICENSE PLATE WITH HOLDER FRT	\$	<i>B</i> 120.00 <i>455N</i>
1 LICENSE PLATE WITH HOLDER REAR	\$	<i>B</i> 120.00 <i>455N</i>
2 WINDSCREEN SEALANT	\$	<i>na</i> 150.00 <i>405N</i>
1 WINDSCREEN MOULDING	\$	<i>na</i> 200.00 X
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>na</i> 130.00 <i>305N</i>
TOTAL	\$	1,873.64
TOTAL PARTS	\$	23,126.74

LABOUR

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	\$	300.00 <i>1201</i>
Putty And Spray Painting Of The Affected Portion.	\$	3,000.00 <i>23201</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00 <i>26001</i>
To Rust-Proofing Of The Affected Areas.	\$	170.00 <i>1501</i>

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SHD5011U

To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	601
To repair and realign rear exhaust pipe.	\$	170.00	} 801
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	1001
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	<i>Repair</i> X
To check steering geometry and computer wheel alignment	\$	220.00	601
To Check Electrical Lighting Concerned.	\$	170.00	401

TOTAL \$ 7,880.00**Over All Total \$ 52,259.84****(LUMP SUM)****Repair Days***20***20 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	20/10/2021 11:57 (SGT)
Date of Accident	19/10/2021 14:00 (SGT)
Exact Location of Accident	Near 127D Kim Tian Rd, Singapore 164127
Additional Location Information	JLN BUKIT MERAH SLIP ROAD TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5011U
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INSURED/POLICYHOLDER

Is company?	Yes
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
Model	Latitude
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	KENG KWEE KIM
NRIC No	SXXXX201D

Date Of Birth	22/04/1949
Occupation	Outdoor
Date Of Driving Pass	12/06/1967
Driving experience	54 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97564453
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	850 HOUGANG CENTRAL
Address complement	#06-51
Postcode	530850
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	P1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLP4100S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL HALEEM S/O MOHAMED ALI
NRIC No	SXXXX789B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKR9214R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJH8794D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH GEK HUI
NRIC No	SXXXX236Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KENG KWEE KIM
Gender	Male
Phone No	(Phone) +65-97564453
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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.

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

Policyholder's Signature
Date & Time:

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

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

20/10/2021

FORM 10 (Rev. 10/2019)

ACCIDENT DIAG

A: JHD501W
 B: SP44009
 C: SKR904R
 D: UTH244D

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

Policyholder's Signature
 Date & Time:

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:

ISAHMS (Accident) Form 3.1

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

20/10/2021

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

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

2

SINGAPORE POLICE FORCE		T/20211019/2397				
Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999		1 of 4 Report No: T/20211019/2397				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 19/10/2021 20:33		Vide Report No.:	Station Diary No.: 136			
Informant's Particulars						
Name of Informant: KENG KWEE KIM		Address: APT BLK 850 HOUGANG CENTRAL #06-51 SINGAPORE 530850				
ID Type / ID No.: NRIC NO / S0852201D		Contact No.:	Mobile: 97564453			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 72	Date of Birth: 22/04/1949	Type of Informant: Driver			
Race: Chinese	Language: English		Institution / School Name:			
Occupation: TAXI DRIVER (TRANSCAB)	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: 19/10/2021 14:00			
Type of Location: Straight Road						
Location: JALAN BUKIT MERAH						
Weather: Clear	Road Surface: Dry	Road Speed Limit:				
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy				
Type of Collision: Moving vehicle - Chain Collision		Anyone conveyed by ambulance: No				
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5011U	Car	RENAULT		Red	Slightly Damaged	1
SJH8794D	Car	TOYOTA			Slightly Damaged	1
SKR9214R	Car	MERCEDES BENZ			Slightly Damaged	0
SLP4100S	Car	MERCEDES BENZ			Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T:20211019/2097

2 of 4

Report No. T:20211019/2097

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	KENG KWEE KIM	ID No.	S0952201D
Related Vehicle	SHD5011U (Car)	Contact No.	97564453
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/10/2021	Date Discharge	19/10/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Driver

Name	KOH GEK HUI	ID No.	S1196236Z
Related Vehicle	SJH8794D (Car)	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

Driver

Name	MALE INDIAN	ID No.	S7934789B
Related Vehicle	SLP4100S (Car)	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



Brief Details.


On 19/10/2021 at about 1400hrs. I was driving along Jalan Bukit Merah going towards Central Expressway (Seletar Expressway). I was along the merging road going towards the expressway. The vehicle in front of me stopped and I stopped my vehicle. Shortly, a vehicle rear-ended me.

The following are the vehicles involved in the chain collision in sequence as follows:

1st vehicle, a Mercedes Benz - SKR9214R

2nd vehicle, my Red Renault Trans Cab - SHD5011U

	SINGAPORE POLICE FORCE	
Police Station Of Origin: Hougang N.P.C. 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999		T/20211019/2097 3 of 4 Report No: T/20211019/2097
CONTINUATION OF REPORT		
<p>3rd vehicle, a Mercedes Benz - SLP4100S 4th vehicle, a Toyota - SJH8794D</p> <p>I discovered that I was involved in a chain collision as the fourth vehicle could not stop in time and hit onto the 3rd and so on and so forth. As a result of the impact from the third vehicle, I hit onto the 1st vehicle subsequently. I had a Malay female passenger seated at the back passenger seat. The fourth vehicle had a lady passenger. The rest of the vehicles had no passengers. We exchanged details but I did not managed to take some of the drivers' details.</p> <p>Shortly, police came but I was not issued any case card. No ambulance came as no one required immediate medical attention. My vehicle has no video recording of the accident. Subsequently, my vehicle was towed by the EMAS services to the nearest carpark.</p> <p>On the same day at about 1530hrs, I went to Mount Alvernia Hospital as I felt pain and discomfort around my neck, back, lower back and chest area. I was awarded a total of 5 days of medical leave. That is all.</p>		

 **SINGAPORE
POLICE FORCE**



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1/20211019/2097
4 of 4
Report No: 1/20211019/2097

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 F/ Sr Staff Sgt MUHAMMAD SALAMUN B AHMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2021 20:33
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP-58	 35 77

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5011U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	20 Oct 2021
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	M9R8839C003106
Chassis No.:	VF1ABL15AUC283455
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	10 Jul 2017
First Registration Date:	10 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Jul 2025
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	09 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$38,560.00
COE Rebate Amount:	\$17,923.00
Total Rebate Amount:	\$32,921.00
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 20 Oct 2021

OK