

ASS. REC. BY:

REF:

TM1/21070930/KV

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

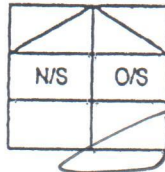
Claims No. \_\_\_\_\_

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: 820,217.92

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

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

Est. Repairs: 08 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: SITC 5470H Yr Regn: 12, 14

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

Truck / Trailer or

Make: Perseus Longitude c.c. 1995Colour M. White / Red A/C: Insured / Std / NI / NASp. Reading 626818 T/Radio: Insured / Std / NI / NA

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

C/No: VF1ABZ15AUC 280955Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: MI / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 8 mm R/Bal. 7 mmL/Bal. 8 mm L/Bal. 7 mmD.O.A. 22/10/21 D.O.I. 23/10/2021

Survey held at \_\_\_\_\_

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

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

716055 to Rmmt820,217.92LRA 815,558Bal 4,659.92

Date/Time, File Pass to?

☐ : Prell. Report

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

1)

☐ : Final Report

Resurvey No. of Trlp: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

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

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

S + RS. SI

Fees

Others

Report Format :

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

TOTAL

> Back to OneMotoring

#### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	878K
<b>Vehicle Details</b>	
Vehicle No.:	SHC5470H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Oct 2021
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002346
Chassis No.:	VF1ABL15AUC280955
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	18 Dec 2014
First Registration Date:	18 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2022
PARF Rebate Amount:	\$8,123.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	17 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$7,435.00
<b>Total Rebate Amount:</b>	<b>\$15,558.00</b>
<b>Message</b>	
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 22 Oct 2021

OK

## 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	22/10/2021 12:22 (SGT)
Date of Accident	22/10/2021 09:30 (SGT)
Exact Location of Accident	Near Blk 14 Mkt/FC, Singapore
Additional Location Information	GEYLANG ROAD AFTER ENSKU AMAN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5470H
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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	2.0L DCI AUTO D/AB 4DR
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	NA

#### DRIVER

Name of Driver	LEE HIONG SOON
NRIC No	SXXXX209E



Date Of Birth	25/07/1957
Occupation	Outdoor
Date Of Driving Pass	31/07/2001
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96788994
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	61 CIRCUIT ROAD
Address complement	#05-225
Postcode	370061
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG GEYLANG ROAD TOWARDS CITY . WHEN I SAW VEHICLE IN FRONT OF MY JAMMED BRAKE , I APPLIED MY BRAKE AND STOPPED IN TIME . SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE .

#### 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	SDZ4830K
Vehicle Manufacturer	Honda
Vehicle Model	Civic
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)	.....	-

## 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**.
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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:

22/10/2021

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



SKETCH PLAN #2

**ACCIDENT DIAGRAM**

A - SMC 5470H  
B - SD24830K

Waiting and

*[Signature]*

**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: NSIC/PIN No.:
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### SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time: 22/10/2021

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

WONG JUN KEAT

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:



**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

**SHC5470H****AAD2110-***Not Authorized  
11 Sep 8*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**25 OCT 2021****SHC5470H**

VF1ABL15AUC280955

RENAULT

LATITUDE

22/10/2021

**TOKIO**

18/12/2014

PART	LIST
1 BUMPER COVER REAR	\$ <i>Bu</i> 561.70 ✓
1 BUMPER LOWER REAR	\$ <i>Bu</i> 411.90 ✓
1 BUMPER BRACKET CTR REAR	\$ <i>Sm</i> 98.10 X
1 BUMPER BRACKET SIDE RH REAR	\$ <i>Di</i> 82.10 ✓
1 BUMPER REFLECTOR RH	\$ <i>CM</i> 16.60 ✓
1 BUMPER RETAINER RH REAR	\$ <i>Di</i> 59.80 ✓
1 BUMPER BRACKET SIDE LH REAR	\$ <i>Sm</i> 80.80 X
1 BUMPER RETAINER LH REAR	\$ <i>Sm</i> 54.20 X
1 BUMPER BEAM REAR	\$ <i>Bu</i> 547.80 ✓
1 FENDER PANEL REAR RH	\$ <i>Bu</i> 1,933.20 ✓
1 WHEELARCH REAR RH	\$ <i>Sm</i> 275.40 X
1 OUTER PANEL REAR (End Panel)	\$ <i>Ru</i> 745.80 ✓
1 OUTER PANEL REAR (End Panel)TRIM	\$ <i>RU</i> 404.56 ✓
1 BOOT REAR	\$ <i>Bu</i> 1,677.20 ✓
1 BOOT REFLECTOR LAMP LH	\$ <i>Sm</i> 277.70 X
1 BOOT BADGE 'RENAULT'	\$ <i>RU</i> 82.40 ✓
1 BOOT BADGE	\$ <i>RU</i> 95.80 ✓
1 BOOT HINGE LH	\$ <i>R</i> 254.20 X
1 BOOT HINGE RH	\$ <i>R</i> 254.20 X
1 BOOT STRUT LH	\$ <i>Sm</i> 145.10 X
1 BOOT STRUT RH	\$ <i>Sm</i> 145.10 X
1 BOOT LOCK	\$ <i>R</i> 246.60 X
1 BOOT LOCK CATCH	\$ <i>R</i> 41.70 X
1 BOOT FINISHER	\$ <i>Sm</i> 344.70 X
1 EXHAUST REAR	\$ <i>Bu</i> 5,263.60 <i>3500sm</i>
1 EXHAUST CAP REAR	\$ <i>RU</i> 125.40 ✓
	\$ <b>8,836.66</b>
	<b>10% \$ 883.67</b>

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

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CO./GST Reg. No. 201019626G

**SHC5470H**

\$	<b>7,952.99</b>
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**Special Nett**

1SET PARKING AID	\$	<i>Not/shot</i> 700.00	<i>4005m</i>
1SET REAR BUMPER CLIP	\$	<i>nn</i> 66.00	<i>—</i>
1 FENDER CLIP	\$	<i>nn</i> 60.00	<i>X</i>
1SET BUMPER BRACKET CTR CLIP	\$	<i>nn</i> 33.00	<i>X</i>
1SET BUMPER BRACKET SIDE CLIP RH RR	\$	<i>nn</i> 10.00	<i>X</i>
1SET BUMPER RETAINER RH CLIP RR	\$	<i>nn</i> 20.00	<i>X</i>
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	<i>nn</i> 10.00	<i>X</i>
1SET BUMPER RETAINER CLIP LH RR	\$	<i>nn</i> 20.00	<i>X</i>
1SET BUMPER LOWER REAR CLIP	\$	<i>nn</i> 66.00	<i>—</i>
1 REAR BOOT STICKER 'Trans-cab'	\$	<i>nn</i> 80.00	<i>305m</i>
1 REAR BOOT STICKER '6555-3333'	\$	<i>nn</i> 80.00	<i>305m</i>
2 WINDSCREEN SEALANT	\$	<i>nn</i> 150.00	<i>405m</i>
1 WINDSCREEN MOULDING	\$	<i>nn</i> 200.00	<i>X</i>
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>nn</i> 130.00	<i>305m</i>
<b>TOTAL</b>	<b>\$</b>	<b>1,625.00</b>	
<b>TOTAL PARTS</b>	<b>\$</b>	<b>9,577.99</b>	

**LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	<i>8801</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	<i>12001</i>
To Rust-Proofing Of The Affected Areas.	\$	170.00	<i>901</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>601</i>
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	<i>601</i>
To repair and realign rear exhaust pipe.	\$	170.00	<i>801</i>

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**SHC5470H**

To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	<i>Renew</i> 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	<i>100%</i>
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	<i>120%</i>
To check steering geometry and computer wheel alignment	\$	<i>220</i> 220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>20%</i>

**TOTAL \$ 7,580.00****Over All Total \$ 25,110.99****(LUMP SUM)****Repair Days***20 DAYS*  
*8 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: