

ASS. REQ. BY:

REF: 7M1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO/TP/NS/TP RES/OO RES/EVA/INV/MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

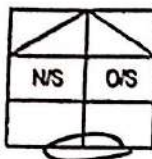
Excess: _____

(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: 02 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: S/H05339A

Yr Regn: 08, 16

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

Truck / Trailer or

Make: Renault

Colour: M. White / PW

Sp. Reading: 823113

A/C: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABCL15AUC 60283342

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

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 10/12/21

D.O.A. 14/12/2021

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

1

Got BZ

61 Lp @ 1850h

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

SHD5339A

AAD2112- 055

Not Notified
11/12/21 @ 1850h

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

14 DEC 2021**SHD5339A**

VF1ABL15AUC283342

RENAULT

LATITUDE

10/12/21

T. 12/10.

31/08/2016

PART**LIST**

1 BUMPER COVER REAR	\$	<i>Per</i> 561.70	✓
1 BUMPER LOWER REAR	\$	<i>Not/Per</i> 411.90	✓
1 BUMPER BRACKET CTR REAR	\$	<i>Per</i> 98.10	X
1 BUMPER BRACKET SIDE RH REAR	\$	<i>Per</i> 82.10	X
1 BUMPER REFLECTOR LH	\$	<i>CM</i> 16.60	✓
1 BUMPER RETAINER RH REAR	\$	<i>Per</i> 59.80	X
1 BUMPER BRACKET SIDE LH REAR	\$	<i>Per</i> 80.80	X
1 BUMPER RETAINER LH REAR	\$	<i>Per</i> 54.20	X
1 BUMPER BEAM REAR	\$	<i>Per</i> 547.80	✓
1 OUTER PANEL REAR (End Panel)	\$	<i>Per</i> 745.80	X
1 OUTER PANEL REAR (End Panel)TRIM	\$	<i>Per</i> 404.56	X
1 TAILLAMP LH	\$	<i>Per</i> 401.40	} X
1 TAILLAMP RH	\$	<i>Per</i> 401.40	
1 BOOT REAR	\$	<i>Per</i> 1,677.20	
1 BOOT REFLECTOR LAMP LH	\$	<i>Per</i> 277.70	
1 BOOT BADGE 'RENAULT'	\$	<i>Per</i> 82.40	
1 BOOT BADGE	\$	<i>Per</i> 95.80	
1 BOOT HINGE LH	\$	<i>Per</i> 254.20	
1 BOOT HINGE RH	\$	<i>Per</i> 254.20	
1 BOOT STRUT LH	\$	<i>Per</i> 145.10	
1 BOOT STRUT RH	\$	<i>Per</i> 145.10	
1 BOOT LOCK	\$	<i>Per</i> 246.60	
1 BOOT LOCK CATCH	\$	<i>Per</i> 41.70	
1 BOOT FINISHER	\$	<i>Per</i> 344.70	
	\$	7,430.86	
	10% \$	743.09	
	\$	6,687.77	

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SHD5339A

Special Nett

1SET PARKING AID	\$	700.00	X
1SET REAR BUMPER CLIP	\$	66.00	✓
1 FENDER CLIP	\$	60.00	X
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 REAR BOOT STICKER 'Trans-cab'	\$	80.00	X
1 REAR BOOT STICKER '6555-3333'	\$	80.00	X
2 WINDSCREEN SEALANT	\$	150.00	X
1 WINDSCREEN MOULDING	\$	200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00	X
TOTAL	\$	1,625.00	
TOTAL PARTS	\$	8,312.77	

LABOUR

(LUMP SUM)

Repair Days

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	4401
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	3001
To Rust-Proofing Of The Affected Areas.	\$	170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	X
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

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SHD5339A

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 X

To check steering geometry and computer wheel alignment \$ 220.00 X

To Check Electrical Lighting Concerned. \$ 170.00 15/

TOTAL \$ 7,580.00

Over All Total \$ 22,580.55

(LUMP SUM)

Repair Days

20 DAYS

2 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	13/12/2021 15:43 (SGT)
Date of Accident	10/12/2021 18:35 (SGT)
Exact Location of Accident	Near 160 Thomson Rd, Singapore 307613
Additional Location Information	CTE TOWARDS CITY BEFORE BUKIT TIMAH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5339A
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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 BOO HENG
NRIC No	SXXXX295J

Date Of Birth	17/02/1976
Occupation	Outdoor
Date Of Driving Pass	09/04/1996
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98413119
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	76 LOR LIMAU
Address complement	#02-01
Postcode	320076
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
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	SKE2357B
Vehicle Manufacturer	Toyota
Vehicle Model	LEXUS IS250 AUTO STANDARD HID
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANDRE
Contact Number	(Phone) +65-97735268

ACCIDENT

Ver 30042021

10/10/21

Diagram illustrating the accident scene layout on a grid. The layout shows a road with four lanes, indicated by vertical lines. Arrows indicate the direction of travel: four arrows pointing upwards on the left side of the road and four arrows pointing downwards on the right side. A vehicle, labeled 'A', is positioned in the second lane from the left, moving upwards. The vehicle is depicted as a rectangle with the letter 'A' inside. The label 'CTE' is written to the right of the road. To the left of the road, three points are marked: A: 005339A, B: 31233576, and C: 68F2575P.

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/TIN No.:



SINGAPORE POLICE FORCE

Police Station Of Origin
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



1/202112102103

1 of 4

Report No: 1/202112102103

CONTINUATION OF REPORT

Driver		ID No	
Name	GWEE AH ENG	ID No	S1432581F
Related Vehicle	GBF2575P (Lorry)	Contact No	97393042
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		ID No	
Name	LEE BOO HENG	ID No	S7604295J
Related Vehicle	SHD5339A (Car)	Contact No	98413119
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/12/2021	Date Discharge	10/12/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver		ID No	
Name	ANDRE	ID No	S6595676D
Related Vehicle	SKE2357B (Car)	Contact No	97735268
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 the above mentioned date, time and location I was driving my vehicle Taxi bearing plate no SHD5339A along CTE towards city before Bukit Timah Exit. It was raining. I was travelling along the 4th lane and subsequently a vehicle (SKE2357B) from the rear hit onto my vehicle which causes me to come to a stop. There were also a lorry (GBF2575P) that hit onto the middle vehicle (SKE2357B) during the collision. There were no ambulance or police at that point of time. The damages sustained by my vehicle were there were scratches and dented on the rear of my vehicle, the boot unable to close properly. We then exchanged contact details. I am lodging this report to report the accident to TransCab. I wish to add that there is no in car camera in my vehicle.

I have went to see the doctor to make a check on my back with the MC MC/97973 given by the doctor attached to the report.