

ASS. REC. BY:

REF:

TMI / 22005218/K943

C

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. _____

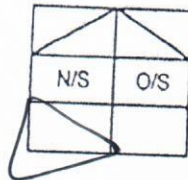
Claims No. M2202767

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: \$27,390

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: S14D 287G Yr Regn: 11 15

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

Truck / Trailer or _____

Make: Perault Latitude c.c. 1995Colour: M. White / R A/C: Insured / Std / NI / NASp. Reading: 838191 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: V121 ABL 15 AUG 28 2311Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: MT / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Sailun

Front _____

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 31/5/22

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

1 Got BZ

2/6 L1 Rm @ 6000k Max (Red \$2352.47, 79%)

06/6/22 @ 5.02pm revised to JMS Tan via Muiwen. ~~Red \$~~

Date/Time, File Pass to?

1) 06/6 2022

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format:

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

MEN TP
6000

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

SHD267G

AAD2205-144

Not Authored
11 Sep 86000. Max

Vehicle No.:

UEN No:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD267G

200303878K

RENAULT

LATITUDE

31.5.2022

SLC1804H / TOKIO MARINE

20/11/2015

PART**LIST**

1 BUMPER COVER REAR	\$	<i>B₁</i> 561.70 ✓
1 BUMPER LOWER REAR	\$	<i>D₁</i> 411.90 ✓
1 BUMPER BRACKET CTR REAR	\$	<i>D₁</i> 98.10 ✓
1 BUMPER BRACKET SIDE RH REAR	\$	<i>S₁</i> 82.10 X
1 BUMPER RETAINER RH REAR	\$	<i>S₁</i> 59.80 X
1 BUMPER BRACKET SIDE LH REAR	\$	<i>D₁</i> 80.80 ✓
1 BUMPER RETAINER LH REAR	\$	<i>D₁</i> 54.20 —
1 ABSORBER REAR	\$	<i>RIP</i> 217.30 X
1 BUMPER BEAM REAR	\$	<i>B₁</i> 547.80 ✓
1 BUMPER BEAM BRACKET LH REAR	\$	<i>B₁</i> 114.50 ✓
1 BUMPER BEAM BRACKET RH REAR	\$	<i>R</i> 114.50 X
1 OUTER PANEL REAR (End Panel)	\$	<i>B₁</i> 745.80 ✓
1 OUTER PANEL REAR (End Panel)TRIM	\$	<i>CM</i> 404.56 —
1 SPARE WHEEL PANEL	\$	<i>R</i> 1,229.40 X
1 SPARE TYRE BOARD	\$	<i>S₁</i> 680.90 X
1 TAILLAMP LH	\$	<i>CM</i> 401.40 ✓
1 TAILLAMP RH	\$	<i>S₁</i> 401.40 X
1 BOOT REAR	\$	<i>B₁</i> 1,677.20 ✓
1 BOOT BADGE 'RENAULT'	\$	<i>R₁</i> 82.40 ✓
1 BOOT BADGE	\$	<i>R₁</i> 95.80 ✓
1 BOOT REFLECTOR LAMP LH	\$	<i>CM</i> 277.70 ✓
1 BOOT REFLECTOR LAMP RH	\$	<i>S₁</i> 277.70 X
1 BUMPER REFLECTOR LH	\$	<i>B₁</i> 16.60 ✓
1 BUMPER REFLECTOR RH	\$	<i>S₁</i> 16.60 X
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>S₁</i> 145.10 X

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SHD267G

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
1 FENDER PANEL REAR LH	\$	1,933.20 ✓
1 WHEELARCH REAR LH	\$	275.40 X

	\$	12,290.36
10%	\$	1,229.04
	\$	<u>11,061.32</u>

Special Nett

1SET PARKING AID	\$	700.00
1SET REAR BUMPER CLIP	\$	66.00 ✓
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
2 WINDSCREEN SEALANT	\$	150.00 40.00
1 WINDSCREEN MOULDING	\$	200.00 X
1 WINDSCREEN INNER SPONGE SEAL	\$	130.00 30.00

TOTAL	\$	1,549.82
TOTAL PARTS	\$	<u>12,611.14</u>

LABOUR

Putty And Spray Painting Of The Affected Portion. \$ 2,000.00

Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of Parts, \$ 2,000.00
Adjust And Realign The Same

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SHD267G

To Rust-Proofing Of The Affected Areas.	\$	170.00	90/
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	rr X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00	rr X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	100/
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	120/
To check steering geometry and computer wheel alignment	\$	220.00	rr X
To Check Electrical Lighting Concerned.	\$	170.00	20/
TOTAL	\$	5,580.00	

Over All Total	\$	29,252.47
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(LUMP SUM)

Repair Days

14 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD267G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2022
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002921
Chassis No.:	VF1ABL15AUC282311
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	20 Nov 2015
First Registration Date:	20 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Nov 2023
PARF Rebate Amount:	\$12,998.00
Intended COE Rebate Details	
COE Expiry Date:	19 Nov 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,267.00
COE Rebate Amount:	\$8,314.00
Total Rebate Amount:	\$21,312.00
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 31 May 2022

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	31/05/2022 13:43 (SGT)
Date of Accident	31/05/2022 08:35 (SGT)
Exact Location of Accident	Near 20 Malcolm Rd, Singapore 308259
Additional Location Information	PIE TOWARDS TUAS BEFORE STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD267G
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	NA

DRIVER

Name of Driver	WONG KHENG SIONG
NRIC No	SXXXX779D

Date Of Birth	21/09/1968
Occupation	Outdoor
Date Of Driving Pass	15/08/1996
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96901685
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	984A BUANGKOK LINK
Address complement	#16-11
Postcode	531984
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	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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
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?	Yes
Reasons for not uploading a video of the accident	WITH TRANSCAB.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC1804H
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Vehicle Manufacturer	Honda
Vehicle Model	Jazz
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 2

Vehicle Registration Number	SLG2032R
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG KHENG SIONG
Gender	Male
Phone No	(Phone) +65-96901685
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD267G
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.

Policyholder's Signature
Date & Time:

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

31/5/2022

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

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

30042021

Policyholder's Signature _____

Date & Time: _____

Driver's Signature
(If driver is not the policyholder)

Date & Time: _____

VERIFIED BY ALIA MARS (ARC)

REPORTING OFFICER

WONG JUN KEAT

Reporting Centre Personnel's Signature _____

Name: _____

NRIC/FIN No.: _____



- (b) the information collected under (a) above may be shared / disclosed
- (c) to all persons and/or any other third parties that may be involved in the investigation of the accident or for the purpose of law enforcement and government agencies responsible for the investigation of the accident
- (d) for complying with the relevant law, regulation, rule or court order.

Police Officer's Signature
Date & Time

Driver's Signature
of driver is on the police officer
Date & Time

31/5/2022

WITNESS BY - JAY MARS (AR)
REPORTING OFFICER
WITNESS DATE & AT

Reporting Officer's Signature
Date & Time



**SINGAPORE
POLICE FORCE**



T/20220531/2022

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

2 of 3

Report No. T/20220531/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KHENG SIONG	ID No.	S6836779D
Related Vehicle	SHD267G (Car)	Contact No.	96901685
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/05/2022	Date Discharge	31/05/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the abovementioned date and time, I was driving on the first lane along PIE towards Tuas before Stevens Rd exit.

The vehicle in front of me slowed down, I also slowed down however the vehicle behind me, SLC1804H did not manage to brake in time and hit my car from the rear. There was also another hit from SLG2032R, the vehicle behind SLC1804H, thus forming a 3 vehicle pile up along lane 1. Subsequently, I left the scene and headed to the clinic. I suffered pains on my neck, back, and legs. I was given 7 days MC.

I would like to state that my vehicle is equipped with front and rear cameras.


**SINGAPORE
POLICE FORCE**


T/20220531/2022

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

1 of 3

Report No. T/20220531/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2022 11:46	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: WONG KHENG SIONG			Address: APT BLK 984A BUANGKOK LINK #16-11 SINGAPORE 531984	
ID Type / ID No.: NRIC NO / S6836779D			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 96901685
			Email:	
Sex: Male	Age: 53	Date of Birth: 21/09/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			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: 31/05/2022 08:35	Type of Location: Express Way
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD267G	Car	RENAULT	LATITUDE 2.0L DCI AUTO	Red	Slightly Damaged	1
SLC1804H	Car	HONDA	JAZZ 1.5 VTIR	Silver	Slightly Damaged	0
SLG2032R	Car	TOYOTA	COROLLA AXIO 1.5X	Beige	Slightly Damaged	0


**SINGAPORE
POLICE FORCE**


T/20220531/2022

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

3 of 3

Report No. T/20220531/2022

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:

G/

~~SR STAFF SGT MUHAMMAD~~~~NOOR AZRI BIN MOHAMED~~~~SALLEH~~ *SGT MUHAMMAD AMIR*

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2022 11:46

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168