

ASS. REC. BY:

REF:

EQ/22006402/KC

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:

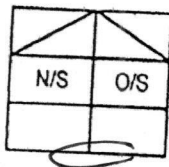
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1 1/2 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:

SHD 824

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Renault Latitude C.C. 1995

Colour

M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading

780161

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VFI ABL 15 AUC 282661

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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

Pailun

Front

Rear

R/Bal.

mm

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

6

mm

D.O.A.

4/3/22

D.O.I.

3/7/2022

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

6/7/21ump @ 600/ Carbur (Red. 84458.68, 882).

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

1 1/2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Report Format:

TR

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

\$600/

[> 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.:	SHD82Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Mar 2022
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003022
Chassis No.:	VF1ABL15AUC282661
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	22 Mar 2016
First Registration Date:	22 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2024
PARF Rebate Amount:	\$13,998.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	21 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$10,094.00
<b>Total Rebate Amount:</b>	<b>\$24,092.00</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 07 Mar 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	05/03/2022 18:34 (SGT)
Date of Accident	04/03/2022 13:47 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Slip rd of Toh Guan rd and Toh Guan rd east
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD82Y
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 2.0L DCI AUTO D/AB 4DR 1998 62876666
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	LIM ENG KHOONG
NRIC No	SXXXX226F

Date Of Birth	26/11/1966
Occupation	Outdoor
Date Of Driving Pass	10/11/1987
Driving experience	34 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97962898
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	236 Bukit Panjang ring rd
Address complement	#12-51
Postcode	670236
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

My vehicle SHD82Y was stationary along the slip road of Toh guan road towards Toh guan road east. While my vehicle was stationary while waiting for the on coming traffic to clear, suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SKG109D had collided onto my vehicle. We then move to the side road ahead to take some photos and exchange particulars. No injuries was involved at the scene.

#### 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	VIDEO FOOTAGE UPLOADED INTO TRANSCAB
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG109D
Vehicle Manufacturer	Ford
Vehicle Model	FOCUS ST 2.0 GTDI (M) 5DR
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	Leo Shen Houn

Contact Number .....	(Phone) +65-93868854
Address .....	Na
Address complement .....	Na
Postcode .....	Na
Insurance Company Name .....	-
Nature Of Damage .....	Na
Details of property damaged in accident .....	Na
No. Of Passenger (Including Driver) .....	1

**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:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MUHAMMAD SUMARDI BIN MOHD AFFANDI  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM Ver. 30042003

Test Cases ID Cases

A SHD 824

B SKG 1090

MAIN RD

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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.:

**SKETCH PLAN**

REFER TO ATTACHED ACCIDENT DIAGRAM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My vehicle SHD82Y was stationary along the slip road of Toh guan road towards Toh guan road east. While my vehicle was stationary while waiting for the on coming traffic to clear, suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SKG109D had collided onto my vehicle. We then move to the side road ahead to take some photos and exchange particulars. No injuries was involved at the scene.

**DECLARATION**

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

**VERIFY BY AJAX MARS (ARC)**

**REPORTING OFFICER**

MUHAMMAD SUMARDI BIN MOHD AFFANDI

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

**SHD82Y****AADD2203-024***Not Notified*  
*11 Sep 2002*

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**05 JUL 2022****SHD82Y**

VF1ABL15AUC282661

200303878K

RENAULT

LATITUDE

04/03/2022

**SKG109D/EO**

22/03/2016

**PART****LIST**

1 BUMPER COVER REAR  
1 BUMPER LOWER REAR  
1 BUMPER BRACKET CTR REAR  
1 BUMPER BRACKET SIDE RH REAR  
1 BUMPER RETAINER RH REAR  
1 BUMPER BEAM REAR  
1 BUMPER BEAM BRACKET LH REAR  
1 BUMPER BEAM BRACKET RH REAR  
1 OUTER PANEL REAR (End Panel)  
1 OUTER PANEL REAR (End Panel)TRIM

\$	<i>11</i>	561.70	X
\$	<i>11</i>	411.90	✓
\$	<i>11</i>	98.10	X
\$	<i>11</i>	82.10	X
\$	<i>11</i>	59.80	X
\$	<i>11</i>	547.80	X
\$	<i>11</i>	114.50	X
\$	<i>11</i>	114.50	X
\$	<i>11</i>	745.80	X
\$	<i>11</i>	404.56	X
\$		<b>3,140.76</b>	
10% \$		<del>1,594.73</del>	314.08
\$		<b>14,352.53</b>	2826.68

**Special Nett**

1SET PARKING AID  
1SET REAR BUMPER CLIP  
1SET BUMPER BRACKET SIDE CLIP RH RR  
1SET BUMPER RETAINER RH CLIP RR  
1SET BUMPER BRACKET SIDE CLIP LH RR  
1SET BUMPER RETAINER CLIP LH RR  
1SET BUMPER LOWER REAR CLIP

\$	<i>11</i>	700.00	X
\$	<i>11</i>	66.00	X
\$	<i>11</i>	10.00	X
\$	<i>11</i>	20.00	X
\$	<i>11</i>	10.00	X
\$	<i>11</i>	20.00	X
\$	<i>11</i>	66.00	✓
TOTAL \$		<del>1,509.82</del>	892
TOTAL PARTS \$		<b>15,862.35</b>	

**LABOUR**

**Trans-cab Auto Services Pte Ltd**

AADD2203-024

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD82Y**

Putty And Spray Painting Of The Affected Portion.	\$	600 <del>3,000.00</del> 2201	
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	400 <del>3,000.00</del> 1201	
To Rust-Proofing Of The Affected Areas.	\$	na 170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	X
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
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	X
<b>TOTAL</b>	<b>\$</b>	<b>7,880.00</b>	<b>1340</b>

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:

**Over All Total****(LUMP SUM)****\$** ~~38,094.89~~ 5058.68

**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

**SHD82Y**

**AADD2203-024**

**Repair Days**

**~~20~~ DAYS**

*1 1/2 days*