

ASS. REC. BY:

REF:

TRAIL 23002031/KW

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/IMV

To Inspect Vehicle No: _____

at Workshop m/s

Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

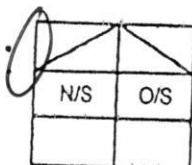
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 824,866/1

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

Date / Time

Action / Instruction

23/12 21 Pm @ 2500/- Cuh @ 02 days (Red \$10,969.70/81%)

Veh No: SHF 743MYr Regn: 06/16

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

Truck / Trailer or

Make: Renault

Larade

c.c

1.995

Colour: White

A/C:

Insured / Std / NI / NA

Sp. Reading: 937014

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC

282731

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: 185F: 215/60R16R: Boiron

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

Front

R/Bal. 9 mm

Rear

R/Bal. 8 mmL/Bal. 9 mmL/Bal. 8 mmD.O.A. 18/2/23D.O.I. 21/2/2023

Survey held at _____

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

N/S 1st

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

Date/Time, File Pass to?

06/03/2023
Typist

Date/Time, File Return to?



Prell. Report



Final Report

Days Of Repair: 02

Resurvey No. of Trlp: _____

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format: TPLump Sum / I.B.I. (\$ 45 \$2500

TOTAL

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

SHF743M*Not Notified*
*11 Png \$2500/***AAD2302-089**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHF743M

VF1ABL15AUC282731

200303878K

RENAULT

LATITUDE

18/02/2023

GBE342M/TOKIO

30/06/2016

PART

1	BUMPER COVER FRT
1	BUMPER RETAINER FRT LH
1	HEADLAMP LH
1	HEADLAMP PANEL FRT LH
1	BUMPER BRACKET FRT LH (Headlamp Lower)
1	BUMPER UNDERTRAY FRT
1	FENDER PANEL FRT LH
1	WHEELARCH FRT LH
1	AIR CLEANER LOWER
1	AIR CLEANER HOSE
1	AIR CLEANER BOX

LIST		
<i>Brv / m</i>	\$	747.20 ✓
<i>cm</i>	\$	101.40 ✓
<i>mz Brv</i>	\$	743.60 ✓
<i>n</i>	\$	128.30 X
<i>cm</i>	\$	116.47 ✓
<i>sn</i>	\$	292.50 X
<i>Bz</i>	\$	437.10 ✓
<i>Tn</i>	\$	191.40 ✓
<i>sn</i>	\$	271.26 X
<i>sn</i>	\$	175.85 X
<i>sn</i>	\$	464.20 X
	\$	3,669.28
10%	\$	366.93
	\$	3,302.35

Special Nett

1SET	BUMPER BRACKET SIDE CLIP LH RR	\$	<i>nn</i>	10.00	X
1SET	BUMPER RETAINER CLIP LH RR	\$	<i>nn</i>	20.00	X
1SET	RADIATOR GRILLE FRAME CLIP	\$	<i>nn</i>	65.00	X
1	BUMPER CLIP FRT	\$	<i>nn</i>	85.00	✓
1	FENDER LINER CLIP	\$	<i>nn</i>	65.00	✓
TOTAL		\$		245.00	
TOTAL PARTS		\$		3,547.35	

LABOURPutty And Spray Painting Of The Affected Portion. \$ 3,000.00 *4401*

Trans-cab Auto Services Pte Ltd

AAD2302-089

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF743M

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	4001
To Rust-Proofing Of The Affected Areas.	\$	170.00	301
To check steering geometry and computer wheel alignment	\$	220.00	in X
To Check Electrical Lighting Concerned.	\$	170.00	201
TOTAL	\$	6,560.00	

Over All Total \$ 13,409.70**(LUMP SUM)****Repair Days****05 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 Actual 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	20/02/2023 18:30 (SGT)
Reported by	Driver
Date of Accident	18/02/2023 11:30 (SGT)
Exact Location of Accident	Near 98 Paya Lebar Rd, Singapore 409008
Additional Location Information	JUNCTION OF PAYA LEBAR ROAD AND JLN AFIFI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF743M
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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	-

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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	LEE TAI CHEAW
NRIC No	SXXXX751Z
Date Of Birth	12/09/1961
Occupation	Outdoor

Date Of Driving Pass	23/01/1981
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87162400
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	991A BUANGKOK LINK
Address complement	#11-217
Postcode	531991
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	P1
Gender	Male

PASSENGER 2

Name	P2
Gender	Male

PASSENGER 3

Name	P3
Gender	Female

PASSENGER 4

Name	P4
Gender	Female

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

ON 18/2/2023 AT ABOUT 1130HOURS , I WAS TRAVELLING ALONG PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD .
WHEN I DRIVING STRAIGHT ALONG MY LANE, SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD
COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE342M
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle
Name of Driver	NA
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.
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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun KeatWitnessed by Reporting Centre
Personnel**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON 18/2/2023 AT ABOUT 1130HOURS, I WAS TRAVELLING ALONG
 PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD. WHEN I DRIVING
 STRAIGHT ALONG MY LANE, SUDDENLY I FELT AN IMPACT AND
 NOTICED THAT VEHICLE B HAD COLLIDED ONTO LEFT FRONT SIDE OF
 MY VEHICLE.

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 20/2/2023

 Witnessed By Reporting Officer
 Wong Jun Keat

 Witnessed by Reporting Centre
 Personnel

ACCIDENT DIAGRAM

Scale: 1 cm = 1 m

Maple in Taiwan 2022

A: SHIFUHAN
B: GREENHORN

PRINCE LEAR ROAD

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre Personnel

SA1D232K000C

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

Vehicle Details

Vehicle No.:	SHF743M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	20 Feb 2023
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003034
Chassis No.:	VF1ABL15AUC282731
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Jun 2016
First Registration Date:	30 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2024
PARF Rebate Amount:	\$12,998.00

Intended COE Rebate Details

COE Expiry Date:	29 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$6,310.00
Total Rebate Amount:	\$19,308.00

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 Feb 2023

OK