

ASS. REC. BY:

REF:

AGZ/ 23003114/kw

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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/HO 404C Yr Regn: 10, 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

735761

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VFI ABL 15AUC 283446

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

Rearlander 215/60R16

R: R12170

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

Front

R/Bal.

9

mm

Rear

R/Bal.

2

mm

L/Bal.

9

mm

L/Bal.

2

mm

D.O.A.

24/3/23

D.O.I.

27/3/2023

Survey held at

Des. of Damages: Frt / 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 / Await Book Valve.

27/3 L/Rm @ 6550/ Max @ 08 days (Red # 8,870.02/ 580%)

Date/Time, File Pass to?

29/03/2023

1) Typist

Date/Time, File Return to?

☐ : Prel. Report☒ : Final Report

Days Of Repair: 08

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation

S - RS - SI

Fees

Others

TOTAL

Report Format:

TP

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

L/S \$6550

NOT Noted
L/Sing & 6550/h Max

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD404C

AAD2303-

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

27 MAR 2023

SHD404C

VF1ABL15AUC283446

200303878K

RENAULT

LATITUDE

24/3/2023

SLJ1130G/ Auto Genm.

17/10/2016

PART

LIST

- 1 BUMPER COVER REAR
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE LH REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER LH REAR
- 1 BUMPER RETAINER RH REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER BEAM REAR
- 1 BUMPER BEAM BRACKET LH REAR
- 1 BUMPER BEAM BRACKET RH REAR
- 1 BUMPER REFLECTOR LH
- 1 BUMPER REFLECTOR RH
- 1 BOOT REFLECTOR LAMP LH
- 1 BOOT REFLECTOR LAMP RH
- 1 TAILLAMP LH
- 1 TAILLAMP RH
- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel) TRIM
- 1 FENDER PANEL REAR LH
- 1 WHEELARCH REAR LH
- 1 FUEL FLAP
- 1 SPARE WHEEL PANEL
- 1 BOOT REAR
- 1 BOOT FINISHER
- 1 BOOT LOCK
- 1 BOOT WEATHERSTRIP
- 1 BOOT STRUT LH

- \$ *R* 561.70 ✓
- \$ *D* 98.10 ✓
- \$ *CM* 80.80 ✓
- \$ *L* 82.10 X
- \$ *D* 54.20 ✓
- \$ *L* 59.80 X
- \$ *D* 411.90 ✓
- \$ *R* 547.80 ✓
- \$ *R* 114.50 ✓
- \$ *R* 114.50 X
- \$ *CM* 16.60 ✓
- \$ *L* 16.60 X
- \$ *CM* 277.70 ✓
- \$ *R* 277.70 X
- \$ *CM* 401.40 ✓
- \$ *L* 401.40 X
- \$ *R* 745.80 ✓
- \$ *L* 404.56 X
- \$ *B* 1,933.20 ✓
- \$ *L* 275.40 X
- \$ *L* 244.70 X
- \$ *R* 1,229.40 X
- \$ *R* 1,677.20 ✓
- \$ *L* 344.70 X
- \$ *R* 246.60 X
- \$ *D* 178.20 50% Jan 89.10 Jan
- \$ *L* 145.10 X

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

AAD2303-**SHD404C**

- 1 BOOT STRUT RH
- 1 BOOT HINGE LH
- 1 BOOT HINGE RH
- 1 BOOT BADGE 'RENAULT'
- 1 BOOT BADGE

\$	<i>Pn</i>	145.10	X
\$	<i>R</i>	254.20	X
\$	<i>R</i>	254.20	X
\$	<i>nn</i>	82.40	✓
\$	<i>nn</i>	95.80	✓

TOTAL	\$	11,773.36
<i>10 25%</i>	\$	2,943.34
	\$	<u>8,830.02</u>

SPECIAL NETT

- 1SET PARKING AID
- 1 REAR BUMPER CLIP
- 1 REAR LH BUMPER RETAINER CLIP
- 1 REAR RH BUMPER RETAINER CLIP
- 1 REAR TAIL LAMP CLIP
- 1 END PANEL INNER TRIM CLIP
- 1 REAR BUMPER PROTECTOR
- 2 WINDSCREEN SEALANT
- 1 WINDSCREEN MOULDING
- 1 WINDSCREEN INNER SPONGE SEAL

\$	<i>Pn</i>	700.00	X
\$	<i>nn</i>	65.00	✓
\$	<i>nn</i>	65.00	X
\$	<i>nn</i>	65.00	X
\$	<i>nn</i>	65.00	X
\$	<i>nn</i>	60.00	✓
\$	<i>nsp</i>	180.00	X
\$	<i>nn</i>	150.00	<i>405n</i>
\$	<i>nn</i>	200.00	X
\$	<i>nn</i>	130.00	<i>305n</i>

TOTAL	\$	1,680.00
TOTAL PARTS	\$	<u>10,510.02</u>

LABOUR

To rust-proofing of the affected areas.	\$	600.00	<i>901</i>
Putty and spray painting of the affected portion.	\$	1,200.00	<i>10001</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	<i>12001</i>
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	<i>801</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	<i>1001</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>601</i>

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SHD404C

AAD2303-

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

To Transfer Of Fender Fittings, Attachments And Perform
Water Seepage Test.

\$ *nn* 170.00 X
TOTAL \$ 4,910.00

OVERALL TOTAL \$ 15,420.02

Sdars

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	24/03/2023 18:21 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TOWARDS CHANGI AFTER MARINE PARADE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD404C
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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	-
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	LIM ENG SENG
NRIC No	SXXXX228C
Date Of Birth	12/12/1954
Occupation	Outdoor

Date Of Driving Pass	04/04/1975
Driving experience	47 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93452887
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Marsiling Heights, 180B Marsiling Road.
Address complement	-
Postcode	(S)732180
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 THE MENTIONED LOCATION AT THE MOST RIGHT LANE, THE VEHICLE INFRONT ALL JAM BRAKE. I ALSO FOLLOW SUIT AND STOP BEHIND THE VEHICLE INFRONT SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL WILL CONSULT DOCTOR LATER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ1130G
Vehicle Manufacturer	Mazda
Vehicle Model	Cx-5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAN BING HENDRA WINARTO
NRIC No	SXXXX105G
Contact Number	(Phone) +65-91764965
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	P1
Gender	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM ENG SENG
Gender	Male
Phone No	(Phone) +65-93452887
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD404C
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 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
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG THE MENTIONED LOCATION AT THE MOST RIGHT LANE, THE VEHICLE INFRONT ALL JAM BRAKE. I ALSO FOLLOW SUIT AND STOP BEHIND THE VEHICLE INFRONT SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL WILL CONSULT DOCTOR LATER.

Declaration

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

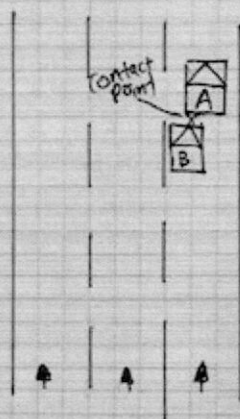
Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



Veh A: SHD 404C
Veh B: SLJ1130G

ECP Changi after Marine Parade

Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD404C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Mar 2023
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	M9R8839C003241
Chassis No.:	VF1ABL15AUC283446
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	17 Oct 2016
First Registration Date:	17 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Oct 2024
PARF Rebate Amount:	\$12,998.00
Intended COE Rebate Details	
COE Expiry Date:	16 Oct 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,687.00
COE Rebate Amount:	\$8,127.00
Total Rebate Amount:	\$21,125.00
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 24 Mar 2023

OK