

AS3. REC. BY:

REF:

TMI/ CC3/TMT/13000383/Ky/n
ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SIG 35324

at Workshop m/s Trens Cab

of Betty

Insured: 7/1/13

Policy No. M1200 0500

Claims No. 31/8/12

Sum Insured: 30 Excess: 8/13

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB9882G Yr Regn: 05, 05

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

Truck / Trailer or

Make: Toy Crown C.C. 2886

Colour: White / Red A/C: Insured / Std / NI / NA

Sp. Reading: 370223 Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: EX512-0018P81

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/80R14

R: _____

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

TOYO / YOKO or Wear & Tear

Front 1 mm Rear 3 mm

R/Bal. 1 mm R/Bal. 3 mm

L/Bal. 1 mm L/Bal. 3 mm

D.O.A. 31/8/12 D.O.I. 21/11/12

Survey held at ✓

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

o/s. Frt door

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

Date / Time	Action / Instruction
	SHB 9882G (X)
	SIG 35324 (X)
	P/P: \$395; 1 day
	(Red: \$2720.36; 87%)
	No lump sum
	<u>7/1/2013</u>

Date/Time, File Pass to? _____ Date/Time, File Return to? _____

1) 7/1/13 - JTY 2) _____

3) _____ 4) _____

5) _____ 6) _____

Prel. Report _____

Final Report _____

TOTAL LOSS	
KIV FOR LOD	

Survey Fee:	Date:
Basic & Add.	<u>250</u>
S + RS, SI	
Photos	
Others	
TOTAL	

Enquire Transfer Fee**Vehicle Details**

Vehicle No. : SHB9882G
 Vehicle Type : H10 - Public Transport Taxi (Motor Car)
 Vehicle Attachment 1 : Air-Con (Taxi)
 Vehicle Scheme : Taxi (Company)
 Vehicle Make : TOYOTA
 Vehicle Model : CROWN TAXI
 Chassis No. : LXS120018981
 Propellant: Diesel
 Engine No. : 5L5588121
 Engine Capacity : 2986 cc
 Maximum Laden Weight: -
 Unladen Weight: -
 Year Of Manufacture: 2005
 Original Registration Date: 20 May 2005
 Lifespan Expiry Date : 19 May 2013
 COE Category : A - Car (1600cc & below)
 Quota Premium : \$14,481.00
 COE Expiry Date : 19 May 2013
 Road Tax Expiry Date : 19 May 2013
 PARF Eligibility Expiry Date : 19 May 2013
 Inspection Due Date : 19 May 2013
 Intended Transfer Date : 21 Nov 2012

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use [Enquire Road Tax Payable](#) for fee(s) payable. Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	11.00	-	11.00
Total Amount Payable :			11.00

Message

No further renewal of COE is allowed for this vehicle. The vehicle must be de-registered at the end of COE expiry.

You may print this page for reference.

[OK] [Print]

Land Transport Authority

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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 ability.
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 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 Report	01/09/2012 12:38
Date Of Accident	31/08/2012 19:50
Exact Location Of Accident	Orchard Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9882G
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Insured/Policyholder

Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	TOYOTA
Model	CROWN-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-09015310MFSH
Cover Note Number	

Driver

Name of Driver	LEE KUM THONG
NRIC No	S6942256Z
Date Of Birth	05/12/1969
Occupation	Outdoor
Date Of Driving Pass	15/01/1997
Driving Experience	15 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-91305056
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 221 TAMPINES STREET 24 #09-66
Postcode	521221
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Other - Hirer
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

On 31.08.2012 at about 1950hrs, I was traveling straight at the 3rd lane along Orchard Road towards Bras Basah. While traveling, Vehicle B (SKG3532U) which was at my right suddenly swerved and squeezed into my lane without checking for oncoming traffic. Thus, resulted Vehicle B's left side portion collided onto my taxi's right side portion. Vehicle A: with passenger
Vehicle B: with passenger /rc

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG3532U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	GOPAL
Phone Number	
Email Address	

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.
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Sketch Plan

DHOBY GHAT	
	<p>A: SHB9882G</p> <p>B: SK63532U</p>

Describe Circumstances of the Accident

PLS. REFER TO GIA REPORT

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 Centre Personnel

TRANS-CAB AUTO SERVICES PTE LTD

NO.58 DEFU LANE 1 SINGAPORE 539498

TEL NO.6287 6666 FAX NO.6281 1400

CO/GST REG NO.201019626G

SHB9882G - TOKIO

DATE

Not Notified

ROEL

11 Sep 2012 8395.00

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB 9882G - ROEL

LXS12-00018981*

TOYOTA

CROWN TAXI

31.08.2012

TOKIO**PART****LIST**

1	1	Front Fender RH	\$	R	732.83	X
2	1	Front Door RH	\$	R	985.17	X
3	1	Front Door Side Mirror	\$	sn	475.81	X
			\$		2,193.81	
			25% \$		548.45	
		TOTAL	\$		1,645.36	

Special Nett

1	Front Door Sticker 'TRANS-CAB'	\$	nn	60.00	X
	TOTAL	\$		60.00	

TOTAL PARTS \$ 1,705.36

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

\$ 500.00 1800

To Rust-Proofing Of The Affected Areas.

\$ nn 200.00 X

To Check Electrical Lighting Concerned.

\$ 100.00 150

Putty And Spray Painting Of The Affected
Portion.

\$ 360.00 200

To Remove And Refit Interior Fittings,
Trimings, Garnish, Fittings And Other, To
Enable repair.

\$ nn 250.00 X

TRANS-CAB AUTO SERVICES PTE LTD

NO.58 DEFU LANE 1 SINGAPORE 539498

TEL NO.6287 6666 FAX NO.6281 1400

CO/GST REG NO.201019626G

SHB9882G - TOKIO

ROEL

TOTAL \$ 1,410.00

Over All Total \$ 3,115.36

Total Repair Days 02 Days

1 day